



An Independent Licensee of the Blue Cross Blue Shield Association

2020 Dental Codes that require Prior Authorization

Effective 1/1/2020

CODES	DESCRIPTIONS		
	PREVENTIVE		
D1510	space maintainer-fixed unilateral		
D1516	space maintainer - fixed – bilateral maxillary		
D1517	space maintainer-fixed-bilateral mandibular		
D1520	space maintainer removable-unilateral		
D1526	space maintainer removable-bilateral maxillary		
D1527	space maintainer removable-bilateral mandibular		
D1575	distal shoe space maintainer-fixed-unilateral		
	RESTORATIVE		
D2740	crown - porcelain/ ceramic substrate		
D2750	crown - porcelain fused to high noble metal		
D2751	crown - porcelain fused to predominantly base metal		
D2752	crown - porcelain fused to noble metal		
D2753	crown-porcelain fused to titanium and titanium alloys EFFECTIVE 1/1/2020		
D2790	crown - full cast high noble metal		
D2791	crown - full cast predominantly base metal		
D2792 D2794	crown - full cast noble metal crown - titanium		
	PROSTHODONTIC		
D5110	complete denture - maxillary		
D5120	complete denture - mandibular		
D5130	immediate denture - maxillary		
D5140	immediate denture - mandibular		
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)		
D5212 D5213	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)		
D5213 D5214	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		
D5214 D5221	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)		
D5222	immediate maximary partial denture – resin base (including any conventional clasps, rests and teeth) immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		
D5223	immediate manifoldar partial denture – restrictional clasps, rests and teeth) immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		
D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth) maxillary		
D5283	removable unilateral partial denture-one piece cast metal (including clasps and teeth) mandibular		
D5284	removable unilateral partial denture-one piece flexible base (including clasps and teeth) per quadrant EFFECTIVE 1/1/2020		
D5286	removable unilateral partial denture-one piece resin (including clasps and teeth) per quadrant EFFECTIVE 1/1/2020		
	ORTHODONTIC		
D8010	limited orthodontic treatment of the primary dentition		
D8020	limited orthodontic treatment of the transitional dentition		
D8030	limited orthodontic treatment of the adolescent dentition		
D8040	limited orthodonic treatment of the adult dentition		
D8050	interceptive orthodontic treatment of the primary dentition		
D8060	interceptive orthodontic treatment of the transitional dentition		
D8070	comprehensive orthodontic treatment of the transitional dentition		
D8080	comprehensive orthodontic treatment of the transitional dentition		
D8090	comprehensive orthodontic treatment of the adult dentition		
D8210	removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)		
D8220	fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)		



D8660	pre-orthodontic treatment examination to monitor growth and development	
D8670	periodic orthodontic treatment visit	
D8680	orthodontic retention (removal of appliances)	
D8690	orthodontic treatment (alternative billing to a contract fee)	
D8691	repair of orthodontic appliance	REPLACED WITH D8969 AND D8967 1/1/2020
D8696	repair of orthodontic appliance-maxillary	EFFECTIVE 1/1/2020
D8697	repair of orthodontic appliance-mandibular	EFFECTIVE 1/1/2020
D8692	replacement of lost or broken retainer	REPLACED WITH D8703 AND D8704 1/1/2020
D8703	replacement of lost or broken retainer-maxillary	EFFECTIVE 1/1/2020
D8704	replacement of lost or broken retainer-mandibular	EFFECTIVE 1/1/2020
D8693	re-cement or re-bond fixed retainer	REPLACED WITH D8698 AND D8699 1/1/2020
D8694	repair of fixed retainers, includes reattachment	REPLACED WITH D8701 AND D8702 1/1/2020
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	
D8698	re-cement or re-bond fixed retainer-maxillary	EFFECTIVE 1/1/2020
D8699	re-cement or re-bond fixed retainer-mandibular	EFFECTIVE 1/1/2020
D8701	repair of fixed retainers includes reattachment-maxillary	EFFECITVE 1/1/2020
D8702	repair of fixed retainers includes reattachment-mandibular	EFFECTIVE 1/1/2020
D8703	replacement of lost or broken retainer-maxillary	EFFECTIVE 1/1/2020
D8704	replacement of lost or broken retainer-mandibular	EFFECTIVE 1/1/2020
D8999	unspecified orthodontic procedure, by report	

All services listed require prior authorization. Prior authorizations need to be submitted with supportive documentation including clinical notes and radiographs.

Please refer to the dental matrix for all frequency and warranty limitations