



Oral Health Coding Fact Sheet for Primary Care Physicians

CPT Codes: Current Procedural Terminology (CPT) codes are developed and maintained by the American Medical Association. These codes consist of 5 numbers and are developed for physicians and qualified health care professionals (QHP's) to report medical procedures to insurance carriers for payment.

There are multiple categories of [CPT codes](#), and This document will focus on CPT I and III. CPT I codes have been approved and adopted by CPT for use. CPT III codes are temporary for new and developing technology, procedures, and services. They were created for data collection, assessment, and, in some instances, payment of new services and procedures that currently don't meet the criteria for a Category I code.

CDT Codes: Code on Dental Procedures and Nomenclature (CDT) codes are developed and maintained by the American Dental Association. These codes consist of 5 numbers and are developed for dentists to report dental procedures to insurance carriers for payment. In rare instances, CDT codes may be covered by commercial or Medicaid payers for non-dental physicians/QHPs. Before providing these services, check with your payers and your contracts with them to review their coverage requirements.

[CPT Codes](#)

Risk Assessment, Education, Prophylaxis, and Fluoride Varnish

99188 Application of topical fluoride varnish by a physician or other qualified health care professional

- This code only includes varnish application, not risk assessment, education, or referral to a dentist. If preventive medicine counseling is provided on the same day as a preventive service reported with codes 99381 – 99384 or 99391 – 99394, this is considered inclusive of those codes and a separate code is not reportable.

99401 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; approximately 15 minutes.

99402 approximately 30 minutes

99403 approximately 45 minutes

99403 approximately 60 minutes

If the above codes are not covered by your payer an unlisted code may be reported. Unlisted codes should be submitted with documentation to support payment of the service.

Treatment of Dental Caries with Silver Diamine Fluoride

A new Category III code, 0792T, was implemented on July 1, 2023, for reporting the application of silver diamine fluoride to dental caries. While primarily applied in dental practices, limited access to pediatric dental health care in some areas has resulted in a need for physicians and other QHPs to receive training for and adopt the application of silver diamine fluoride to arrest (stop the progression of) cavities. It's essential to contact payers before providing the service to ensure this is covered under both payer policies and your contract with them.

0792T Application of silver diamine fluoride, 38%, by a physician or other qualified health care professional
Office/other outpatient codes **99202 – 99205 or 99212 – 99215** would be reported based on [MDM or time](#) and if the patient is new or established at the time of service. Per NCCI there are no edits requiring a modifier 25 to report these codes together, check with your payer for policies regarding modifier's.

CDT Codes

D1206 Topical application of fluoride varnish

D1208 Topical application of fluoride

D1354 Interim caries arresting medication application – conservative treatment of an active non symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure

Other Preventive Oral Health Services

D1310 Nutritional counseling for the control of dental disease

D1330 Oral hygiene instruction

Clinical Oral Evaluation

D0140 Limited oral evaluation, problem focused

D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver

Oral Procedures

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Alternate coding: CPT code **41899** Unlisted Procedure, dentoalveolar structures

While using a more specific code (ie, **D7140**) is preferable to a nonspecific code (ie, **41899**), reporting the CPT code may increase a pediatrician's likelihood of getting paid.

Modifiers

For those carriers (particularly Medicaid plans under EPSDT), that cover oral health care, some will require a modifier (See "Private Payers and Medicaid" below)

SC Medically necessary service or supply

EP Services provided as part of Medicaid early periodic screening diagnosis and treatment program (EPSDT)

DA Oral health assessment by a licensed health professional other than a dentist

KZ New coverage not implemented by managed care (May be applicable when charges are billed to a state Medicaid plan because a child's Medicaid managed care plan has not yet implemented coverage policy for this service.)

U5 Medicaid Level of Care 5, as defined by each state

YD Dental Referral

- This referral code is used in the state of Pennsylvania for EPSDT services and may be used by other payers

ICD-10-CM Codes

Routine Encounter/Screening

Z00.121 Encounter for routine child health examination with abnormal findings (Use additional code to identify abnormal findings, such as dental caries)

Z00.129 Encounter for routine child health examination without abnormal findings

Z13.84 Encounter for screening for dental disorders

Z29.3 Encounter for prophylactic fluoride administration (fluoride varnish)

Risk (for use with CPT 99188 only)

Z91.84 - Risk for dental caries, low, moderate, or high 6th digit required

Z91.849 Unspecified risk for dental caries

Diagnosed Illness

E08.630 Diabetes Due to Underlying Condition with Periodontal Disease

E09.630 Drug/chem Diabetes Mellitus w/Periodontal Disease

E10.630 Type 1 Diabetes Mellitus with Periodontal Disease

E11.630 Type 2 Diabetes Mellitus with Periodontal Disease

K00.3 Mottled teeth

K00.8 Other disorders of tooth development

K02.3 Arrested dental caries

K02.51 Dental caries on pit and fissure surface limited to enamel

K02.52 Dental caries on pit and fissure surface penetrating into dentin

K02.53 Dental caries on pit and fissure surface penetrating into pulp

K02.61 Dental caries on smooth surface limited to enamel

K02.62 Dental caries on smooth surface penetrating into dentin

K02.63 Dental caries on smooth surface penetrating into pulp

K02.9 Dental caries, unspecified

K05.00 Acute gingivitis, plaque induced (Acute gingivitis NOS)

K05.01 Acute gingivitis, non-plaque induced

K05.10 Chronic gingivitis, plaque induced (Gingivitis NOS)

K05.11 Chronic gingivitis, non-plaque induced

K05.5 Other Periodontal Diseases

K05.6 Periodontal Disease, Unspecified

K06.0 Gingival Recession

K06.1 Gingival Enlargement

K06.2 Gingival & Edentulous Alveolar Ridge Lesions Associated with Trauma

K08.121 Complete Loss of Teeth Due to Periodontal Diseases, Class 1

K08.122 Complete Loss of Teeth Due to Periodontal Diseases, Class II

K08.123 Complete Loss of Teeth Due to Periodontal Disease, Class III

K08.124 Complete Loss of Teeth Due to Periodontal Diseases, Class IV

K08.129 Complete Loss of Teeth Due to Periodontal Disease, Unspecified Class

K08.421 Partial Loss of Teeth Due to Periodontal Diseases, Class I

K08.422 Partial Loss of Teeth Due to Periodontal Diseases, Class II

K08.423 Partial Loss of Teeth Due to Periodontal Diseases, Class III

K08.424 Partial Loss of Teeth Due to Periodontal Diseases, Class IV

K08.8 Other specified disorders of teeth and supporting structures

R19.6 Halitosis

S02.5XX- Fracture of tooth (traumatic)

S03.2XX- Dislocation of tooth

- - A 7th character is required for both **S02** and **S03** to show the encounter. 7th character “A” would show that the encounter is for initial or active treatment.
- Also include other codes that relate to the payer how the injury happened, including location and activity. Some states require the reporting of this information.

Z71.89 Other specified counseling

Z72.4 Inappropriate diet and eating habits

Z92.89 Personal history of other medical treatment

Private Payers and Medicaid

The Affordable Care Act (ACA) requires **most** health plans to provide coverage without cost-sharing for services that carry a current recommendation by the [U.S. Preventive Services Task Force](#) (USPSTF) with a rating of A or B along with those recommended by [Advisory Committee on Immunization Practices \(ACIP\)](#), and [Bright Futures](#). Therefore, most private/commercial payers must pay for **99188** under medical plans for children through age 5. Even though fluoride varnish is helpful throughout a person’s lifespan, The ACA only guarantees coverage until age 6.

Silver Diamine fluoride is not a preventive service. As such, the required payment for this service does not fall under the ACA. Due to **0792T**’s status as a category III code, CPT and CMS have not yet valued the code. At this time, it is unclear whether or not commercial or Medicaid payers will cover it and, if so, the payment rate. It’s advisable to contact your payers and negotiate your contracts to include 0792T to ensure payment.

Access the [Medicaid reimbursement chart](#) and which codes to use by state. However, please check with your state as their procedures change frequently without uniformity.

FAQs

Q. May I still bill the CDT code for topical fluoride application to my Medicaid plan or must I use the new CPT code?

A. If your Medicaid plan still requires and will pay on the CDT codes, you should continue to report the CDT codes as defined by your Medicaid plan. This will vary in each state.

Q. What does “by a physician or other qualified health care professional” mean?

A. The CPT definition “other qualified health care professionals” excludes clinical staff such as RNs and LPNs. Basically, an “other qualified health care professional” is one who can independently practice and bill under her own name. While state scope of practice and Medicaid qualifications may allow clinical staff (eg, RN) to perform this service, CPT guidelines do not allow the reporting of code 99188 in those instances. Note that the CDT codes do not have this restriction.

Q. What if a payer does not cover 99188?

A. Contact your payer to see if they require a CDT code instead of a CPT code. Your contract with a payer might further determine coverage of this code. See the [AAP reference](#). Otherwise, don't hesitate to contact the [Coding Hotline](#) to inform the AAP of denials related to 99188.

Q. If CPT code **99188** is to be used for “high-risk caries” – how do you identify that? Is a formal screen required?

A. At this time, there is no validated risk assessment tool for dental caries. The state of “high risk” is at the discretion of the examining physician. The AAP does have a [risk assessment](#) that can be used as a guide, but ultimately it is deferred to the clinician's judgment to perform this service. The [USPSTF recommendations](#) and more recent [AAP policy](#) certainly back this approach should someone need information to present to a payer.