

DENTAL PRIVILEGES REQUEST FORM

Instructions: Applicant for privileges will check the appropriate cell (full, limited, or none) under the “Requested” columns. The Director of the Dental Program will complete the “Recommended” column. The request form will then be presented to the Board of Directors for final approval.

Dental Privilege			Code		Dental Procedure
Requested			Recommended		
Full	Limited	None	Full	Limited	
					Diagnostic
					00110 Initial Oral Examination
					00120 Periodic Oral Examination
					00130 Emergency Oral Examination
					00170 Periodontal Examination
					00460 Pulp Vitality Tests
					00470 Diagnostic Casts
					09110 Palliative (emergency) Treatment of Dental Pain
					09430 Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed
					Radiographs
					00210 Intraoral – Complete Series
					00220 Intraoral – Periapical – First Film
					00230 Intraoral – Periapical – Each Additional Film
					00240 Intraoral – Occlusal Film
					00270 Bitewings – Single Film
					00272 Bitewings – Two Films
					00274 Bitewings – Four Films
					00330 Panoramic Film
					Preventive
					01110 Prophylaxis – Adult
					01120 Prophylaxis – Child
					01203 Topical Application of Fluoride – Child
					01204 Topical Application of Fluoride – Adult
					01310 Nutritional Counseling for the Control of Dental Disease
					01330 Oral Hygiene Instruction
					01351 Sealant – Per Tooth
					01510 Space Maintainer – Fixed – Unilateral
					01515 Space Maintainer – Fixed – Bilateral
					01550 Recementation of Space Maintainer

Restorative

					Amalgam Restorations
					02110- Amalgam – Primary
					02131 Amalgam – Permanent
					Resin Restorations
					02330- Resin – Anterior
					02335
					02336 Composite Resin Crown – Anterior – Primary
					02380- Resin – Posterior – Primary
					02382
					02385- Resin – Posterior – Permanent
					02387
					Crown – Single Restorations Only
					02710 Crown – Resin (Laboratory)
					02720- Crown – Resin with Metal
					02722
					02740 Crown – Porcelain/Ceramic Substrate
					02750- Crown- Porcelain Fused to Metal
					02792
					02810 Crown – ¾ Cast Metallic

Dental Privilege Requested			Recommended		Code	Dental Procedure
Full	Limited	None	Full	Limited	Other Restorative Services	
					02915	Recent Inlay/Crown
					02930	Prefabricated Stainless Steel Crown – Primary
					02931	Prefabricated Stainless Steel Crown – Permanent
					02932	Prefabricated Resin Crown
					02933	Prefabricated Stainless Steel Crown w/ Resin Window
					02940	Sedative Filling
					02950	Core Buildup, Including Any Pins
					02951	Pin Retention – Per tooth, in addition to restoration
					02952	Cast Post and Core in addition to crown
					02954	Prefabricated post and core in addition to crown
					02960	Labial Veneer (Laminate) – Chairside
					02970	Temporary Crown (Fractured Tooth)
					02980	Crown Repair, By Report

Endodontics

					Pulp Capping	
					03110	Pulp Cap – Direct
					03120	Pulp Cap – Indirect
					Pulpotomy	
					03220	Therapeutic Pulpotomy
					Root Canal Therapy	
					03310	Anterior
					03320	Bicuspid
					03330	Molar
					03351-03353	Apexification/Recalcification – Initial, Interim and Final Visits
					Periapical Services	
					03410	Apicoectomy/Periradicular Surgery
					03430	Retrograde Filling – Per Root
					03450	Root Amputation – Per Root
					03470*	Intentional Replantation (Including Splinting)
					Other Endodontic Procedures	
					03910	Surgical Procedure for Isolation of Tooth With Rubber Dam
					03960	Bleaching of discolored Tooth
					03999	Unspecified Endodontic Procedure, By report (Pulpectomy)
					Periodontics	
					Surgical Services	
					04210-04211	Gingivectomy or Gingivoplasty
					04220	Gingival Curettage, Surgical
					04240	Gingival Flap Procedure, Including Root Planing
					04249	Crown Lengthening, Hard and Soft Tissue
					Adjunctive Periodontal Services	
					04341	Periodontal Scaling and Root Planing
					04345	Periodontal Scaling Performed in the Presence of Gingival Inflammation
					04910	Periodontal Maintenance Procedures (Following Active Therapy)

Prostodontics (Removable)

					Complete /Partial Dentures
				05110	Complete Upper/Lower
				05130	Immediate Upper/Lower
				05211	Upper/Lower – Resin Base
				05213	Upper/Lower Partial – Cast Metal Base with Resin Saddles
				05410	Adjust Complete or Partial Denture

					Repairs to Dentures
				05510	Repair Broken Complete or Partial Denture Base
				05520	Replacing Missing or Broken Teeth – Complete or Partial Denture
				05620	Repair Cast Framework/Clasp
				05650	Add Tooth to Existing Partial Denture
				05660	Add Clasp to Existing Partial Denture
				05710	Rebase Complete/Partial Denture
				05730	Reline Complete/Partial Denture (Chairside)
				05750	Reline Complete/Partial Denture (Laboratory)

					Other Removable Prosthetic Services
				05820	Interim Partial Denture
				05850	Tissue Conditioning

Prosthodontics, Fixed

					Bridge Pontics
				06210-06212	Pontic – Cast Metal
				06240-06242	Pontic – Porcelain Fused to Metal
				06250-06252	Pontic – Resin with Metal

					Bridge Retainers – Crowns
				06720-06722	Crown – Resin with High Noble Metal
				06750-06752	Crown – Porcelain Fused to Metal
				06780	Crown – ¾ Cast Metal
				06790-06792	Crown – Full Cast Metal

					Other Fixed Prosthetic Services
				06930	Recement Bridge
				06973	Core Build Up For Retainer
				06980	Bridge Repair

Oral Surgery

					Extractions
				07110-07120	Simple Extractions
				07130	Root Removal – Exposed Roots

					Surgical Extractions
				07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth
				07220	Removal of Impacted Tooth – Soft Tissue
				07230	Removal of Impacted Tooth – Partially Bony
				07240	Removal of Impacted Tooth – Completely Bony

				07241*	Removal of Impacted Tooth – Completely Bony with Unusual Surgical Complications
				07250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)
					Other Surgical Procedures
				07270	Tooth Reimplantation and/or Stabilization of Accidentally Avulsed or Displaced Tooth and/or Alveolus
				07271*	Tooth Implantations
				07281	Surgical Exposure of Impacted or Unerupted to Aid Eruption
				07285*	Biopsy of Oral Tissue – Hard
				07286	Biopsy of Oral Tissue – Soft
					Alveoloplasty – Surgical Preparation of Ridge for Dentures
				07310	Alveoloplasty in Conjunction With Extractions
				07320	Alveoloplasty Non In Conjunction With Extractions
					Surgical Excision of Reactive Inflammatory Lesions
				07410	Radical Excision – Lesions Diameter up to 1.25cm
					Removal of Tumors, Cysts and Neoplasms
				07430	Excision of Benign Tumor – Lesion < 1.25cm
				07450*	Removal of Odontogenic Cyst or Tumor – Lesion Diameter up to 1.25cm
				07460*	Removal of NonOdontogenic Cyst or Tumor – Lesion Diameter up to 1.25cm

Excision of Bone Tissue

				07470	Removal of Exostosis – Maxilla or Mandible

Surgical Incision

				07510	Incision and Drainage of Abscess – Intraoral Soft Tissue
				07520*	Incision and Drainage of ABCs – Extraoral Soft Tissue
				07530	Removal of Foreign Body, Skin, or Subcutaneous Tissue
				07540*	Removal of Reaction – Producing Foreign Bodies Musculoskeletal Systems
				07550*	Sequestrectomy for Osteomyelitis

Repair of Traumatic Wounds

				07910	Suture of Recent Small Wounds up to 5cm
					Complicated Suturing
				07911	Complicated Suture – Up to 5 cm
				07912*	Complicated Suture – Greater than 5 cm

Other Repair Procedures

				07960	Frenulectomy (Frenectomy or Frenotomy) – Separate Procedures
				07970	Excision of Hyperplastic Tissue
				07971	Excision of Pericoronal Gingiva

Orthodontics

					Minor Treatment for Tooth Guidance
				08110	Removal Appliance Therapy
					Minor Treatment to Control Harmful Habits
				08210	Removal Appliance Therapy

					Interactive Orthodontic Treatment
				08360	Removal Appliance Therapy

Adjunctive General Services

					Anesthesia
				09211	Regional Block Anesthesia
				09230*	Analgesia (N2O2)

Miscellaneous Services

				09910	Application of Desensitizing Medicaments
				09940	Occlusal Guards
				09941	Fabrication of Athletic Mouthguards
				09951	Occlusal Adjustment – Limited

Signature of Requester _____ Date _____

Signature of Reviewer _____ Date _____

Approval of Board of Directors _____ Date _____