

**The following grid only identifies items that require preapproval from Capitol Dental.

Please note: This grid does not identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring preapproval will not change without proper notification.

Dental Procedure Codes	Description	Preapproval Required
D0290	Posterior -anterior or lateral skull and facial bone survey radiographic image	Yes
D0310	sialography	Yes
D0320	tmj arthropram	Yes
D0321	other tmj radiographic images	Yes
D0322	tomographic survey	Yes
D2390	resin based composite - crown anterior	Yes
D2391	resin based composite-1 posterior	No
D2392	resin based composite-2 posterior	No
D2393	resin based composite-3 posterior	No
D2394	resin based composite-4 or > posterior	No
D2710	crown resin based composite	Yes
D2712	crown 3/4 resin based composite	Yes
D2751	crown porcelain fused to predom base metal	Yes
D2752	crown porcelain fused to noble metal	Yes
D2954	prefabricated post & core	Yes
D2957	prefabricated port- each addtl	Yes
D3220	therapeutic pulpotomy	Yes
D3330	endodontic therapy, molar	Yes
D3331	root canal obstruction, non surgical	Yes
D3332	incomplete endodontic therapy	Yes
D3333	internal root repair of perforation defects	Yes
D3346	previous root canal therapy-anterior	Yes
D3351	apexification/recalcification-initial visit	Yes
D3352	apexification/recalcification-interim medication replacement	Yes
D3353	apexification/recalcification-final visit	Yes
D4210	gingivectomy/gingivoplasty - 4 or more contiguous teeth	Yes
D5110	complete denture - maxillary	Yes
D5120	complete denture - mandibular	Yes
D5130	immediate denture - maxillary	Yes
D5140	immediate denture - mandibular	Yes
D5211	partial denture - maxillary - resin	Yes
D5212	partial denture - mandibular - resin	Yes
D5820	interim partial denture - maxillary	Yes
D5821	interim partial denture - mandibular	Yes
D7210	surgical removal erupted tooth	Yes
D7220	removal impacted tooth - soft tissue	Yes
D7230	removal impacted tooth partially bony	Yes
D7240	removal impacted tooth completely bony	Yes
D7241	removal impacted tooth-completely bony w/complications	Yes
D7260	oroantral fistula closure	Yes
D7261	primary closure of sinus perforation	Yes
D7270	tooth reimplantation	Yes
D7285	incisional biopsy of oral tissue - hard	Yes
D7320	alveoloplasty not in conjunction w extraction-4 or > teeth	Yes
D7321	alveoloplasty not in conjunction w extraction-1 to 3 teeth	Yes
D7340	vestibuloplasty ridge extension	Yes
D7450	remove benign odontogenic cyst-<= 1.25cm	Yes
D7451	remove benign odontogenic cyst->1.25cm	Yes
D7530	remove foreign body skin/alveolar	Yes
D7540	remove reaction producing foreign body	Yes
D7550	non vital bone	Yes
D7560	maxillary sinusotomy	Yes
D7670	simple - alveolus - closed reduction	Yes
D7770	alveolus - open reduction	Yes
D7910	suture small wound <=5 cm	Yes
D7911	suture complicated <=5 cm	Yes
D7990	emergency tracheotomy	Yes
D7997	appliance removal	Yes
D8010	limited orthodontic primary dentition	Yes
D8020	limited orthodontic transitional dentition	Yes
D8030	limited orthodontic adolescent dentition	Yes
D8040	limited orthodontic adult dentition	Yes
D8050	interceptive orthodontic primary dentition	Yes
D8060	interceptive orthodontic treatment of the transitional dentition	Yes
D8070	comprehensive orthodontic treatment of the transitional dentition	Yes
D8080	comprehensive orthodontic treatment of the adolescent dentition	Yes
D8090	comprehensive orthodontic adult dentition	Yes
D8210	removable appliance therapy	Yes
D8220	fixed appliance therapy	Yes
D8660	pre-orthodontic visit	Yes
D8670	periodic orthodontic visit	Yes
D8680	orthodontic retention	Yes
D8681	removable orthodontic retainer adjustment	Yes
D8690	orthodontic treatment (alternative billing to a contract fee)	Yes
D9223	deep sedation/general anesthesia - each 15 minute increment	Yes
D9243	intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	Yes