

Relevant CDT Codes for Medi-Cal Dental Patients 0-6

CDT Code	Description	Medi-Cal Benefit	Frequency
D0150	Comprehensive oral evaluation	Yes	Allowable for beneficiaries 3 and older. Allowable every 36 months from the last D0150 or D0120 per beneficiary per provider. Source: Medi-Cal bulletin October 2016, Vol 32 #16
D0120	Periodic oral evaluation – Established patient	Yes	Once every 6 months between ages 3 and 20; payable after D0150 done by the same provider. Source: Medi-Cal bulletin October 2016, Vol 32 #16
D0145	Oral evaluation under 3 and counseling with primary caregiver	Yes	Benefit for patients under 3 once every three months. Source: Medi-Cal bulletin October 2016, Vol 32 #16
D0220	Intraoral PA	Yes	A benefit to a maximum 20 PAs in a 12-month period. Source: Medi-Cal Dental Provider Handbook
D0230	Intraoral PA Additional	Yes	A benefit to a maximum 20 PAs in a 12-month period. Source: Medi-Cal Dental Provider Handbook
D0240	Intraoral occlusal	Yes	A benefit to a maximum of 2 in a 6-month period per provider. Source: Medi-Cal Dental Provider Handbook
D0270	Bitewing Single	Yes	A benefit once per date of service. Source: Medi-Cal Dental Provider Handbook
D0272	Bitewings Two	Yes	A benefit once every six months per provider. Source: Medi-Cal Dental Provider Handbook
D0350	Oral/Facial photographic images	Yes	A benefit to a maximum of four per date of service. Needs to be necessary for the diagnosis or treatment of the specific clinical condition that is not readily apparent on radiographs. Source: Medi-Cal Dental Provider Handbook
D1120	Prophylaxis child	Yes	A benefit once in a six-month period for patients under 21. Source: Medi-Cal Dental Provider Handbook
D1206	Topical Fluoride varnish	Yes	A benefit once in a six-month period for patients up to the age of six. Frequency limitations shall apply toward topical application of fluoride (D1208). Medi-Cal Dental Provider Handbook

D1208	Topical Fluoride - excluding varnish	Yes	A benefit once in a four-month period for patients up to the age of six; Frequency limitations shall apply toward topical application of fluoride varnish (D1206). Source: Medi-Cal bulletin May 2019, Vol 35 #15
D1351	Sealant per tooth	Yes	A benefit once per permanent 1 st , 2 nd or 3 rd molar that occupies the space of a 2 nd molar, every 36 months
D2940	Protective restoration	Yes	A benefit once per date of service per provider regardless of the number of teeth treated. This procedure is for a temporary restoration and is not to be used as a base or liner under a restoration. Source: Medi-Cal bulletin May 2019, Vol 35 #15
D2941	Interim Therapeutic Restoration	No	Source: Medi-Cal Dental Provider Handbook
D2930	Prefab SSC primary	Yes	Source: Medi-Cal Dental Provider Handbook
D3220	Therapeutic pulpotomy	Yes	Source: Medi-Cal Dental Provider Handbook
D1510, D1515, D1520, D1525	Space Maintainers	Yes	Source: Medi-Cal bulletin May 2019, Vol 35 #15
D9430	Office visit for observation	Yes	No other clinical services are performed except necessary radiographs or photographs.
D9110	Palliative treatment of dental pain	Yes	No other treatment is performed except necessary radiographs or photographs.
D0601	Caries Risk Assessment Low	No	Source: Medi-Cal bulletin February 2017, Vol 33 #3
D0602	Caries Risk Assessment Moderate	No	Source: Medi-Cal bulletin February 2017, Vol 33 #3
D0603	Caries Risk Assessment High	No	Source: Medi-Cal bulletin February 2017, Vol 33 #3
D1310	Nutritional counseling	No	Source: Medi-Cal Dental Provider Handbook
D1330	Oral Hygiene instructions	No	Source: Medi-Cal Dental Provider Handbook
D1100	Home care products	No	Source: Medi-Cal Dental Provider Handbook
D1354	Interim Caries Arresting Medicament (Silver diamine fluoride)	No	Source: Medi-Cal bulletin February 2017, Vol 33 #3
D9993	Case management – Motivational Interviewing	No	Source: Medi-Cal bulletin February 2017, Vol 33 #3

D9995	Teledentistry – synchronous		Real-time encounter Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. Source: Medi-Cal Provider bulletin March 2020 Vol 36 #06
D9996	Teledentistry – asynchronous		Information stored and forwarded to dentist for subsequent review Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. Source: Medi-Cal Provider bulletin March 2020 Vol 36 #06
D9920	Behavior management by report	No	Source: Medi-Cal Dental Provider Handbook

Scenarios

New patient younger than 3 with incipient caries

		D1310	ZDDS2	Nutritional counseling	E
		D1330	ZDDS2	Oral hygiene instruction	E
		D1100	ZDDS2	Home care products	E
		D1206	ZDDS2	Topical Fluoride Varnish	E
		D0145	ZDDS2	Oral eval for a patient under	E
		D0603	ZDDS2	Caries Risk Assessment-High ri	E
		6998	ZDDS2	Self Management Goals Review	E
		D9993	ZDDS2	Dental case mgmt- Motivational	E
		Z01.2	ZDDS2	Exam, cleaning w/abnorm find	CON
D		D1354	ZDDS2	Interim Caries Arresting Medic	E
E		D1354	ZDDS2	Interim Caries Arresting Medic	E
F		D1354	ZDDS2	Interim Caries Arresting Medic	E
G		D1354	ZDDS2	Interim Caries Arresting Medic	E

Recall patient older than 3

D0120	ZDDS2	Periodic oral evaluation	E
D1120	ZDDS2	Prophylaxis-child	E
D0220	ZDDS2	Intraoral-periapical-1st film	E
D0230	ZDDS2	Intraoral-periapical-each add'	E
D0272	ZDDS2	Bitewings-two films	E
D1310	ZDDS2	Nutritional counseling	E
D1330	ZDDS2	Oral hygiene instruction	E
D1100	ZDDS2	Home care products	E
D0603	ZDDS2	Caries Risk Assessment-High ri	E
6998	ZDDS2	Self Management Goals Review	E
D9993	ZDDS2	Dental case mgmt- Motivational	E
K05.1	ZDDS2	Chronic GINGIVITIS, plaque ind	CON
Z01.2	ZDDS2	Exam, cleaning w/abnorm find	CON
D1206	ZDDS2	Topical Fluoride Varnish	E