

Memphis TGA  
Oral Health Care Formulary  
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Updated by Memphis Ryan White Program

This document contains the formulary of approved procedures for which reimbursement can be made under Ryan White Part A funds in the Memphis TGA. Only procedures included in this formulary are “pre-approved” for reimbursement. If an oral health care professional recommends a procedure not included in this formulary, then that oral health care provider must supply a letter of medical necessity to the Ryan White Administrator. If approved, a copy of the letter of medical necessity with their monthly invoice in order to receive payment for a procedure not included in this formulary.

The Ryan White Administrator is responsible for negotiating reimbursement rates with dental providers for the approved procedures. In no circumstance may the negotiated rate exceed the dental provider’s actual cost for provision of the service/conducting of a procedure.

The Memphis TGA Planning Council has set a per-consumer, per-grant-year cap of \$2500 for oral health care procedures.

## Clinical Oral Evaluations

<b>D0120</b>	<p><b><u>periodic oral evaluation – established patient</u></b>  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.</p>
<b>D0140</b>	<p><b><u>limited oral evaluation - problem focused</u></b>  An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.</p> <p>Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.</p>
<b>D0150</b>	<p><b><u>comprehensive oral evaluation - new or established patient</u></b>  Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients, established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient’s dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.</p>
<b>D0160</b>	<p><b><u>detailed and extensive oral evaluation - problem focused, by report</u></b>  A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented.</p> <p>Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.</p>

D0170	<p><b><u>re-evaluation - limited, problem focused (established patient; not post-operative visit)</u></b>  Assessing the status of a previously existing condition. For example:</p> <ul style="list-style-type: none"> <li>- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;</li> <li>- evaluation for undiagnosed continuing pain;</li> <li>- soft tissue lesion requiring follow-up evaluation.</li> </ul>
D0180	<p><b><u>comprehensive periodontal evaluation - new or established patient</u></b>  This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.</p>
<p><b>Radiographs/Diagnostic Imaging (Including Interpretation)</b></p>	
D0210	<p><b><u>intraoral - complete series (including bitewings)</u></b>  A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.</p>
D0220	<p><b>intraoral - periapical first film</b></p>
D0230	<p><b>intraoral - periapical each additional film</b></p>
D0270	<p><b>bitewing - single film</b></p>
D0272	<p><b>bitewings - two films</b></p>
D0273	<p><b>bitewings - three films</b></p>
D0274	<p><b>bitewings - four films</b></p>
D0277	<p><b><u>vertical bitewings - 7 to 8 films</u></b>  This does not constitute a full mouth intraoral radiographic series.</p>
D0330	<p>panoramic film</p>
<p><b>Tests and Examinations</b></p>	

<b>D0470</b>	<b><u>diagnostic casts</u></b> Also known as diagnostic models or study models.
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## Dental Prophylaxis

<b>D1110</b>	<b><u>Prophylaxis – adult</u></b> Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.
<b>D1120</b>	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.

### **Topical Fluoride Treatment (Office Procedure)**

(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).

<b>D1206</b>	<u>topical fluoride varnish; therapeutic application for moderate to high caries risk patients</u>
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Application of topical fluoride varnish, delivered in a single visit and involving the entire oral cavity. Not to be used for desensitization.

### **Other Preventive Services**

<b>D1351</b>	<u>sealant - per tooth</u>
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Mechanically and/or chemically prepared enamel surface sealed to prevent decay

### **Amalgam Restorations (Including Polishing)**

Local anesthetic, tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951).

<b>D2140</b>	amalgam - one surface, primary or permanent
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<b>D2150</b>	amalgam - two surfaces, primary or permanent
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<b>D2160</b>	amalgam - three surfaces, primary or permanent
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<b>D2161</b>	amalgam - four or more surfaces, primary or permanent
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### **Resin-based Composite Restorations - Direct**

Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Local anesthetic, tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).

<b>D2330</b>	resin-based composite - one surface, anterior
<b>D2331</b>	resin-based composite - two surfaces, anterior
<b>D2332</b>	resin-based composite - three surfaces, anterior
<b>D2335</b>	resin-based composite - four or more surfaces or involving <u>incisal angle (anterior)</u> Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.
<b>D2390</b>	resin-based composite crown, anterior Full resin-based composite coverage of tooth.
<b>D2391</b>	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.
<b>D2392</b>	resin-based composite - two surfaces, posterior
<b>D2393</b>	resin-based composite - three surfaces, posterior
<b>D2394</b>	resin-based composite - four or more surfaces, posterior
<b>Crowns - Single Restorations Only</b>	
<b>D2740</b>	crown - porcelain/ceramic substrate
<b>D2750</b>	crown- porcelain fused to high noble metal
<b>D2751</b>	crown - porcelain fused to predominantly base metal
<b>D2752</b>	crown- porcelain fused to noble metal
<b>D2780</b>	crown-3/4 cast high noble metal
<b>D2781</b>	crown-3/4 cast predominately base metal
<b>D2782</b>	crown- 3/4 cast noble metal
<b>D2783</b>	crown- porcelain or ceramic (does not include facial veneer)
<b>D2790</b>	crown- full cast high noble metal
<b>D2791</b>	crown - full cast predominantly base metal
<b>D2792</b>	crown- full cast noble metal



## Other Restorative Services

<b>D2920</b>	Re-cement crown
<b>D2930</b>	Prefab stainless steel crown
<b>D2940</b>	<u>sedative filling</u> Temporary restoration intended to relieve pain. Not to be used as a base or liner under a restoration.
<b>D2950</b>	<u>core buildup, including any pins</u> Refers to building up of anatomical crown when restorative crown will be placed, whether or not pins are used. A material is placed in the tooth preparation for a crown when there is insufficient tooth strength and retention for the crown procedure. This should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation.
<b>D2951</b>	pin retention - per tooth, in addition to restoration
<b>D2954</b>	<u>prefabricated post and core in addition to crown</u> Core is built around a prefabricated post. This procedure includes the core material.

## Pulp Capping

<b>D3110</b>	<u>pulp cap - direct (excluding final restoration)</u> Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.
<b>D3120</b>	<u>pulp cap - indirect (excluding final restoration)</u> Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.

<b>Pulpotomy</b>	
<b>D3220</b>	<p><u>therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament</u></p> <p>Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing. - To be performed on primary or permanent teeth. - This is not to be construed as the first stage of root canal therapy. - Not to be used for apexogenesis.</p>
<b>D3221</b>	<p><u>pulpal debridement, primary and permanent teeth</u></p> <p>Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day.</p>
<b>Endodontic Therapy</b>	
<b>D3310</b>	endodontic therapy, anterior tooth (excluding final restoration)
<b>D3320</b>	endodontic therapy, bicuspid tooth (excluding final restoration)
<b>D3330</b>	endodontic therapy, molar (excluding final restoration)
<b>Non-Surgical Periodontal Service</b>	
<b>D4341</b>	<p><u>periodontal scaling and root planing - four or more teeth per quadrant</u></p> <p>This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.</p>
<b>D4342</b>	<p><u>periodontal scaling and root planing - one to three teeth per quadrant</u></p> <p>This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.</p>

D4355	full mouth debridement
D4910	<p><u>periodontal maintenance</u>  This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It 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 new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.</p>
<b>Complete Dentures (Including Routine Post-delivery Care)</b>	
D5110	complete denture - maxillary
D5120	complete denture - mandibular
D5130	<p><u>immediate denture - maxillary</u>  Includes limited follow-up care only; does not include required future rebasing/relining procedure(s) or a complete new denture.</p>
D5140	<p><u>immediate denture - mandibular</u>  Includes limited follow-up care only; does not include required future rebasing/relining procedure(s) or a complete new denture.</p>
D5211	<p><u>maxillary partial denture - resin base (including any conventional clasps, rests and teeth)</u>  Includes acrylic resin base denture with resin or wrought wire clasps.</p>
D5212	<p><u>mandibular partial denture - resin base (including any conventional clasps, rests and teeth)</u>  Includes acrylic resin base denture with resin or wrought wire clasps.</p>
D5213	maxillary partial denture-cast base, acrylic saddles
D5214	mandibular partial denture- cast base, acrylic saddles
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5281	removable unilateral partial
<b>Adjustments to Dentures</b>	
D5410	adjust complete denture - maxillary
D5411	adjust complete denture - mandibular
D5421	adjust partial denture - maxillary
D5422	adjust partial denture - mandibular

<b>Repairs to Complete Dentures</b>	
<b>D5520</b>	replace missing or broken teeth - complete denture (each tooth)
<b>Repairs to Partial Dentures</b>	
<b>D5610</b>	repair resin denture base
<b>D5630</b>	repair or replace broken clasp
<b>D5640</b>	replace broken teeth - per tooth
<b>D5650</b>	add tooth to existing partial denture
<b>D5660</b>	add clasp to existing partial denture
<b>Denture Reline Procedures</b>	
<b>D5730</b>	reline complete maxillary denture (chair-side)
<b>D5731</b>	reline complete mandibular denture (chair-side)
<b>D5740</b>	reline maxillary partial denture (chair-side)
<b>D5741</b>	reline mandibular partial denture (chair-side)
<b>D5750</b>	reline complete maxillary denture (laboratory)
<b>D5751</b>	reline complete mandibular denture (laboratory)
<b>D5760</b>	reline maxillary partial denture (laboratory)
<b>D5761</b>	reline mandibular partial denture (laboratory)
<b>Fixed Partial Denture Pontics</b>	
<b>D6240</b>	pontic- porcelain fused to high noble metal
<b>D6241</b>	pontic- porcelain fused to predominately base metal
<b>D6242</b>	pontic- porcelain fused to noble metal
<b>D6245</b>	pontic-porcelain/ceramic
<b>D6740</b>	crown porcelain
<b>D6750</b>	crown- porcelain fused to high noble metal
<b>D6751</b>	crown- porcelain fused to predominately base metal

D6752	crown- porcelain fused to noble metal
D6999	rest seat on crown for partial (includes lab fee)
<b>Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)</b>	
D7140	<u>extraction, erupted tooth or exposed root (elevation and/or forceps removal)</u> Includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.
<b>Surgical Extractions (Includes local anesthesia, suturing, if needed, and routing postoperative care)</b>	
D7210	<u>surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth</u> Includes cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.
D7220	<u>removal of impacted tooth - soft tissue</u> Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.
D7230	<u>removal of impacted tooth – partially bony</u>
D7240	<u>removal of impacted tooth-fully bony</u>
D7250	<u>surgical removal of residual root</u>
<b>Other Surgical Procedures</b>	
D7288	<u>brush biopsy - transepithelial sample collection</u> For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa.
D7310	<u>alveoplasty in conn. With extrac/ quad</u>
D7311	<u>Alveoplasty in conn. W/extraction 1-3 quad</u>
D7320	<u>Alveoplasty not in conn. w/ extraction</u>
D7321	<u>Alveoplasty w/o extraction 1-3 quad</u>

<b>Adjunctive General Services</b>	
<b>D9110</b>	<u>palliative (emergency) treatment of dental pain - minor procedure</u> This is typically reported on a “per visit” basis for emergency treatment of dental pain.
<b>D9120</b>	<u>fixed partial denture sectioning</u>
<b>D9215</b>	<u>local anesthesia</u>
<b>D9220</b>	<u>deep sedation/general anesthesia- first 30 minutes</u>
<b>D9221</b>	<u>deep sedation/ general anes, each additional 15 minutes</u>
<b>D9230</b>	<u>analgesia inhalation of nitrous oxide</u>
<b>D9241</b>	<u>intravenous conscious sedation/analgesia, per visit</u>
<b>D9248</b>	<u>non-intravenous conscious sedation, per visit</u>
<b>Professional Consultation</b>	
<b>D9430</b>	<u>office visit for observation</u>
<b>Miscellaneous Services</b>	
<b>D9910</b>	<u>application of desensitizing medicament</u>
<b>D9911</b>	<u>A P densitizing resin</u>
<b>D9930</b>	<u>occlusal guard, by report</u> Removable dental appliances, which are designed to minimize the effects of bruxism (grinding) and other occlusal factors.

## **Procedures NOT included in the Memphis TGA Oral Health Care Formulary**

Ryan White Part A Memphis TGA **will not pay** for the following codes on any treatment plan due, to the cosmetic or questionable nature of these procedures on any participant in the program:

0320	Dental TMJ Arthrogram Incl I
0322	Dental Tomographic Survey
0350	2D oral/facial photographic image obtained intra-orally or extra orally
0415	Bacteriological studies for culture and sensitivity
0482	Non valid code
1203	Topical Flouride w/o prophylaxis - adult
2960	Laminate Labial Veneer
2961	Lab labial veneer resin
2962	Lab labial veneer porcelain
3350	Apexification per treatment
3351	Apexification/recalcification/initial
3352	Apexification/recalcification/interim
3353	Apexification/recalcification/final
3460	Endodontic endosseous implant
3910	Isolation – tooth w/ rubber dam
4273	Subepithelial tissue graft
4275	Soft tissue allograft
4276	Connective tissue w double pedicle graft
4381	Local Debridement of Chemo into diseased cervical tissue
5860	Overdenture complete
5861	Overdenture partial
6010	Odontics endosteal implant
6040	Odontics epiosteal implant
6050	Odontics transosteal implant
6053	Implant/abutment support removal denture
6054	Implant/abutment support removal partial denture
6055	Implant connecting bar

6058 Abutment supported crown  
6059 Abutment supported mtl crown  
6060 Abutment supported mtl crown  
6061 Abutment supported mtl crown  
6062 Abutment supported mtl crown  
6063 Abutment supported mtl crown  
6064 Abutment supported mtl crown  
6065 Implant supported crown  
6066 Implant supported mtl crown  
6067 Implant supported mtl crown  
6068 Abutment supported retainer  
6069 Abutment supported retainer  
6070 Abutment supported retainer  
6071 Abutment supported retainer  
6072 Abutment supported retainer  
6073 Abutment supported retainer  
6074 Abutment supported retainer  
6075 Implant supported retainer  
6076 Implant supported retainer  
6077 Implant supported retainer  
6078 Implant abut suprted fixd dent  
6079 Implant abut suprted fixd dent  
6080 Implant maintenance  
6090 Repair implant  
6094 Abut support retainer titanium  
6095 Odontics repr abutment  
6100 Removal of implant  
6194 Abut support retainer titanium  
6205 Pontic-indirect resin based  
6210 Postodont high noble metal  
6211 Bridge base metal cast  
6212 Bridge noble metal cast  
6214 Pontic titanium  
6250 Bridge resin w/high noble



6251	Bridge resin base metal
6252	Bridge resin w/noble metal
6253	Provisional pontic
6548	Porcelain/ceramic retainer
6600	Porcelain/ceramic inlay 2srf
6601	Porcelain/ceramic inlay >= 3 surfaces
6602	Cst hgh noble metal inlay 2 surfaces
6603	Cst hgh noble metal inlay >= 3 surfaces
6604	Cst bse mtl inlay 2 surfaces
6605	Cst bse mtl inlay >= 3 surfaces
6606	Cast noble metal inlay 2 surfaces
6607	Cast noble metal inlay >= 3 surfaces
6608	Onlay porc/ceramic 2 surfaces
6609	Onlay porc/ceramic >= 3 surfaces
6610	Onlay cst hgh noble metal 2 surfaces
6611	Onlay cst hgh noble metal >= 3 surfaces
6612	Onlay cst base metal 2 surfaces
6613	Only cst base metal >= 3 surfaces
6614	Only cst noble metal 2 surfaces
6615	Only cst noble metal >= 3 surfaces
6624	Inlay titanium
6634	Onlay titanium
6666	Temp Treatment Plan Code
6985	Pediatric partial denture fx
7972	Surg redct fibrous tuberosit
7997	Appliance removal
8010	Limited dental tx primary
8020	Limited dental tx transition
8030	Limited dental tx adolescent
8050	Intercep dental tx primary
8060	Intercep dental tx transitt
8080	Compre dental tx adolescent
8210	Orthodontic rem appliance tx
8220	Fixed appliance therapy habt

8660	Preorthodontic tx visit
8670	Periodic orthodontic tx visit
8680	Orthodontic retention
8692	Replacement retainer
9211	Regional block anesthesia (should be included in procedure)
9212	Trigeminal block anesthesia (should be included in procedure)
9310	Consultation
9410	Dental house call
9450	Case presentation tx plan
9941	Fabrication athletic guard
9972	Extrnl bleaching per arch
9973	Extrnl bleaching per tooth