

# Emergency Clinic Protocol

## MOST COMMONLY USED ER CODES

CODE	DESCRIPTION	
D9430	Exam, X-Rays, Diagnosis, Prescription, & Referrals	Observation Only/No Tx Performed
D9110	Palliative Treatment	See Examples Below
<b>X-Rays</b>		
D0220	PA 1 <sup>ST</sup> Film	
D0230	PA Each Additional Film	
D0270	Bitewing – Single	
D0330	Panoramic Film	<b>*Used For Endo Arch Integrity*</b>
D0364D2	ENDO - Acutomo for Diagnosis prior to open & drain	
D3221	Pulpal Debridement	
D2940	Protective Restoration	
D2920	Re-cement Crown	
D5999EM	Essix Retainer Modification for Anterior Ext	
D7140	Routine Extraction - Simple	Qualifying Health History
D7270	Tooth Stabilization	
D9120EC	Bridge Sectioning	

## EXAM/X-RAY WITHOUT TREATMENT

CODE	DESCRIPTION	
D9430	Office Visit	Observation Only/No Tx Performed
D9460	Office Visit	No Charge
D0220	PA 1 <sup>ST</sup> Film	
D0230	PA Each Additional Film	
D0270	Bitewing - Single	
D0330	Panoramic Film	<b>*Used For Endo Arch Integrity*</b>
D0364D2	Per ENDO CBCT for Diagnosis prior to open & drain	Acutomo Specified Area

***D9430 - A benefit once per date of service per provider/Not a benefit when procedures other than necessary radiographs and/or photographs are provided on the same date of service***

## PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN

CODE	DESCRIPTION OF POSSIBLE PALLIATIVE PROCEDURES	POSSIBLE TREATMENT
D9110	Fractured Tooth	Smooth/Desensitizer
	Open Tooth For Relief Of Pain (and subsequent D3221 same tooth)	Drain Fluid, <b>Partial</b> Pulpal Debridement
	Discomfort Associated With Heat/Cold	Caries Removal To The <b>Enamel</b> /Temp Restoration/ <b>GI Restoration</b>
	Sensitivity Upon Biting	Slight Adjustment Out Of Occlusion
	Discomfort With Inflammation, Heavy Calculus buildup, Debris	Select Scale & Curettage
	Anesthetic For Acute Pain Relief	Temporary Relief
	Follow-up Emergency Visit For Further Evaluation	Diagnostic Visit

***D9110 - A benefit once per date of service per provider regardless of the number of teeth and/or areas treated. / Not a benefit when any other treatment is performed on the same date of service, except when radiographs/photographs are needed of the affected area to diagnose***

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## PROTECTIVE RESTORATION

CODE	DESCRIPTION OF POSSIBLE PALLIATIVE PROCEDURES	POSSIBLE TREATMENT
D2940	Interim Treatment To Relive Dental Pain And/Or Promote Healing	Caries Excavation To The Dentin & GI Protective Restoration

*D2940 - A benefit once per tooth in a six-month period, per provider/Not a benefit when performed on the same date of service with a permanent restoration or crown, for same tooth or on root canal treated teeth*

## TREATMENT PRIOR TO CONVENTIONAL ROOT CANAL

CODE	DESCRIPTION OF POSSIBLE PALLIATIVE PROCEDURES	POSSIBLE TREATMENT
D3221	Pulpal Debridement Not Completed On Same Day As Root Canal	Open, Remove Pulp Tissue & Drain

*D3221 - A benefit once per tooth for permanent teeth or for over-retained primary teeth with no permanent successor/Not a benefit on the same date of service with any additional services, same tooth*

## MISCELLANEOUS SERVICES

CODE	DESCRIPTION OF POSSIBLE PALLIATIVE PROCEDURES	POSSIBLE TREATMENT
D9910	Application Of Desensitizing Medicament Fluoride or Silver Diamine	Adjunct To Relive Sensitivity

*D9910 - A benefit once in a 12-month period per provider, for permanent teeth only/Not a benefit on the same date of service as fluoride (D1206 and D1208), or when used as a base, liner or adhesive under a restoration*

CODE	DESCRIPTION OF POSSIBLE PALLIATIVE PROCEDURES	POSSIBLE TREATMENT
D2920	Re-cement Crown	Adjunct To Relive Sensitivity

*D2920 - The original provider is responsible for all re-cementations within the first 12 months following the initial placement of prefabricated or laboratory processed crowns/Not a benefit within 12 months of a previous re-cementation by the same provider*

CODE	DESCRIPTION OF POSSIBLE PALLIATIVE PROCEDURES	POSSIBLE TREATMENT
D3450	ROOT AMPUTATION	PER ROOT

*D3450 - This procedure is not a benefit*

CODE	DESCRIPTION OF POSSIBLE PALLIATIVE PROCEDURES	POSSIBLE TREATMENT
D7270	Tooth Stabilization/Re-implantation Trauma Related	For Accidentally Displaced or Avulsed Tooth

*D7270 - A benefit once per arch regardless of the number of teeth involved, and for permanent anterior teeth only. Preoperative periapical radiograph and describe the specific conditions addressed/*

CODE	DESCRIPTION OF POSSIBLE PALLIATIVE PROCEDURES	POSSIBLE TREATMENT
D4320	Tooth Stabilization/Non-Trauma	Provisional Splint Intracoronal
D4321		Provisional Splint Extracoronal

*D4320/D4321 - This procedure is not a benefit.*

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## Denture & Bridge Procedures

CODE	DESCRIPTION	Discipline
D5410	Adjustment Complete Denture - Maxillary	Adjustment To Complete Denture
	<i>D5410 - A benefit: a. once per date of service per provider. b. twice in a 12-month period per provider/Not a benefit within 6 months of delivery (D5110, D5130, D5860, D5730, D5750, D5850, D5510, or D5520)</i>	
D5411	Adjustment Complete Denture -Mandibular	Adjustment To Complete Denture
	<i>D5411 - A benefit: a. once per date of service per provider. b. twice in a 12-month period per provider/Not a benefit within 6 months of delivery (D5120, D5140, D5860, D5731, D5751, D5851, D5510, or D5520)</i>	
D5421	Adjust Partial Denture - Maxillary	Adjustment To Partial Denture
	<i>D5421 - A benefit: a. once per date of service per provider. b. twice in a 12-month period per provider/Not a benefit within 6 months of delivery (D5211, D5213, D5740, D5760, D5610, D5620, D5630, D5640, D5650, or D5660)</i>	
D5422	Adjust Partial Denture - Mandibular	Adjustment To Partial Denture
	<i>D5422 - A benefit: a. once per date of service per provider. b. twice in a 12-month period per provider/Not a benefit within 6 months of delivery (D5212, D5214, D5741, D5761, D5851, D5610, D5620, D5630, D5640, D5650, or D5660)</i>	
D5510	Repair Denture Base (Denti-Cal Only) Either Arch)	Repair To Complete Denture
	<i>D5510 – A benefit: once per arch, per date of service per provider,. twice in a 12-month period per provider/ Not a benefit on the same date of service as reline (D5730, D5731, D5750, or D5751); For All adjustments made for six months after the date of repair</i>	
D5511	Repair Denture Base Mandibular	Repair To Complete Denture
	<i>D5511 – A benefit: once per arch, per date of service per provider,. twice in a 12-month period per provider/ Not a benefit on the same date of service as reline (D5730, D5731, D5750, or D5751); For All adjustments made for six months after the date of repair</i>	
D5512	Repair Denture Base Maxillary	Repair To Complete Denture
	<i>D5512 – A benefit: once per arch, per date of service per provider,. twice in a 12-month period per provider/ Not a benefit on the same date of service as reline (D5730, D5731, D5750, or D5751); For All adjustments made for six months after the date of repair</i>	
D5520	Replace Missing Or Broken Teeth	Repair To Complete Denture
	<i>D5422 - A benefit: a. up to a maximum of four, per arch, per date of service per provider. b. twice per arch, in a 12-month period per provider. /Not a benefit- All adjustments made for six months after the date of repair, by the same provider and same arch</i>	
D5610	Repair Resin Denture Base (Denti-Cal Only) Either Arch)	Repair To Partial Denture/Stayplate
	<i>D5610 - A benefit: a. once per arch, per date of service per provider. b. twice per arch, in a 12- month period per provider. c. for partial dentures only /Not a benefit- All adjustments made for six months after the date of repair, by the same provider and same arch; same date of service as (D5740, D5741, D5760, or D5761)</i>	
D5611	Repair Resin Denture Base Mandibular	Repair To Partial Denture/Stayplate
	<i>D5611 - A benefit: a. once per arch, per date of service per provider. b. twice per arch, in a 12- month period per provider. c. for partial dentures only /Not a benefit- All adjustments made for six months after the date of repair, by the same provider and same arch; same date of service as (D5740, D5741, D5760, or D5761)</i>	

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D5612	Repair Resin Denture Base Maxillary	Repair To Partial Denture/Stayplate
<i>D5612 - A benefit: a. once per arch, per date of service per provider. b. twice per arch, in a 12- month period per provider. c. for partial dentures only /Not a benefit- All adjustments made for six months after the date of repair, by the same provider and same arch; same date of service as (D5740, D5741, D5760, or D5761)</i>		
D5620	Repair Cast Metal Framework (Denti-Cal Only) Either Arch	Repair To Partial Denture
<i>D5620 - A benefit: a. once per arch, per date of service per provider. b. twice per arch, in a 12- month period per provider/Not a benefit-For All adjustments made for six months after the date of repair, by the same provider and same arch</i>		
D5621	Repair Cast Metal Framework Mandibular	Repair To Partial Denture
<i>D5621 - A benefit: a. once per arch, per date of service per provider. b. twice per arch, in a 12- month period per provider/Not a benefit-For All adjustments made for six months after the date of repair, by the same provider and same arch</i>		
D5622	Repair Cast Metal Framework Maxillary	Repair To Partial Denture
<i>D5622 - A benefit: a. once per arch, per date of service per provider. b. twice per arch, in a 12- month period per provider/Not a benefit-For All adjustments made for six months after the date of repair, by the same provider and same arch</i>		
D5630	Repair or Replace Broken Clasp	
<i>D5630 - A benefit: a. up to a maximum of three, per date of service per provider. b. twice per arch, in a 12- month period per provider/Not a benefit-For All adjustments made for six months after the date of repair, by the same provider and same arch</i>		
D5640	Replace Broken Teeth – Per Tooth	
<i>D5640 - A benefit: a. up to a maximum of three, per date of service per provider. b. twice per arch, in a 12- month period per provider/Not a benefit-For All adjustments made for six months after the date of repair, by the same provider and same arch</i>		
D5650	Add Tooth To Existing Partial Denture	
<i>D5650 - A benefit: a. up to a maximum of three, per date of service per provider. b. twice per arch, in a 12- month period per provider/Not a benefit-For All adjustments made for six months after the date of repair, by the same provider and same arch; or for adding 3rd molars</i>		
D5660	Add Clasp To Existing Partial Denture	
<i>D5660 - A benefit: a. up to a maximum of three, per date of service per provider. b. twice per arch, in a 12- month period per provider/Not a benefit-For All adjustments made for six months after the date of repair, by the same provider and same arch</i>		
D5820	INTERIM PARTIAL DENTURE (MAXILLARY) Flipper	Partial Denture Service
<i>This procedure is not a benefit.</i>		
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR) Flipper	Partial Denture Service
<i>This procedure is not a benefit.</i>		
D6930	Re-cement FPD (bridge)	Partial Denture Service
<i>D6930 - The original provider is responsible for all re-cementations within the first 12 months following the initial placement of a fixed partial denture/Not a benefit within 12 months of a previous re-cementation by the same provider</i>		
D5999EM – Essix Retainer Modification for Anterior Ext		
<i>This procedure is not a benefit</i>		
D9120EC	Partial Denture Sectioning	Emergency Clinic Only
<i>A benefit: when at least one of the abutment teeth is to be retained</i>		

**ALL OTHER RESTORATIVE PROCEDURES ARE TO BE POSTED WITH THE CORRECT CDT CODE!**