



Access Dental Plan Children's Dental HMO

Embedded Benefit SCHEDULE OF BENEFITS

This Schedule of Benefits, along with the Exclusions and Limitations describe the benefits of the California Children's Dental HMO Embedded Benefit. In addition, it lists the services available to you under this dental plan as well as the Copayments associated with each procedure. Please review the Benefits Description, Limitations, and Exclusions Section below for additional information about how your Plan works.

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THIS BENEFIT DESCRIPTION SECTION SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF PROGRAM BENEFITS AND LIMITATIONS. SEE ALSO, EXCLUDED BENEFITS AND THE SCHEDULE OF BENEFITS.

Summary of Benefits and Coverages	Child-ONLY Pediatric Dental EHB Up to Age 19
Individual Deductible	None
Family Deductible (two or more children)	None
Individual Out of Pocket Maximum	\$350
Family Out of Pocket Maximum (two or more children)	\$700
Annual Benefit Limit	None
Ortho Lifetime Maximum	None
Office Copay	\$0
Waiting Period	None
Procedure Category	Copay Range
<i>Diagnostic and Preventive</i> Oral Exam, Preventive-Cleaning, Topical Fluoride Application, Sealants per Tooth, Preventive - X-rays and Space maintainers - Fixed	No Charge
<i>Basic Services</i> Restorative Procedures, Periodontal Maintenance Services, Adult Periodontics (other than maintenance) Adult Endodontics (Group Dental Plans only)	\$0-\$25
<i>Major Services</i> Crowns & Casts, Prosthodontics, Endodontics, Periodontics (other than maintenance), and Oral Surgery	\$0-\$350
<i>Orthodontia</i> (Only for pre-authorized Medically Necessary Orthodontia)	\$0-\$350

**Please see Schedule of Benefits for a listing of all benefits and Exclusions and Limitations.

Each individual procedure listed within each category above that is covered under the Plan has a specific Copayment, which is shown in the Schedule of Benefits along with a benefit description and limitations. The Exclusions are also listed in the Schedule of Benefits.

COPAYMENTS

The following Copayments apply when services are performed by your assigned Primary Care Dentist or a Contracted Specialist (with prior approval from Access Dental). If Specialist Services are recommended by your Primary Care Dentist, the treatment plan must be preauthorized in writing by Access Dental prior to treatment in order for the services to be eligible for coverage. All services are subject to Exclusions and Limitations of this plan and must be medically necessary.

ADA Code	ADA Code Description	In-network Member Cost Share
(D0100-D999)	Diagnostic	
D0120	Periodic oral evaluation - established patient	No Charge
D0140	Limited oral evaluation – problem focused	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge
D0150	Comprehensive oral evaluation – new or established patient	No Charge
D0160	Detailed and extensive oral evaluation – problem focused, by report	No Charge
D0170	Re-evaluation - limited, problem focused (established patient not post-operative visit)	No Charge
D0171	Re-evaluation - post-operative office visit	No Charge
D0180	Comprehensive periodontal evaluation – new or established patient	No Charge
D0210	Intraoral - complete series of radiographic images	No Charge
D0220	Intraoral - periapical first radiographic image	No Charge
D0230	Intraoral - periapical each additional radiographic image	No Charge
D0240	Intraoral - occlusal radiographic image	No Charge
D0250	Extraoral - first radiographic image	No Charge
D0251	Extraoral - posterior dental radiographic image	No Charge
D0270	Bitewing - single radiographic image	No Charge
D0272	Bitewings - two radiographic images	No Charge
D0273	Bitewings - three radiographic images	No Charge
D0274	Bitewings - four radiographic images	No Charge
D0277	Vertical bitewings – 7 to 8 radiographic images	No Charge
D0310	Sialography	No Charge
D0320	Temporomandibular joint arthrogram, including injection	No Charge
D0322	Tomographic survey	No Charge
D0330	Panoramic radiographic image	No Charge
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis	No Charge
D0350	2D Oral/Facial photographic image obtained intra-orally or extra-orally	No Charge
D0351	3D photographic image	No Charge
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts	No Charge
D0502	Other oral pathology procedures, by report	No Charge
D0601	caries risk assessment and documentation, with a finding of low risk	No Charge
D0602	caries risk assessment and documentation, with a finding of moderate risk	No Charge
D0603	caries risk assessment and documentation, with a finding of high risk	No Charge
D0999	Unspecified diagnostic procedure, by report	No Charge
(D1000-D1999)	Preventive	
D1110	Prophylaxis – adult	No Charge
D1120	Prophylaxis – child	No Charge
D1206	Topical application of fluoride varnish	No Charge
D1208	Topical application of flouride – excluding varnish	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	No Charge
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No Charge
D1353	Sealant repair - per tooth	No Charge
D1354	Interim caries arresting medicament application - per tooth	No Charge
D1510	Space maintainer - fixed – unilateral	No Charge
D1515	Space maintainer - fixed – bilateral	No Charge
D1520	Space maintainer - removable - unilateral	No Charge
D1525	Space maintainer - removable - bilateral	No Charge
D1550	Recementation of space maintainer	No Charge
D1555	Removal of fixed space maintainer	No Charge
D1575	Distal shoe space maintainer - fixed - unilateral	No Charge

(D2000- D2999)	Restorative	
D2140	Amalgam - one surface, primary or permanent	\$25
D2150	Amalgam - two surfaces, primary or permanent	\$30
D2160	Amalgam - three surfaces, primary or permanent	\$40
D2161	Amalgam - four or more surfaces, primary or permanent	\$45
D2330	Resin-based composite - one surface, anterior	\$30
D2331	Resin-based composite - two surfaces, anterior	\$45
D2332	Resin-based composite - three surfaces, anterior	\$55
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60
D2390	Resin-based composite crown, anterior	\$50
D2391	Resin-based composite – one surface, posterior	\$30
D2392	Resin-based composite – two surfaces, posterior	\$40
D2393	Resin-based composite – three surfaces, posterior	\$50
D2394	Resin-based composite – four or more surfaces, posterior	\$70
D2710	Crown – resin-based composite (indirect)	\$140
D2712	Crown - 3/4 resin-based composite (indirect)	\$190
D2721	Crown – resin with predominantly base metal	\$300
D2740	Crown – porcelain/ceramic substrate	\$300
D2751	Crown - porcelain fused to predominantly base metal	\$300
D2781	Crown - 3/4 cast predominantly base metal	\$300
D2783	Crown – ¼ porcelain/ceramic	\$310
D2791	Crown - full cast predominantly base metal	\$300
D2910	Recement inlay, onlay, or partial coverage restoration	\$25
D2915	Recement cast or prefabricated post and core	\$25
D2920	Recement crown	\$25
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$45
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$95
D2930	Prefabricated stainless steel crown - primary tooth	\$65
D2931	Prefabricated stainless steel crown - permanent tooth	\$75
D2932	Prefabricated resin crown	\$75
D2933	Prefabricated stainless steel crown with resin window	\$80
D2940	protective restoration	\$25
D2941	Interim therapeutic restoration - primary dentition	\$30
D2949	Restorative foundation for a indirect restoration	\$45
D2950	Core buildup, involving any pins	\$20
D2951	Pin retention - per tooth, in addition to restoration	\$25
D2952	Post and core in addition to crown, indirectly fabricated	\$100
D2953	Each additional indirectly fabricated post, same tooth	\$30
D2954	Prefabricated post and core in addition to crown	\$90
D2955	Post removal	\$60
D2957	Each additional prefabricated post – same tooth	\$35
D2971	Additional procedures to construct new crown under existing partial denture framework	\$35
D2980	Crown repair, by report	\$50
D2999	Unspecified restorative procedure, by report	\$40
(D3000- D3999)	Endodontics	
D3110	Pulp cap - direct (excluding final restoration)	\$20
D3120	Pulp cap – indirect (excluding final restoration)	\$25
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament	\$40
D3221	Pulpal debridement, primary and permanent teeth	\$40

D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$55
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$55
D3310	Root canal therapy Anterior (excluding final restoration)	\$195
D3320	Root canal therapy, Bicuspid tooth (excluding final restoration)	\$235
D3330	Root canal therapy, Molar (excluding final restoration)	\$300
D3331	Treatment of root canal obstruction; non-surgical access	\$50
D3333	Internal root repair of perforation defects	\$80
D3346	Retreatment of previous root canal therapy – anterior	\$240
D3347	Retreatment of previous root canal therapy – bicuspid	\$295
D3348	Retreatment of previous root canal therapy - molar	\$365
D3351	Apexification/recalcificaion – initial visit	\$85
D3352	Apexification/recalcification – interim	\$45
D3410	Apicoectomy/periradicular surgery – anterior	\$240
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$250
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$275
D3426	Apicoectomy/periradicular surgery molar (each additional root)	\$110
D3427	Periradicular surgery without apicoectomy	\$160
D3430	Retrograde filling – per root	\$90
D3910	Surgical procedure for isolation of tooth with rubber dam	\$30
D3999	Unspecified endodontic procedure, by report	\$100
(D4000- D4999)	Periodontics	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bound spaces per quadrant	\$150
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per tooth	\$50
D4249	Clinical crown lengthening – hard tissue	\$165
D4260	Osseous – muco- gingival surgery per quadrant	\$265
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$140
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$80
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$55
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$30
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$220
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$10
D4910	Periodontal maintenance	\$30
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$15
D4999	Unspecified periodontal procedure, by report	\$350
(D5000- D5899)	Removable Prosthodontics	
D5110	Complete denture –maxillary	\$300
D5120	Complete denture – mandibular	\$300
D5130	Immediate denture – maxillary	\$300
D5140	Immediate denture – mandibular	\$300
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$300
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$300
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including. any conventional clasps, rests and teeth)	\$335

D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$335
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$275
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$275
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330
D5410	Adjust complete denture – maxillary	\$20
D5411	Adjust complete denture – mandibular	\$20
D5421	Adjust partial denture – maxillary	\$20
D5422	Adjust partial denture – mandibular	\$20
D5511	Repair broken complete denture base, mandibular	\$40
D5512	Repair broken complete denture base, maxillary	\$40
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$40
D5611	Repair resin denture base, mandibular	\$40
D5612	Repair resin denture base, maxillary	\$40
D5621	Repair cast framework, mandibular	\$40
D5622	Repair cast framework, maxillary	\$40
D5630	Repair or replace broken retentive/clasping materials per tooth	\$50
D5640	Replace broken teeth - per tooth	\$35
D5650	Add tooth to existing partial denture	\$35
D5660	Add clasp to existing partial denture	\$60
D5730	Reline complete maxillary denture (chairside)	\$60
D5731	Reline complete mandibular denture (chairside)	\$60
D5740	Reline maxillary partial denture (chairside)	\$60
D5741	Reline mandibular partial denture (chairside)	\$60
D5750	Reline complete maxillary denture (laboratory)	\$90
D5751	Reline complete mandibular denture (laboratory)	\$90
D5760	Reline maxillary partial denture (laboratory)	\$80
D5761	Reline mandibular partial denture (laboratory)	\$80
D5850	Tissue conditioning, maxillary	\$30
D5851	Tissue conditioning, mandibular	\$30
D5862	Precision attachment, by report	\$90
D5863	Overdenture – complete maxillary	\$300
D5864	Overdenture - partial maxillary	\$300
D5865	Overdenture – complete mandibular	\$300
D5866	Overdenture - partial mandibular	\$300
D5899	Unspecified removable prosthodontic procedure, by report	\$350
D5911	Facial moulage (sectional)	\$285
D5912	Facial moulage (complete)	\$350
D5913	Nasal prosthesis	\$350
D5914	Auricular prosthesis	\$350
D5915	Orbital prosthesis	\$350
D5916	Ocular prosthesis	\$350
D5919	Facial prosthesis	\$350
D5922	Nasal septal prosthesis	\$350
D5923	Ocular prosthesis, interim	\$350
D5924	Cranial prosthesis	\$350
D5925	Facial augmentation implant prosthesis	\$200
D5926	Nasal prosthesis, replacement	\$200
D5927	Auricular prosthesis, replacement	\$200

D5928	Orbital prosthesis, replacement	\$200
D5929	Facial prosthesis, replacement	\$200
D5931	Obturator prosthesis, surgical	\$350
D5932	Obturator prosthesis, definitive	\$350
D5933	Obturator prosthesis, modification	\$150
D5934	Mandibular resection prosthesis with guide flange	\$350
D5935	Mandibular resection prosthesis without guide flange	\$350
D5936	Obturator prosthesis, interim	\$350
D5937	Trismus appliance (not for TMD treatment)	\$85
D5951	Feeding aid	\$135
D5952	Speech aid prosthesis, pediatric	\$350
D5953	Speech aid prosthesis, adult	\$350
D5954	Palatal augmentation prosthesis	\$135
D5955	Palatal lift prosthesis, definitive	\$350
D5958	Palatal lift prosthesis, interim	\$350
D5959	Palatal lift prosthesis, modification	\$145
D5960	Speech aid prosthesis, modification	\$145
D5982	Surgical stent	\$70
D5983	Radiation carrier	\$55
D5984	Radiation shield	\$85
D5985	Radiation cone locator	\$135
D5986	Fluoride gel carrier	\$35
D5987	Commissure splint	\$85
D5988	Surgical splint	\$95
D5991	Topical Medicament Carrier	\$70
D5999	Unspecified maxillofacial prosthesis, by report	\$350
(D6000- D6199)	Implant Services	
D6010	Surgical placement of implant body: endosteal implant	\$350
D6011	Second stage implant surgery	\$350
D6013	Surgical placement of mini implant	\$350
D6040	Surgical placement: eosteal implant	\$350
D6050	Surgical placement: transosteal implant	\$350
D6052	Semi-precision attachment abutment	\$350
D6055	Connecting bar - implant supported or abutment supported	\$350
D6056	Prefabricated abutment - includes modification and placement	\$135
D6057	Custom fabricated abutment - includes placement	\$180
D6058	Abutment supported porcelain/ceramic crown	\$320
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$315
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$295
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$300
D6062	Abutment supported cast metal crown (high noble metal)	\$315
D6063	Abutment supported cast metal crown (predominantly base metal)	\$300
D6064	Abutment supported cast metal crown (noble metal)	\$315
D6065	Implant supported porcelain/ceramic crown	\$340
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$335
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$340
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$320
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$315
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$290
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$300
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$315

D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$290
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$320
D6075	Implant supported retainer for ceramic FPD	\$335
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$330
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$350
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$30
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$30
D6085	Provisional implant crown	\$300
D6090	Repair implant supported prosthesis, by report	\$65
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$40
D6092	Recent implant/abutment supported crown	\$25
D6093	Recent implant/abutment supported fixed partial denture	\$35
D6094	Abutment supported crown (titanium)	\$295
D6095	Repair implant abutment, by report	\$65
D6096	Remove broken implant retainer screw	\$60
D6100	Implant removal, by report	\$110
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$350
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$350
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$350
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$350
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$350
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$350
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$350
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$350
D6190	Radiographic/Surgical implant index, by report	\$75
D6194	Abutment supported retainer crown for FPD (titanium)	\$265
D6199	Unspecified implant procedure, by report	\$350
(D6200-D6999)	Fixed Prosthodontics	
D6211	Pontic - cast predominantly base metal	\$300
D6241	Pontic - porcelain fused to predominantly base metal	\$300
D6245	Pontic - porcelain/ceramic	\$300
D6251	Pontic - resin with predominantly base metal	\$300
D6721	Crown - resin with predominantly base metal	\$300
D6740	Crown - porcelain/ceramic	\$300
D6751	Crown - porcelain fused to predominantly base metal	\$300
D6781	Crown - 3/4 cast predominantly base metal	\$300
D6783	Crown - 3/4 porcelain/ceramic	\$300
D6791	Crown - full cast predominantly base metal	\$300
D6930	Re-cement or re-bond fixed partial denture	\$40
D6980	Fixed partial denture repair necessitated by restorative material failure	\$95
D6999	Unspecified fixed prosthodontic procedure, by report	\$350
(D7000-D7999)	Oral and Maxillofacial Surgery	
D7111	Extraction, coronal remnants - deciduous tooth	\$40
D7140	Extraction, erupted tooth or exposed root	\$65
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and	\$120

	removal of bone and/or section of tooth	
D7220	Removal of impacted tooth - soft tissue	\$95
D7230	Removal of impacted tooth - partially bony	\$145
D7240	Removal of impacted tooth - completely bony	\$160
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$175
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$80
D7260	Oral Antral Fistula closure	\$280
D7261	Primary closure of a sinus perforation	\$285
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$185
D7280	Surgical access of an unerupted tooth	\$220
D7283	Placement of device to facilitate eruption of impacted tooth	\$85
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$180
D7286	Biopsy of oral tissue – soft	\$110
D7290	Surgical repositioning of teeth	\$185
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$80
D7310	Alveoloplasty in conjunction with extractions – per quadrant	\$85
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$120
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$65
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$350
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$350
D7410	Excision of benign lesion up to 1.25 cm	\$75
D7411	Excision of benign lesion greater than 1.25 cm	\$115
D7412	Excision of benign lesion, complicated	\$175
D7413	Excision of malignant lesion up to 1.25 cm	\$95
D7414	Excision of malignant lesion greater than 1.25 cm	\$120
D7415	Excision of malignant lesion, complicated	\$255
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$105
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$185
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$180
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$330
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$155
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$250
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$40
D7471	Removal of lateral exostosis (maxilla or mandible)	\$140
D7472	Removal of torus palatinus	\$145
D7473	Removal of torus mandibularis	\$140
D7485	Surgical reduction of osseous tuberosity	\$105
D7490	Radical resection of maxilla or mandible	\$350
D7510	Incision and drainage of abscess – intraoral soft tissue	\$70
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated	\$70

D7520	incision and drainage of abscess - extraoral soft tissue	\$70
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple facial spaces)	\$80
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$45
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$75
D7550	Partial ostectomy /sequestrectomy for removal of non-vital bone	\$125
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$235
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$140
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$250
D7630	Mandible – open reduction (teeth immobilized, if present)	\$350
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$350
D7650	Malar and/or zygomatic arch – open reduction	\$350
D7660	Malar and/or zygomatic arch – closed reduction	\$350
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$170
D7671	Alveolus – open reduction, may include stabilization of teeth	\$230
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350
D7710	Maxilla – open reduction	\$110
D7720	Maxilla – closed reduction	\$180
D7730	Mandible – open reduction	\$350
D7740	Mandible – closed reduction	\$290
D7750	Malar and/or zygomatic arch – open reduction	\$220
D7760	Malar and/or zygomatic arch – closed reduction	\$350
D7770	Alveolus – open reduction stabilization of teeth	\$135
D7771	Alveolus, closed reduction stabilization of teeth	\$160
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350
D7810	Open reduction of dislocation	\$350
D7820	Closed reduction of dislocation	\$80
D7830	Manipulation under anesthesia	\$85
D7840	Condylectomy	\$350
D7850	Surgical discectomy, with/without implant	\$350
D7852	Disc repair	\$350
D7854	Synovectomy	\$350
D7856	Myotomy	\$350
D7858	Joint reconstruction	\$350
D7860	Arthroscopy	\$350
D7865	Arthroplasty	\$350
D7870	Arthrocentesis	\$90
D7871	Non-arthroscopic lysis and lavage	\$150
D7872	Arthroscopy – diagnosis, with or without biopsy	\$350
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	\$350
D7874	Arthroscopy – surgical: disc repositioning and stabilization	\$350
D7875	Arthroscopy – surgical: synovectomy	\$350

D7876	Arthroscopy – surgical: discectomy	\$350
D7877	Arthroscopy – surgical: debridement	\$350
D7880	Occlusal orthotic device, by report	\$120
D7881	Occlusal orthotic device adjustment	\$30
D7899	Unspecified TMD therapy, by report	\$350
D7910	Suture of recent small wounds up to 5 cm	\$35
D7911	Complicated suture – up to 5 cm	\$55
D7912	Complicated suture – greater than 5 cm	\$130
D7920	Skin graft (identify defect covered, location and type of graft)	\$120
D7940	Osteoplasty – for orthognathic deformities	\$160
D7941	Osteotomy – mandibular rami	\$350
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$350
D7944	Osteotomy – segmented or subapical	\$275
D7945	Osteotomy – body of mandible	\$350
D7946	LeFort I (maxilla – total)	\$350
D7947	LeFort I (maxilla – segmented)	\$350
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$350
D7949	LeFort II or LeFort III – with bone graft	\$350
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$190
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$290
D7952	Sinus augmentation with bone or bone substitute via a vertical approach	\$175
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$200
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure	\$120
D7963	Frenuloplasty	\$120
D7970	Excision of hyperplastic tissue - per arch	\$175
D7971	Excision of pericoronal gingival	\$80
D7972	Surgical reduction of fibrous tuberosity	\$100
D7979	Non-surgical Sialolithotomy	\$155
D7980	Sialolithotomy	\$155
D7981	Excision of salivary gland, by report	\$120
D7982	Sialodochoplasty	\$215
D7983	Closure of salivary fistula	\$140
D7990	Emergency tracheotomy	\$350
D7991	Coronoidectomy	\$345
D7995	Synthetic graft – mandible or facial bones, by report	\$150
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$60
D7999	Unspecified oral surgery procedure, by report	\$350
(D8000-D8999)	Orthodontics	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$350
D8210	Removable appliance therapy	

D8220	Fixed appliance therapy	
D8660	Pre-orthodontic treatment visit	
D8670	Periodic orthodontic treatment visit (as part of contract)	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	
D8681	Removable orthodontic retainer adjustment	
D8691	Repair of orthodontic appliance	
D8692	Replacement of lost or broken retainer	
D8693	Rebonding or recementing: and/or repair, as required, of fixed retainers	
D8694	Repair of fixed retainers, includes reattachment	
D8999	Unspecified orthodontic procedure, by report	
(D9000-D9999)	Adjunctive General Services	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$30
D9120	Fixed partial denture sectioning	\$95
D9210	Local anesthesia not in conjunction with outpatient surgical procedures	\$10
D9211	Regional block anesthesia	\$20
D9212	Trigeminal division block anesthesia	\$60
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$15
D9222	Deep sedation/analgesia – first 15 minute	\$45
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$45
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
D9239	Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$45
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$60
D9248	Non-intravenous conscious sedation	\$65
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$50
D9311	Consultation with a medical health professional	\$0
D9410	House/Extended care facility call	\$50
D9420	Hospital or ambulatory surgical center call	\$135
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$20
D9440	Office visit - after regularly scheduled hours	\$45
D9610	Therapeutic parenteral drug, single administration	\$30
D9612	Therapeutic parenteral drug, two or more administrations, different medications	\$40
D9910	Application of desensitizing medicament	\$20
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$35
D9950	Occlusion analysis – mounted case	\$120
D9951	Occlusal adjustment - limited	\$45
D9952	Occlusal adjustment - complete	\$210
D9999	Unspecified adjunctive procedure, by report	\$0

If services for a listed procedure are performed by the assigned PCD, the member pays the specified co-payment.

Benefits are provided if the plan determines the services to be medically necessary.

You may be charged for missed appointments if you do not give the dental office at least 24 hours notice of cancellation.

Listed procedures, which require a dentist to provide specialized services, and are referred by the assigned PCD, must be preauthorized in writing by the Plan. The member pays the co-payment specified for such services. Procedures not listed above are not covered, however may be available at the PCD's contracted fees. "Contracted fees" means the PCD's fees on file with the Plan.

Minimum coverage plan benefits are covered at 100% by the plan after the member meets the medical plan deductible and Annual Out-of-Pocket maximum. Members are responsible for the total cost of the benefit until the deductible is met. Covered preventive and diagnostic services are covered at 100% regardless of deductible and Annual Out of Pocket.

Benefits Description

Diagnostic General Policies (D0100-D0999)

1. Radiographs (D0210-D0340):

- a) According to accepted standards of dental practice, the lowest number of radiographs needed to provide the diagnosis shall be taken.
- b) Original radiographs shall be a part of the patient's clinical record and shall be retained by the provider at all times.
- c) Radiographs shall be considered current as follows:
 - i) radiographs for treatment of primary teeth within the last eight months.
 - ii) radiographs for treatment of permanent teeth (as well as over-retained primary teeth where the permanent tooth is congenitally missing or impacted) within the last 14 months.
 - iii) radiographs to establish arch integrity within the last 36 months.
- d) All treatment and post treatment radiographs are included in the fee for the associated procedure and are not payable separately.

2. Photographs (D0350):

- a) Photographs are a part of the patient's clinical record and the provider shall retain original photographs at all times.
- b) Photographs shall be made available for review upon the request.

3. Prior authorization is not required for examinations, radiographs or photographs.

Diagnostic Procedures (D0100-D0999)

PROCEDURE D0120 PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT

A benefit:

- a. for patients under the age of 19.
- b. once every six months, per provider.

PROCEDURE D0140 LIMITED ORAL EVALUATION - PROBLEM FOCUSED

A benefit:

- a. for patients under the age of 19.
- b. once per patient per provider.

PROCEDURE D0145 ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER

PROCEDURE D0150 COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT

1. A benefit once per patient per provider for the initial evaluation.
2. This procedure is not a benefit when provided on the same date of service with procedures:
 - a. limited oral evaluation (D0140),
 - b. detailed and extensive oral evaluation- problem focused, by report (D0160),
 - c. re-evaluation-limited, problem focused (established patient; not post-operative visit)

(D0170).

3. The following procedures are not a benefit when provided on the same date of service with D0150:

- a. periodic oral evaluation (D0120),
- b. office visit for observation (during regularly scheduled hours)-no other services performed (D9430).

PROCEDURE D0160 DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT

1. A benefit once per patient per provider.
 - a. The following procedures are not a benefit when provided on the same date of service with D0160: periodic oral evaluation (D0120),
 - b. limited oral evaluation-problem focused (D0140),
 - c. comprehensive oral evaluation- new or established patient (D0150),
 - d. re-evaluation-limited, problem focused (established patient; not post-operative visit) (D0170),
- office visit for observation (during regularly scheduled hours-no other services performed (D9430).

PROCEDURE D0170 RE-EVALUATION - LIMITED, PROBLEM FOCUSED

(ESTABLISHED PATIENT; NOT
POST-OPERATIVE VISIT)

1. A benefit for the ongoing symptomatic care of temporomandibular joint dysfunction:
 - a. up to six times in a three month period.
 - b. up to a maximum of 12 in a 12-month period.

PROCEDURE D0171 RE-EVALUATION - POST- OPERATIVE OFFICE VISIT

PROCEDURE D0180 COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT

PROCEDURE D0210 INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES

A benefit once per provider every 36 months.

PROCEDURE D0220 INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE

PROCEDURE D0230 PROCEDURE INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE

A benefit to a maximum of 20 periapicals in a 12-month period to the same provider, in any combination of the following: intraoral-periapical first radiographic image (D0220) and intraoral-periapical each additional radiographic image (D0230). Periapicals taken as part of an intraoral complete series

of radiographic images (D0210) are not considered against the maximum of 20 periapical films in a 12 month period.	<ol style="list-style-type: none"> 1. A benefit once every six months per provider. 2. Not a benefit: <ol style="list-style-type: none"> a. within six months of intraoral-complete series of radiographic images (D0210), same provider. b. for patients under the age of 10 c. for a totally edentulous area. 	A benefit twice in a 12 month period per provider.
PROCEDURE D0240 INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE		PROCEDURE D0330 PANORAMIC RADIOGRAPHIC IMAGE
A benefit up to a maximum of two in a six-month period per provider.		<ol style="list-style-type: none"> 1. A benefit once in a 36-month period per provider, except when documented as essential for a follow-up/ post-operative exam (such as after oral surgery). 2. Not a benefit, for the same provider, on the same date of service as an intraoral- complete series of radiographic images (D0210). 3. This procedure shall be considered part of an intraoral- complete series of radiographic images (D0210) when taken on the same date of service with bitewings (D0272 or D0274) and a minimum of two (2) intraoral- periapicals each additional radiographic image (D0230).
PROCEDURE D0250 EXTRAORAL - FIRST RADIOGRAPHIC IMAGE	PROCEDURE D0277 VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	
A benefit once per date of service.	This procedure can only be billed as bitewings-four radiographic images (D0274). The maximum payment is for four bitewings.	
PROCEDURE D0251 POSTERIOR DENTAL RADIOGRAPHIC IMAGE	PROCEDURE D0290 POSTERIOR - ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE	
	A benefit: <ol style="list-style-type: none"> a. for the survey of trauma or pathology. b. for a maximum of three per date of service. 	
PROCEDURE D0270 BITEWING - SINGLE RADIOGRAPHIC IMAGE		PROCEDURE D0340 CEPHALOMETRIC RADIOGRAPHIC IMAGE
<ol style="list-style-type: none"> 1. A benefit once per date of service. 2. Not a benefit for a totally edentulous area. 		A benefit twice in a 12-month period per provider.
PROCEDURE D0272 BITEWINGS - TWO RADIOGRAPHIC IMAGES	PROCEDURE D0310 SIALOGRAPHY	
<ol style="list-style-type: none"> 1. A benefit once every six months per provider. 2. Not a benefit: <ol style="list-style-type: none"> a. within six months of intraoral-complete series of radiographic images (D0210), same provider. b. for a totally edentulous area. 	PROCEDURE D0320 TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	PROCEDURE D0350 ORAL/FACIAL PHOTOGRAPHIC IMAGES
	A benefit: <ol style="list-style-type: none"> a. for the survey of trauma or pathology. b. for a maximum of three per date of service. 	A benefit up to a maximum of four per date of service.
PROCEDURE D0273 BITEWINGS - THREE RADIOGRAPHIC IMAGES		PROCEDURE D0351 3D PHOTOGRAPHIC IMAGE
PROCEDURE D0274 BITEWINGS - FOUR RADIOGRAPHIC IMAGES	PROCEDURE D0322 TOMOGRAPHIC SURVEY	PROCEDURE D0460 PULP VITALITY TESTS
		PROCEDURE D0470 DIAGNOSTIC CASTS
		<ol style="list-style-type: none"> 1. Diagnostic casts are for

the evaluation of
orthodontic benefits
only.

2. Diagnostic casts are
required to be
submitted for
orthodontic evaluation
and are payable only
upon authorized
orthodontic
treatment. Do not send
original casts, as casts
will not be returned.

3. A benefit:
 - a. once per provider
unless special
circumstances are
documented (such
as trauma or
pathology which has
affected the course
of orthodontic
treatment).
 - b. for patients under
the age of 19.
 - c. for permanent
dentition (unless
over the age of 13
with primary teeth
still present or has
a cleft palate or
craniofacial
anomaly).
 - d. only when provided
by a Specialty Care
orthodontist.

**PROCEDURE D0502
OTHER ORAL PATHOLOGY
PROCEDURES BY REPORT**

**PROCEDURE D0601
CARIES RISK ASSESSMENT
AND DOCUMENTATION<
WITH A FINDING OF LOW
RISK**

**PROCEDURE D0602
CARIES RISK ASSESSMENT
AND DOCUMENTATION<
WITH A FINDING OF
MODERATE RISK**

**PROCEDURE D0603
CARIES RISK
ASSESSMENT AND
DOCUMENTATION< WITH
A FINDING OF HIGH RISK**

**PROCEDURE D0999
UNSPECIFIED DIAGNOSTIC
PROCEDURE, BY REPORT**

Preventive General Policies (D1000-D1999)

1. Dental Prophylaxis and Fluoride Treatment (D1110-D1208):

- a. Dental prophylaxis (D1110 and D1120) is defined as the preventive dental procedure of coronal scaling and polishing which includes the complete removal of calculus, soft deposits, plaque, stains and smoothing of unattached tooth surfaces.
- b. Fluoride treatment (D1206 and D1208) is a benefit only for prescription strength fluoride products.
- c. Fluoride treatments do not include treatments that incorporate fluoride with prophylaxis paste, topical application of fluoride to the prepared portion of a tooth prior to restoration and applications of aqueous sodium fluoride.
- d. The application of fluoride is only a benefit for caries control and as a full mouth treatment regardless of the number of teeth treated.
- e. Prophylaxis and fluoride procedures (D1120, D1206 and D1208) are a benefit once in a six-month period without prior authorization under the age of 19
- f. Prophylaxis and fluoride procedures (D1110, D1206 and D1208) are a benefit once in a 12-month period without prior authorization for age 19 or older.
- g. Additional requests, beyond the stated frequency limitations, for prophylaxis and fluoride procedures (D1110, D1120, D1206 and D1208) shall be considered for prior authorization when documented medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.

Preventive Procedures (D1000-D1999)

PROCEDURE D1110

PROPHYLAXIS - ADULT

A benefit once in a 12-month period for patients age 19 or older. Frequency limitations shall apply toward prophylaxis procedure D1120.

PROCEDURE D1120

PROPHYLAXIS - CHILD

A benefit once in a six-month period for patients under the age of 19.

PROCEDURE D1206

TOPICAL APPLICATION OF FLUORIDE VARNISH

A benefit:

- a. once in a six month period for patients under the age of 19. Frequency limitations shall apply toward topical application of fluoride(D1208).
- b. once in a 12 month period for patients age 19 or older. Frequency limitations shall apply toward topical application of fluoride(D1208).

PROCEDURE D1208

TOPICAL APPLICATION OF FLUORIDE

A benefit:

- a. once in a six month period for patients under the age of 19. Frequency limitations shall apply toward topical application of fluoride varnish (D1206).
- b. once in a 12 month period for patients age 19 or older. Frequency limitations shall apply toward topical application of fluoride varnish (D1206).

PROCEDURE D1310

NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE

PROCEDURE D1320 TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE

PROCEDURE D1330 ORAL HYGIENE INSTRUCTIONS

PROCEDURE D1351 SEALANT - PER TOOTH

A benefit:

- a. for first, second and third permanent molars that occupy the second molar position.
- b. only on the occlusal surfaces that are free of decay and/or restorations.
- c. for patients under the age of 19.
- d. once per tooth every 36 months per provider regardless of surfaces sealed.

PROCEDURE D1352 PREVENTIVE RESIN RESTORATIONIN A MODERATE TO HIGH CARIES RISK PATIENT- PERMANENT TOOTH

A benefit:

- a. for first, second and third permanent molars that occupy the second molar position.
- b. only for an active cavitated lesion in a pit or fissure that does not

cross the DEJ.

- c. for patients under the age of 19.
- d. once per tooth every 36 months per provider regardless of surfaces sealed.

PROCEDURE D1510

SPACE MAINTAINER - FIXED UNILATERAL

1. A benefit:

- a. once per quadrant per patient.
- b. for patients under the age of 18.
- c. only to maintain the space for a single tooth.

2. Not a benefit:

- a. when the permanent tooth is near eruption or is missing.
- b. for upper and lower anterior teeth.
- c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.

PROCEDURE D1515

SPACE MAINTAINER - FIXED - BILATERAL

A benefit:

once per arch when there is a missing primary molar in both quadrants or when there are two missing primary molars in the same quadrant for patients under the age of 18.

Not a benefit:

- a. when the permanent tooth is near eruption or is missing.
- b. for upper and lower anterior teeth.

- c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.
- PROCEDURE D1550
RECEMENTATION OF SPACE
MAINTAINER**

**PROCEDURE D1520
SPACE MAINTAINER -
REMOVABLE - UNILATERAL**

1. A benefit:
 - a. once per quadrant per patient.
 - b. for patients under the age of 18.
 - c. only to maintain the space for a single tooth.

**PROCEDURE D1555
REMOVAL OF FIXED SPACE
MAINTAINER**

2. Not a benefit:
 - a. when the permanent tooth is near eruption or is missing.
 - b. for upper and lower anterior teeth.
 - c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.

**PROCEDURE D1575
DISTAL SPACE MAINTAINER –
FIXED - UNILATERAL**

**PROCEDURE D1525
SPACE MAINTAINER -
REMOVABLE - BILATERAL**

1. A benefit:
 - a. once per arch when there is a missing primary molar in both quadrants or when there are two missing primary molars in the same quadrant.
 - b. for patients under the age of 18.
2. Not a benefit:
 - a. when the permanent tooth is near eruption or is missing.
 - b. for upper and lower anterior teeth.
 - c. for orthodontic appliances, tooth guidance appliances, minor tooth

Restorative General Policies (D2000-D2999)

1. Amalgam and Resin-Based Composite Restorations (D2140-D2394):

- a) Restorative services shall be a benefit when medically necessary, when carious activity or fractures have extended through the dentinoenamel junction (DEJ) and when the tooth demonstrates a reasonable longevity.
- b) Anterior proximal restorations (amalgam/composite) submitted as a two or three surface restoration shall be clearly demonstrated on radiographs that the tooth structure is involved to a point one-third the mesial-distal width of the tooth.
- c) Restorative services provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes are not a benefit.
- d) Restorative services are not a benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
- e) Restorations for primary teeth near exfoliation are not a benefit.
- f) The five valid tooth surface classifications are mesial, distal, occlusal/incisal, lingual and facial (including buccal and labial).
- g) Each separate non-connecting restoration on the same tooth for the same date of service shall be submitted on separate Claim Service Lines (CSLs). All surfaces on a single tooth restored with the same restorative material shall be considered connected, for payment purposes, if performed on the same date of service.
- h) Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp capping, bonding agents, lining agents, occlusal adjustments (D9951), polishing, local anesthesia and any other associated procedures are included in the fee for a completed restorative service.
- i) The original provider is responsible for any replacement restorations necessary in primary teeth within the first 12 months and permanent teeth within the first 36 months, except when failure or breakage results from circumstances beyond the control of the provider (such as due to a patient's oral habits).
- j) Replacement of otherwise satisfactory amalgam restorations with resin-based composite restorations is not a benefit unless a specific allergy has been documented by a medical specialist (allergist) on their professional letterhead or prescription and submitted for payment.

2. Prefabricated Crowns (D2929-D2933):

A) Primary Teeth:

- a) Prefabricated crowns (D2929, D2930, D2932 and D2933) are a benefit only once in a 12-month period.
- b) Primary teeth do not require prior authorization. At least one of the following criteria shall be met for coverage:
 - i. decay, fracture or other damage involving three or more tooth surfaces,
 - ii. decay, fracture or other damage involving one interproximal surface when the damage has extended extensively buccolingually or mesiodistally,
- c) Prefabricated crowns for primary teeth near exfoliation are not a benefit.

B) Permanent Teeth:

- a) Prefabricated crowns (D2931, D2932 and D2933) are a benefit only once in a 36-month

period.

- b) Permanent teeth do not require prior authorization. At least one of the following criteria shall be met for coverage:
 - i. Anterior teeth shall show traumatic or pathological destruction of the crown of the tooth which involves four or more tooth surfaces including at least the loss of one incisal angle,
 - ii. bicuspid (premolars) shall show traumatic or pathological destruction of the crown of the tooth which involves three or more tooth surfaces including at least one cusp,
 - iii. molars shall show traumatic or pathological destruction of the crown of the tooth which involves four or more tooth surfaces including at least two cusps,
 - iv. the prefabricated crown shall restore an endodontically treated bicuspid or molar tooth.
 - v. Arch integrity and the overall condition of the mouth, including the patient's ability to maintain oral health, shall be considered based upon a supportable 36-month prognosis for the permanent tooth to be crowned.
 - vi. Indirectly fabricated or prefabricated posts (D2952 and D2954) are benefits when medically necessary for the retention of prefabricated crowns on root canal treated permanent teeth.
 - vii. Prefabricated crowns on root canal treated teeth shall be considered for payment only after satisfactory completion of root canal therapy.
 - viii. Prefabricated crowns are not a benefit for abutment teeth for cast metal framework partial dentures (D5213 and D5214).

C) Primary and Permanent Teeth:

- i. Prefabricated crowns provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes are not a benefit.
- ii. Prefabricated crowns are not a benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
- iii. Prefabricated crowns are not a benefit when a tooth can be restored with an amalgam or resin-based composite restoration.
- iv. Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp capping, amalgam or acrylic buildups, pins (D2951), bonding agents, occlusal adjustments (D9951), local anesthesia (D9210) and any other associated procedures are included in the fee for a prefabricated crown.

3. Laboratory Processed Crowns (D2710-D2792):

- a) Laboratory processed crowns on permanent teeth (or over-retained primary teeth with no permanent successor) are a benefit only once in a 5 year period except when failure or breakage results from circumstances beyond the control of the provider (such as due to a patient's oral habits).
- b) A benefit for patients age 13 or older when a lesser service will not suffice because of extensive coronal destruction.
 - i) Anterior teeth shall show traumatic or pathological destruction to the crown of the tooth, which involves at least one of the following:
 - a. the involvement of four or more surfaces including at least one incisal angle. The facial or lingual surface shall not be considered involved for a mesial or proximal restoration unless the proximal restoration wraps around the tooth to at least the

midline,

- b. the loss of an incisal angle which involves a minimum area of both half the incisal width and half the height of the anatomical crown,
 - c. an incisal angle is not involved but more than 50% of the anatomical crown is involved
-
- ii) Bicuspid (premolars) shall show traumatic or pathological destruction of the crown of the tooth, which involves three or more tooth surfaces including one cusp.
 - iii) Molars shall show traumatic or pathological destruction of the crown of the tooth, which involves four or more tooth surfaces including two or more cusps.
 - iv) Posterior crowns for patients age 19 or older are a benefit only when they act as an abutment for a removable partial denture with cast clasps or rests (D5213 and D5214) or for a fixed partial denture which meets current criteria.
-
- c) Restorative services provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes are not a benefit.
 - d) Laboratory crowns are not a benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
 - e) Laboratory processed crowns are not a benefit when the tooth can be restored with an amalgam or resin-based composite.
 - f) Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp capping, amalgam or acrylic buildups, pins (D2951), bonding agents, lining agents, impressions, temporary crowns, occlusal adjustments (D9951), polishing, local anesthesia (D9210) and any other associated procedures are included in the fee for a completed laboratory processed crown.
 - g) Indirectly fabricated or prefabricated posts (D2952 and D2954) are a benefit when medically necessary for the retention of allowable laboratory processed crowns on root canal treated permanent teeth.
 - h) Partial payment will not be made for an undelivered laboratory processed crown. Payment shall be made only upon final cementation

Restorative Procedures (D2000-D2999)

PROCEDURE D2140 AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT

Primary teeth:

A benefit once in a 12- month period.

Permanent teeth:

A benefit once in a 36- month period.

PROCEDURE D2150 AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT

See the criteria under Procedure D2140.

PROCEDURE D2160 AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT

See the criteria under Procedure D2140.

PROCEDURE D2161 AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT

See the criteria under Procedure D2140

PROCEDURE D2330 RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR

Primary teeth:

A benefit once in a 12-month period.

Permanent teeth:

A benefit once in a 36-month period.

PROCEDURE D2331 RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR

Primary teeth:

A benefit once in a 12-month period.

Permanent teeth:

A benefit once in a 36-month period

PROCEDURE D2332 RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR

See the criteria under Procedure D2331.

PROCEDURE D2335 RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)

See the criteria under Procedure D2331.

PROCEDURE D2390 RESIN-BASED COMPOSITE CROWN, ANTERIOR

Primary teeth:

A benefit once in a 12-month period.

Permanent teeth:

A benefit once in a 36-month period.

PROCEDURE D2391 RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR

Primary teeth:

A benefit once in a 12-month period.

Permanent teeth:

A benefit once in a 36-month period.

PROCEDURE D2392 RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR

See the criteria under Procedure D2391.

PROCEDURE D2393 RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR

See the criteria under Procedure D2391.

A benefit once in a 36-month period.

PROCEDURE D2394 RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR

See the criteria under Procedure D2391.

PROCEDURE D2710 CROWN - RESIN- BASED COMPOSITE (INDIRECT)

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit:
 - a. once in a five-year period.
 - b. for any resin based composite crown that is indirectly fabricated.
2. Not a benefit:
 - a. for patients under the age of 13.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.
3. for use as a temporary crown.

Permanent posterior teeth (age 19 or older):

A benefit:

- a. once in a five-year period.
- b. for any resin based composite crown that is indirectly fabricated.
- c. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or
- d. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214).

Not a benefit:

- e. for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.
- f. for use as a temporary crown.

**PROCEDURE D2712
CROWN - 3/4 RESIN- BASE D
COMPOSITE (INDIRECT)**

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

- 1. A benefit:
 - a. once in a five-year period.
 - b. for any resin based composite crown that is indirectly fabricated.
- 2. Not a benefit:
 - a. for patients under the age of 13.
 - b. for 3rd molars, unless the 3rd molar occupies the

1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

- c. for use as a temporary crown.

Permanent posterior teeth (age 19 or older):

- 1. A benefit:
 - a. once in a five-year period.
 - b. for any resin based composite crown that is indirectly fabricated.
 - c. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or
- 2. Not a benefit:
 - a. for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.
 - b. for use as a temporary crown.

**PROCEDURE D2721
CROWN - RESIN WITH
PREDOMINANTLY BASE METAL**

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

- 1. A benefit once in a five-year period.
- 2. Not a benefit:
 - a. for patients under the age of 13.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an

abutment for an existing removable partial denture with cast clasps or rests.

Permanent posterior teeth (age 21 or older):

- 1. A benefit:
 - a. once in a five-year period.
 - b. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or
- 2. Not a benefit for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.

**PROCEDURE D2740
CROWN -
PORCELAIN/CERAMIC
SUBSTRATE**

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

- 1. A benefit once in a five- year period.
- 2. Not a benefit:
 - a. for patients under the age of 13.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

Permanent posterior teeth (age 19 or older):

- 1. A benefit:
 - a. once in a five-year period.
 - b. only for the treatment

of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or

2. Not a benefit for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.

**PROCEDURE D2751
CROWN - PORCELAIN FUSED
TO PREDOMINANTLY BASE
METAL**

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit once in a five- year period.
2. Not a benefit:
 - a. for beneficiaries under the age of 13.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

Permanent posterior teeth (age 19 or older):

1. A benefit:
 - a. once in a five- year period.
 - b. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214),

or

- c. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214).

2. Not a benefit for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.

**PROCEDURE D2781
CROWN - 3/4 CAST
PREDOMINANTLY BASE
METAL**

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit once in a five- year period.
2. Not a benefit:
 - a. for patients under the age of 13.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

Permanent posterior teeth (age 21 or older):

1. A benefit:
 - a. once in a five- year period.
 - b. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or
2. Not a benefit for 3rd molars, unless the 3rd molar is an abutment for an existing

removable partial denture with cast clasps or rests.

**PROCEDURE D2783
CROWN - 3/4 PORCELAIN /
CERAMIC**

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit once in a five- year period.
2. Not a benefit:
 - a. for patients under the age of 13.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

Permanent posterior teeth (age 19 or older):

1. A benefit:
 - a. once in a five- year period.
 - b. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or

2. Not a benefit for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.

**PROCEDURE D2791 CROWN
- FULL CAST
PREDOMINANTLY BASE
METAL**

Permanent anterior teeth

(age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit once in a five-year period.
2. Not a benefit:
 - a. for patients under the age of 13.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

Permanent posterior teeth (age 19 or older):

1. A benefit:
 - a. once in a five-year period.
2. Not a benefit for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.

**PROCEDURE D2910
RECEMENT INLAY, ONLAY, OR
PARTIAL COVERAGE
RESTORATION**

A benefit once in a 12-month period, per provider.

**PROCEDURE D2915
RECEMENT CAST OR
PREFABRICATED POST AND
CORE**

**PROCEDURE D2920
RECEMENT CROWN**

Not a benefit within 12 months of a previous re-cementation by the same provider.

PROCEDURE D2921

**REATTACHMENT OF TOOTH
FRAGMENT, INCISAL EDGE OR
CUSP**

**PROCEDURE D2929
PREFABRICATED
PORCELAIN/ CERAMIC
CROWN - PRIMARY TOOTH**

A benefit once in a 12-month period.

**PROCEDURE D2930
PREFABRICATED STAINLESS
STEEL CROWN - PRIMARY
TOOTH**

A benefit once in a 12-month period.

**PROCEDURE D2931
PREFABRICATED STAINLESS
STEEL CROWN - PERMANENT
TOOTH**

1. A benefit once in a 36-month period.
2. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.

**PROCEDURE D2932
PREFABRICATED RESIN CROWN**

Primary teeth:

1. A benefit once in a 12-month period.

Permanent teeth:

2. A benefit once in a 36-month period.
3. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.

**PROCEDURE D2933
PREFABRICATED STAINLESS
STEEL CROWN WITH RESIN
WINDOW**

Primary teeth:

1. A benefit once in a 12-month period.
2. This procedure includes the placement of a resin-based composite.

Permanent teeth:

1. A benefit once in a 36-month period.
2. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.
3. This procedure includes the placement of a resin-based composite.

**PROCEDURE D2940
PROTECTIVE RESTORATION**

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

**PROCEDURE D2941
INTERIM THERAPEUTIC
RESTORATION - PRIMARY
DENTITION**

**PROCEDURE D2949
RESTORATIVE FOUNDATION
FOR A INDIRECT
RESTORATION**

**PROCEDURE D2950
CORE BUILDUP, INCLUDING
ANY PINS**

This procedure is included in the fee for restorative procedures and is not payable separately.

**PROCEDURE D2951
PIN RETENTION - PER
TOOTH, IN ADDITION TO
RESTORATION**

A benefit:

- a. for permanent teeth only.

when billed with an amalgam or composite restoration on the same date of service.

- b. once per tooth regardless of the number of pins placed.
- c. for a posterior restoration when the destruction involves three or more connected surfaces and at least one cusp, or
- d. for an anterior restoration when extensive coronal destruction involves the incisal angle.

**PROCEDURE D2952
POST AND CORE IN ADDITION TO
CROWN, INDIRECTLY
FABRICATED**

A benefit:

- a. once per tooth regardless of number of posts placed.
- b. only in conjunction with allowable crowns (prefabricated or laboratory processed) on root canal treated permanent teeth.

**PROCEDURE D2953
EACH ADDITIONAL INDIRECTLY
FABRICATED POST - SAME
TOOTH**

This procedure is to be performed in conjunction with D2952

**PROCEDURE D2954
PREFABRICATED POST AND
CORE IN ADDITION TO CROWN**

A benefit:

- a. once per tooth regardless of number of posts placed.
- b. only in conjunction with allowable crowns (prefabricated or laboratory processed) on root canal treated permanent teeth.

**PROCEDURE D2955
POST REMOVAL**

This procedure is included in the fee for endodontic and restorative procedures and is not payable separately.

**PROCEDURE D2957
EACH ADDITIONAL
PREFABRICATED POST -
SAME TOOTH**

This procedure is to be performed in conjunction with D2954 and is not payable separately.

**PROCEDURE D2971
ADDITIONAL PROCEDURES
TO CONSTRUCT NEW
CROWN UNDER EXISTING
PARTIAL DENTURE
FRAMEWORK**

This procedure is included in the fee for laboratory processed crowns and is not payable separately.

**PROCEDURE D2980
CROWN REPAIR NECESSITATED
BY RESTORATIVE MATERIAL
FAILURE**

Not a benefit within 12 months of initial crown placement or previous repair for the same provider.

**PROCEDURE D2999
UNSPECIFIED RESTORATIVE
PROCEDURE, BY REPORT**

1. This procedure does not require prior authorization.
2. Procedure D2999 shall be used:
 - a. for a procedure which is not adequately described by a CDT code, or
 - b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.

Endodontic General Policies (D3000-D3999)

- a) Prior authorization with current periapical radiographs is required for initial root canal therapy (D3310, D3320 and D3330), root canal retreatment (D3346, D3347 and D3348), partial pulpotomy for apexogenesis (D3222), apexification/recalcification (D3351) and apicoectomy/periradicular surgery (D3410, D3421, D3425 and D3426) on permanent teeth.
- b) Root canal therapy (D3310, D3320, D3330, D3346, D3347 and D3348) is a benefit for permanent teeth and over-retained primary teeth with no permanent successor, if medically necessary. It is medically necessary when the tooth is non-vital (due to necrosis, gangrene or death of the pulp) or if the pulp has been compromised by caries, trauma or accident that may lead to the death of the pulp.
- c) Endodontic procedures are not a benefit when the prognosis of the tooth is questionable (due to non-restorability or periodontal involvement).
- d) Endodontic procedures are not a benefit when extraction is appropriate for a tooth due to non-restorability, periodontal involvement or for a tooth that is easily replaced by an addition to an existing or proposed prosthesis in the same arch.
- e) Endodontic procedures are not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar positions or is an abutment for an existing fixed or removable partial denture with cast clasps or rests.
- f) The fee for endodontic procedures includes all treatment and post treatment radiographs, any temporary restorations and/or occlusal seals, medicated treatments, bacteriologic studies, pulp vitality tests, removal of root canal obstructions (such as posts, silver points, old root canal filling material, broken root canal files and broaches and calcifications), internal root repairs of perforation defects and routine postoperative care within 30 days.
- g) Endodontic procedures shall be completed prior to payment. The date of service on the payment request shall reflect the final treatment date.
- h) Satisfactory completion of endodontic procedures is required prior to requesting the final restoration.

Endodontic Procedures (D3000-D3999)

PROCEDURE D3110 PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)

PROCEDURE D3120 PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)

PROCEDURE D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT

1. A benefit once per primary tooth.
2. Not a benefit:
 - a. for a primary tooth near exfoliation.
 - b. for a primary tooth with a necrotic pulp or a periapical lesion.
 - c. for a primary tooth that is non-restorable.
 - d. for a permanent tooth.

PROCEDURE D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH

1. A benefit:
 - a. for permanent teeth.
 - b. for over-retained primary teeth with no permanent successor.

- c. once per tooth.

PROCEDURE D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS- PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT

1. A benefit:
 - a. once per permanent tooth.
 - b. for patients under the age of 19.
2. Not a benefit:
 - a. for primary teeth.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.

PROCEDURE D3230 PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)

1. A benefit once per primary tooth.
2. Not a benefit:
 - a. for a primary tooth near exfoliation.
 - b. with a therapeutic pulpotomy (excluding final restoration) (D3220), same date of

service, same tooth.

- c. with pulpal debridement, primary and permanent teeth (D3221), same date of service, same tooth.

PROCEDURE D3240 PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)

1. A benefit once per primary tooth.
2. Not a benefit:
 - a. for a primary tooth near exfoliation.
 - b. with a therapeutic pulpotomy (excluding final restoration) (D3220), same date of service, same tooth.
 - c. with pulpal debridement, primary and permanent teeth (D3221), same date of service, same tooth.

PROCEDURE D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)

1. A benefit once per tooth for initial root canal therapy treatment. For root canal therapy retreatment use retreatment of previous root canal therapy-anterior (D3346).
2. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

PROCEDURE D3320 ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)

1. A benefit once per tooth for initial root canal therapy

treatment. For root canal therapy retreatment use retreatment of previous root canal therapy-bicuspid (D3347).

The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3330
ENDODONTIC THERAPY,
MOLAR TOOTH (EXCLUDING
FINAL RESTORATION)**

1. A benefit once per tooth for initial root canal therapy treatment.
2. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
3. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3331
TREATMENT OF ROOT
CANAL OBSTRUCTION;
NON-SURGICAL ACCESS**

This procedure is to be performed in conjunction with endodontic procedures and is not payable separately.

**PROCEDURE D3332
INCOMPLETE
ENDODONTIC**

**THERAPY;
INOPERABLE,
UNRESTORABLE OR
FRACTURED TOOTH**

Endodontic treatment is only payable upon successful completion of endodontic therapy.

**PROCEDURE D3333
INTERNAL ROOT REPAIR
OF PERFORATION
DEFECTS**

This procedure is to be performed in conjunction with endodontic procedures and is not payable separately.

**PROCEDURE D3346
RETREATMENT OF
PREVIOUS ROOT CANAL
THERAPY - ANTERIOR**

1. Not a benefit to the original provider within 12 months of initial treatment.
2. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3347
RETREATMENT OF
PREVIOUS ROOT CANAL
THERAPY - BICUSPID**

1. Not a benefit to the original provider within 12 months of initial treatment.
2. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3348
RETREATMENT OF PREVIOUS
ROOT CANAL THERAPY - MOLAR**

1. Not a benefit:
 - a. to the original provider within 12 months of initial treatment.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
2. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3351
APEXIFICATION/
RECALCIFICATION/PULPAL
REGENERATION - INITIAL
VISIT (APICAL
CLOSURE/CALCIFIC REPAIR
OF PERFORATIONS, ROOT
RESORPTION, PULP SPACE
DISINFECTION ETC.)**

1. A benefit:
 - a. once per permanent tooth.
 - b. for patients under the age of 19.
2. Not a benefit:
 - a. for primary teeth.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
 - c. on the same date of service as any other endodontic procedures for the

same tooth.

3. This procedure includes initial opening of the tooth, performing a pulpectomy, preparation of canal spaces, placement of medications and all treatment and post treatment radiographs.

**PROCEDURE D3352
APEXIFICATION/
RECALCIFICATION/PULP
AL REGENERATION -
INTERIM MEDICATION
REPLACEMENT**

1. A benefit:
 - a. only following apexification/recalcification- initial visit (apical closure/ calcific repair of perforations, root resorption, etc.) (D3351).
 - b. once per permanent tooth.
 - c. for patients under the age of 19.
2. Not a benefit:
 - a. for primary teeth.
 - b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
 - c. on the same date of service as any other endodontic procedures for the same tooth.
3. This procedure includes reopening the tooth, placement of medications and all treatment and post

treatment radiographs.

**PROCEDURE D3353
APEXIFICATION/
RECALCIFICATION - FINAL
VISIT (INCLUDES COMPLETED
ROOT CANAL THERAPY -
APICAL CLOSURE/CALCIFIC
REPAIR OF PERFORATIONS,
ROOT RESORPTION, ETC.)**

This procedure is not a benefit.

**PROCEDURE D3410
APICOECTOMY/
PERIRADICULAR
SURGERY - ANTERIOR**

1. A benefit for permanent anterior teeth only.
2. Not a benefit:
 - a. to the original provider within 90 days of root canal therapy except when a medical necessity is documented.
 - b. to the original provider within 24 months of a prior apicoectomy/periradicular surgery.

**PROCEDURE D3421
APICOECTOMY/
PERIRADICULAR
SURGERY - BICUSPID
(FIRST ROOT)**

1. A benefit for permanent bicuspid teeth only.
2. Not a benefit:
 - a. to the original provider within 90 days of root canal therapy except when a medical necessity is documented.

- b. to the original provider within 24 months of a prior apicoectomy/periradicular surgery, same root.

**PROCEDURE D3425
APICOECTOMY/
PERIRADICULAR SURGERY -
MOLAR (FIRST ROOT)**

1. Requires a tooth code.
2. A benefit for permanent 1st and 2nd molar teeth only.
3. Not a benefit:
 - a. to the original provider within 90 days of root canal therapy except when a medical necessity is documented.
 - b. to the original provider within 24 months of a prior apicoectomy/periradicular surgery, same root.
 - c. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.

**PROCEDURE D3426
APICOECTOMY/
PERIRADICULAR SURGERY
(EACH ADDITIONAL ROOT)**

1. A benefit for permanent teeth only.
2. Not a benefit:
 - a. to the original provider within 90 days of root canal therapy except when a medical necessity is documented.
 - b. to the original provider within 24 months of a prior apicoectomy/periradicular surgery,

same root.

- c. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.

necessity.

Documentation shall include the medical condition and the specific CDT code associated with the treatment.

**PROCEDURE D3427
PERIRADICULAR SURGERY
WITHOUT APICOECTOMY**

**PROCEDURE D3430
RETROGRADE FILLING - PER
ROOT**

This procedure is to be performed in conjunction with endodontic procedures and is not payable separately.

**PROCEDURE D3910
SURGICAL PROCEDURE FOR
ISOLATION OF TOOTH WITH
RUBBER DAM**

This procedure is included in the fees for restorative and endodontic procedures and is not payable separately.

**PROCEDURE D3999
UNSPECIFIED ENDODONTIC
PROCEDURE, BY REPORT**

Procedure D3999 shall be used:

- a. for a procedure which is not adequately described by a CDT code, or
- b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical

Periodontal General Policies (D4000-D4999)

- a. Periodontal procedures shall be a benefit for patients age 13 or older. Periodontal procedures shall be considered for patients under the age of 13 when unusual circumstances exist such as aggressive periodontitis and drug-induced hyperplasia and the medical necessity has been fully documented.
- b. Prior authorization is required for all periodontal procedures except for unscheduled dressing change (by someone other than the treating dentist) (D4290) and periodontal maintenance (D4910).
- c. Only teeth that qualify as diseased are to be considered in the count for the number of teeth to be treated in a particular quadrant. A qualifying tooth shall have a significant amount of bone loss, presence of calculus deposits, be restorable and have arch integrity. Qualifying teeth include implants. Teeth shall not be counted as qualifying when they are indicated to be extracted. Full or partial quadrants are defined as follows:
 - i) a full quadrant is considered to have four or more qualifying diseased teeth,
 - ii) a partial quadrant is considered to have one, two, or three diseased teeth,
 - iii) third molars shall not be counted unless the third molar occupies the first or second molar position or is an abutment for an existing fixed or removable partial denture with cast clasps or rests.
- d. Tooth bounded spaces shall only be counted in conjunction with osseous surgeries (D4260 and D4261) that require a surgical flap. Each tooth bounded space shall only count as one tooth space regardless of the number of missing natural teeth in the space.
- e. Scaling and root planing (D4341 and D4342) are a benefit once per quadrant in a 24 month period. Patients shall exhibit connective tissue attachment loss and radiographic evidence of bone loss and/or subgingival calculus deposits on root surfaces.
- f. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) are a benefit once per quadrant in a 36 month period and shall not be authorized until 30 days following scaling and root planing (D4341 and D4342) in the same quadrant. Patients shall exhibit radiographic evidence of moderate to severe bone loss to qualify for osseous surgery.
- g. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) includes three months of post-operative care and any surgical re-entry for 36 months. Documentation of extraordinary circumstances and/or medical conditions will be given consideration on a case-by- case basis.
- h. Scaling and root planing (D4341 and D4342) can be authorized in conjunction with prophylaxis procedures (D1110 and D1120). However, payment shall not be made for any prophylaxis procedure if the prophylaxis is performed on the same date of service as the scaling and root planing.
- i. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) includes frenulectomy (frenectomy or frenotomy) (D7960), frenuloplasty (D7963) and/or distal wedge performed in the same area on the same date of service.
- j. Procedures involved in acquiring graft tissues (hard or soft) from extra-oral donor sites are considered part of the fee for osseous surgery (D4260 and D4261) and are not payable separately.
- k. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) performed in conjunction with a laboratory crown, prefabricated crown, amalgam or resin- based composite restoration or endodontic therapy is included in the fee for the final restoration or endodontic therapy and is not payable separately.

Periodontal Procedures (D4000-D4999)

PROCEDURE D4210 GINGIVECTOMY OR GINGIVOPLASTY- FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT

1. If three or fewer diseased teeth are present in the quadrant, use gingivectomy or gingivoplasty (D4211).
2. A benefit:
 - a. for patients age 13 or older.
 - b. once per quadrant every 36 months.

PROCEDURE D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH, OR TOOTH BOUNDED SPACES PER QUADRANT

1. If four or more diseased teeth are present in the quadrant, use gingivectomy or gingivoplasty (D4210).
2. A benefit:
 - a. for patients age 13 or older.
 - b. once per quadrant every 36 months.

PROCEDURE D4249 CLINICAL CROWN LENGTHENING - HARD TISSUE

This procedure is included in the fee for a completed restorative service.

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PROCEDURE D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE)- FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT

1. Prior authorization is required.
2. Requires a quadrant code.
3. If three or fewer diseased teeth are present in the quadrant, use osseous surgery (D4261).
4. A benefit:
 - a. for patients age 13 or older.
 - b. once per quadrant every 36 months.

PROCEDURE D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES, PER QUADRANT

1. Prior authorization is required.
2. Requires a quadrant code.
3. If four or more diseased teeth are present in the quadrant, use osseous surgery (D4260).
4. A benefit:
 - a. for patients age 13 or older.
 - b. once per quadrant

every 36 months.

PROCEDURE D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION

This procedure is included in the fees for other periodontal procedures and is not payable separately.

PROCEDURE D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT

A benefit:

- a. for patients age 13 or older.
- b. once per quadrant every 24 months.

PROCEDURE D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT

A benefit:

- a. for patients age 13 or older.
- b. once per quadrant every 24 months.

PROCEDURE D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION

PROCEDURE D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS

This procedure is included in the fees for other periodontal procedures and is not payable separately.

PROCEDURE D4381

**LOCALIZED DELIVERY OF
ANTIMICROBIAL AGENTS
VIA A CONTROLLED
RELEASE VEHICLE INTO
DISEASED CREVICULAR
TISSUE, PER TOOTH**

This procedure is included in the fees for other periodontal procedures and is not payable separately.

**PROCEDURE D4910
PERIODONTAL
MAINTENANCE**

1. This procedure does not require prior authorization.
2. A benefit:
 - a. only for patients residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).
 - b. only when preceded by a periodontal scaling and root planing (D4341-D4342).
 - c. only after completion of all necessary scaling and root planings.
 - d. once in a calendar quarter.
 - e. only in the 24 month period following the last scaling and root planing.
3. This procedure is considered a full mouth treatment.

**PROCEDURE D4920
UNSCHEDULED
DRESSING CHANGE (BY
SOMEONE OTHER THAN
TREATING DENTIST)**

1. This procedure cannot be prior authorized.
2. A benefit:
 - a. for patients age 13 or older.
 - b. once per patient per provider.
 - c. within 30 days of the date of service of gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261).
3. Unscheduled dressing changes by the same provider are considered part of, and included in the fee for gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261).

**PROCEDURE D4999
UNSPECIFIED PERIODONTAL
PROCEDURE, BY REPORT**

1. A benefit for patients age 13 or older.
2. Procedure D4999 shall be used:
 - a. for a procedure which is not adequately described by a CDT code, or
 - b. for a procedure that has a CDT code that is not a benefit but the patient has an condition to justify the medical necessity. Documentation shall include the

exceptional medical medical condition and the specific CDT code associated with the treatment.

Prosthodontics (Removable) General Policies (D5000-D5899)

1. Complete and Partial Dentures (D5110-D5214 and D5860):

- a) Prior authorization is required for removable prostheses except for immediate dentures (D5130 and D5140).
- b) Prior authorization shall be considered for a new prosthesis only when it is clearly evident that the existing prosthesis cannot be made serviceable by repair, replacement of broken and missing teeth or relines.
- c) Complete and partial dentures are prior authorized only as full treatment plans. Payment shall be made only when the full treatment has been completed.
- d) New complete or partial dentures shall not be prior authorized when it would be highly improbable for a patient to utilize, care for or adapt to a new prosthesis due to psychological and/or motor deficiencies as determined by a clinical screening dentist (see "g" below).
- e) All endodontic, restorative and surgical procedures for teeth that impact the design of a removable partial denture (D5211, D5212, D5213 and D5214) shall be addressed before prior authorization is considered.
- f) The need for new or replacement prosthesis may be evaluated by a clinical screening dentist.
- g) A removable prosthesis is a benefit only once in a five year period. When adequately documented, the following exceptions shall apply:
 - i) Catastrophic loss beyond the control of the patient. Documentation must include a copy of the official public service agency report (fire or police), or
 - ii) A need for a new prosthesis due to surgical or traumatic loss of oral-facial anatomic structure, or
 - iii) The removable prosthesis is no longer serviceable as determined by a clinical screening dentist.
- h) Prosthodontic services provided solely for cosmetic purposes are not a benefit.
- i) Temporary or interim dentures to be used while a permanent denture is being constructed are not a benefit.
- j) Spare or backup dentures are not a benefit.
- k) Evaluation of a denture on a maintenance basis is not a benefit.
- l) The fee for any removable prosthesis, relines, tissue conditioning or repair includes all adjustments necessary for six months after the date of service by the same provider.
- m) Immediate dentures should only be considered for a patient when one or more of the following conditions exist:
 - i) extensive or rampant caries are exhibited in the radiographs,
 - ii) severe periodontal involvement is indicated in the radiographs,
 - iii) numerous teeth are missing resulting in diminished masticating ability adversely affecting the patient's health.
- n) There is no insertion fee payable to an oral surgeon who seats an immediate denture.
- o) Preventative, endodontic or restorative procedures are not a benefit for teeth to be retained for overdentures. Only extractions for the retained teeth will be a benefit.
- p) Partial dentures are not a benefit to replace missing 3rd molars.

2. Relines and Tissue Conditioning (D5730-D5761, D5850 and D5851):

- a) Laboratory relines (D5750, D5751, D5760 and D5761) are a benefit six months after the date of service for immediate dentures (D5130 and D5140), an immediate overdenture (D5860) and cast metal partial dentures (D5213 and D5214) that required extractions.
- b) Laboratory relines (D5750, D5751, D5760 and D5761) are a benefit 12 months after the date of service for complete (remote) dentures (D5110 and D5120), a complete (remote) overdenture (D5860) and cast metal partial dentures (D5213 and D5214) that did not require extractions.
- c) Laboratory relines (D5760 and D5761) are not a benefit for resin based partial dentures (D5211 and D5212).
- d) Laboratory relines (D5750, D5751, D5760 and D5761) are not a benefit within 12 months of chairside relines (D5730, D5731, D5740 and D5741).
- e) Chairside relines (D5730, D5731, D5740 and D5741) are a benefit six months after the date of service for immediate dentures (D5130 and D5140), an immediate overdenture (D5860), resin based partial dentures (D5211 and D5212) and cast metal partial dentures (D5213 and D5214) that required extractions.
- f) Chairside relines (D5730, D5731, D5740 and D5741) are a benefit 12 months after the date of service for complete (remote) dentures (D5110 and D5120), a complete (remote) overdenture (D5860), resin based partial dentures (D5211 and D5212) and cast metal partial dentures (D5213 and D5214) that did not require extractions.
- g) Chairside relines (D5730, D5731, D5740 and D5741) are not a benefit within 12 months of laboratory relines (D5750, D5751, D5760 and D5761).
- h) Tissue conditioning (D5850 and D5851) is only a benefit to heal unhealthy ridges prior to a definitive prosthodontic treatment.
- i) Tissue conditioning (D5850 and D5851) is a benefit the same date of service as an immediate prosthesis that required extractions.

Prosthodontic (Removable) Procedures (D5000-D5899)

PROCEDURE D5110 COMPLETE DENTURE - MAXILLARY

1. Prior authorization is required.
2. A benefit once in a five year period from a previous complete, immediate or overdenture- complete denture.
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
4. A laboratory reline (D5750) or chairside reline (D5730) is a benefit 12 months after the date of service for this procedure.

PROCEDURE D5120 COMPLETE DENTURE - MANDIBULAR

1. Prior authorization is required.
A benefit once in a five year period from a previous complete, immediate or overdenture- complete denture.
2. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
3. A laboratory reline (D5751) or chairside reline (D5731) is a benefit 12 months after the date of service for this procedure.

PROCEDURE D5130 IMMEDIATE DENTURE - MAXILLARY

1. A benefit once per patient.
2. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
4. A laboratory reline (D5750) or chairside reline (D5730) is a benefit six months after the date of service for this procedure.

PROCEDURE D5140 IMMEDIATE DENTURE - MANDIBULAR

1. A benefit once per patient.
2. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
4. A laboratory reline (D5751) or chairside reline (D5731) is a benefit six months after the date of service for this procedure.

PROCEDURE D5211 MAXILLARY PARTIAL

DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)

1. Prior authorization is required.
2. A benefit once in a five-year period.
3. A benefit when replacing a permanent anterior tooth/teeth and/or the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows:
 - a. five posterior permanent teeth are missing, (excluding 3rd molars), or
 - b. all four 1st and 2nd permanent molars are missing, or
 - c. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side.
4. Not a benefit for replacing missing 3rd molars.
5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
6. Laboratory reline (D5760) is not a benefit for this procedure.
7. Chairside reline (D5740) is a benefit:
 - a. once in a 12-month period.
 - b. six months after the date of service for a partial denture that required extractions, or

- c. 12 months after the date of service for a partial denture that did not require extractions.

**PROCEDURE D5212
MANDIBULAR PARTIAL DENTURE
- RESIN BASE (INCLUDING ANY
CONVENTIONAL CLASPS, RESTS
AND TEETH)**

1. Prior authorization is required.
2. A benefit once in a five-year period.
3. A benefit when replacing a permanent anterior tooth/teeth and/or the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows:
 - a. five posterior permanent teeth are missing, (excluding 3rd molars), or
 - b. all four 1st and 2nd permanent molars are missing, or
 - c. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side.
4. Not a benefit for replacing missing 3rd molars.
5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
6. Laboratory reline (D5761) is not a benefit for this procedure.
7. Chairside reline (D5741) is a benefit:
 - a. once in a 12-month period.
 - b. six months after the date of service for a partial denture that required extractions, or

- c. 12 months after the date of service for a partial denture that did not require extractions.

**PROCEDURE D5213
MAXILLARY PARTIAL
DENTURE - CAST METAL
FRAMEWORK WITH RESIN
DENTURE BASES
(INCLUDING ANY
CONVENTIONAL CLASPS,
RESTS AND TEETH)**

1. Prior authorization is required.
2. A benefit once in a five-year period.
3. A benefit when opposing a full denture and the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows:
 - a. five posterior permanent teeth are missing, (excluding 3rd molars), or
 - b. all four 1st and 2nd permanent molars are missing, or
 - c. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side.
4. Not a benefit for replacing missing 3rd molars.
5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
6. Laboratory reline (D5760) is a benefit:
 - a. once in a 12-

month period.

- b. six months after the date of service for a cast partial denture that required extractions, or
 - c. 12 months after the date of service for a cast partial denture that did not require extractions.
7. Chairside reline (D5740) is a benefit:
- a. once in a 12 month period.
 - b. six months after the date of service for a partial denture that required extractions, or
 - c. 12 months after the date of service for a partial denture that did not require extractions.

**PROCEDURE D5214
MANDIBULAR PARTIAL
DENTURE - CAST METAL
FRAMEWORK WITH RESIN
DENTURE BASES
(INCLUDING ANY
CONVENTIONAL CLASPS,
RESTS AND TEETH)**

1. Prior authorization is required.
 2. A benefit once in a five- year period.
 3. A benefit when opposing a full denture and the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows:
 - a. five posterior permanent teeth are missing, (excluding 3rd molars), or
 - b. all four 1st and 2nd permanent molars are missing, or
 - c. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side.
 4. Not a benefit for replacing missing 3rd molars.
 5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
 6. Laboratory reline
- SOB-EMBEDDED-EHB-CA-19

(D5761) is a benefit:

- a. once in a 12-month period.
 - b. six months after the date of service for a cast partial denture that required extractions, or
 - c. 12 months after the date of service for a cast partial denture that did not require extractions.
7. Chairside reline (D5741) is a benefit:
- a. once in a 12-month period.
 - b. six months after the date of service for a partial denture that required extractions, or
 - c. 12 months after the date of service for a partial denture that did not require extractions.

**PROCEDURE D5221
IMMEDIATE MAXILLARY
PARTIAL DENTURE - RESIN
BASE (INCLUDING ANY
CONVENTIONAL CLASPS,
RESTS AND TEETH)**

**PROCEDURE D5222
IMMEDIATE MANDIBULAR
PARTIAL DENTURE - RESIN
BASE (INCLUDING ANY
CONVENTIONAL CLASPS,
RESTS AND TEETH)**

**PROCEDURE D5223
IMMEDIATE MAXILLARY
PARTIAL DENTURE - CAST**

**METAL FRAMEWORK
WITH RESIN BASES
(INCLUDING ANY
CONVENTIONAL
CLASPS, RESTS AND
TEETH)**

**PROCEDURE D5224
IMMEDIATE
MANDIBULAR PARTIAL
DENTURE - CAST METAL
FRAMEWORK WITH
RESIN DENTURE BASES
(INCLUDING ANY
CONVENTIONAL
CLASPS, RESTS AND
TEETH)**

**PROCEDURE D5410
ADJUST COMPLETE
DENTURE -
MAXILLARY**

1. A benefit:
 - a. once per date of service per provider.
 - b. twice in a 12-month period per provider.
2. Not a benefit:
 - a. same date of service or within six months of the date of service of a complete denture-maxillary (D5110), immediate denture- maxillary (D5130) or overdenture-complete (D5860).
 - b. same date of service or within six months of the date of service of a reline complete maxillary denture (chairside) (D5730), reline complete maxillary denture (laboratory)

(D5750) and tissue conditioning, maxillary (D5850).

- c. same date of service or within six months of the date of service of replace missing or broken teeth- complete denture (D5520).

**PROCEDURE D5411
ADJUST COMPLETE
DENTURE - MANDIBULAR**

- 1. A benefit:
 - a. once per date of service per provider.
 - b. twice in a 12-month period per provider.
- 2. Not a benefit:
 - a. same date of service or within six months of the date of service of a complete denture- mandibular (D5120), immediate denture- mandibular (D5140) or overdenture- complete (D5860).
 - b. same date of service or within six months of the date of service of a reline complete mandibular denture (chairside) (D5731), reline complete mandibular denture (laboratory) (D5751) and tissue conditioning, mandibular (D5851).
 - c. same date of service or within six months of the date of service of replace missing or broken teeth- complete denture (D5520).

**PROCEDURE D5421
ADJUST PARTIAL DENTURE
MAXILLARY**

- 1. A benefit:

- a. once per date of service per provider.
- b. twice in a 12-month period per provider.

- 2. Not a benefit:
 - a. same date of service or within six months of the date of service of a maxillary partial- resin base (D5211) or maxillary partial denture- cast metal framework with resin denture bases (D5213).
 - b. same date of service or within six months of the date of service of a reline maxillary partial denture (chairside) (D5740), reline maxillary partial denture (laboratory) (D5760) and tissue conditioning, maxillary (D5850).
 - c. same date of service or within six months of the date of service of repair cast framework (D5620), repair or replace broken clasp (D5630), replace broken teeth- per tooth (D5640), add tooth to existing partial denture (D5650) and add clasp to existing partial denture (D5660).

**PROCEDURE D5422
ADJUST PARTIAL DENTURE -
MANDIBULAR**

- 1. A benefit:

- a. once per date of service per provider.

- b. twice in a 12 month period per provider.

- 2. Not a benefit:
 - a. same date of service or within six months of the date of service of a mandibular partial- resin base (D5212) or mandibular partial denture- cast metal framework with resin denture bases (D5214).
 - b. same date of service or within six months of the date of service of a reline mandibular partial denture (chairside) (D5741), reline mandibular partial denture (laboratory) (D5761) and tissue conditioning, mandibular (D5851).
 - c. same date of service or within six months of the date of service of repair cast framework (D5620), repair or replace broken clasp (D5630), replace broken teeth- per tooth (D5640),

add tooth to existing partial denture (D5650) and add clasp to existing partial denture (D5660).

**PROCEDURE D5511
REPAIR BROKEN
COMPLETE DENTURE
BASE, MANDIBULAR**

1. A benefit:
 - a. once per arch, per date of service per provider.
 - b. twice in a 12-month period per provider.
2. Not a benefit on the same date of service as reline complete maxillary denture (chairside) (D5730), reline complete mandibular denture (chairside) (D5731), reline complete maxillary denture (laboratory) (D5750) and reline complete mandibular denture (laboratory) (D5751).
3. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

**PROCEDURE D5512
REPAIR BROKEN
COMPLETE DENTURE
BASE, MAXILLARY**

1. A benefit:
 - c. once per arch, per date of service per provider.
 - d. twice in a 12-month period per provider.
2. Not a benefit on the same date of service as reline complete maxillary denture (chairside) (D5730), reline complete

mandibular denture (chairside) (D5731), reline complete maxillary denture (laboratory) (D5750) and reline complete mandibular denture (laboratory) (D5751).

3. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

**PROCEDURE D5520
REPLACE MISSING OR
BROKEN TEETH -
COMPLETE DENTURE
(EACH TOOTH)**

1. 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.
2. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

1.

**PROCEDURE D5611
REPAIR RESIN DENTURE
BASE, MANDIBULAR**

1. 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.

2. Not a benefit same date of service as reline maxillary partial denture (chairside) (D5740), reline mandibular partial denture (chairside) (D5741), reline maxillary partial denture (laboratory) (D5760) and reline mandibular partial denture (laboratory) (D5761).
3. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

**PROCEDURE D5612
REPAIR RESIN DENTURE
BASE, MAXILLARY**

1. A benefit:
 - d. once per arch, per date of service per provider.
 - e. twice per arch, in a 12-month period per provider.
 - f. for partial dentures only.
2. Not a benefit same date of service as reline maxillary partial denture (chairside) (D5740), reline mandibular partial denture (chairside) (D5741), reline maxillary partial

denture (laboratory) (D5760) and reline mandibular partial denture (laboratory) (D5761).

3. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5620 REPAIR CAST FRAMEWORK

1. A benefit:
 1. once per arch, per date of service per provider.
 2. twice per arch, in a 12-month period per provider.
2. All adjustments made for six months after the date of

repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5630 REPAIR OR REPLACE BROKEN CLASP

1. 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.
2. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5621 REPAIR CAST FRAMEWORK, MANDIBULAR

1. A benefit:
 - a. once per arch, per date of service per provider.
 - b. twice per arch, in a 12-month period per provider.
2. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5622 REPAIR CAST FRAMEWORK, MAXILLARY

1. A benefit:
 - a. once per arch, per date of service per provider.
 - b. twice per arch, in a 12-month period per provider.
2. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5640 REPLACE BROKEN TEETH - PER TOOTH

1. 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.
 - c. for partial dentures only.
2. All adjustments made for

six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE

1. A benefit:
 - a. for up to a maximum of three, per date of service per provider.
 - b. once per tooth.
2. Not a benefit for adding 3rd molars.
3. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5660 ADD CLASP TO EXISTING PARTIAL DENTURE

1. A benefit:
 - a. for up to a maximum of three, per date of service per provider.
 - b. twice per arch, in a 12-month period per provider.
2. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5730

**RELIN COMPLETE
MAXILLARY DENTURE
(CHAIRSIDE)**

1. A benefit:
 - a. once in a 12-month period.
 - b. six months after the date of service for a immediate denture-maxillary (D5130) or immediate overdenture-complete (D5860) that required extractions, or
 - c. 12 months after the date of service for a complete (remote) denture-maxillary (D5110) or overdenture(remote)-complete (D5860) that did not require extractions.
2. Not a benefit within 12 months of a relin complete maxillary denture (laboratory) (D5750).
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

**PROCEDURE D5731
RELIN COMPLETE
MANDIBULAR DENTURE
(CHAIRSIDE)**

1. A benefit:
 - a. once in a 12-month period.
 - b. six months after the date of service for a immediate denture-mandibular (D5140) or immediate overdenture-complete (D5860) that required extractions, or

- c. 12 months after the date of service for a complete (remote) denture-mandibular (D5120) or overdenture (remote)-complete (D5860) that did not require extractions.
2. Not a benefit within 12 months of a relin complete mandibular denture (laboratory) (D5751).
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

**PROCEDURE D5740
RELIN MAXILLARY
PARTIAL DENTURE
(CHAIRSIDE)**

1. A benefit:
 - a. once in a 12-month period.
 - b. six months after the date of service for maxillary partial denture-resin base (D5211) or maxillary partial denture- cast metal framework with resin denture bases (D5213) that required extractions, or
 - c. 12 months after the date of service for maxillary partial denture-resin base (D5211) or maxillary partial denture- cast metal framework with resin denture

bases (D5213) that did not require extractions.

2. Not a benefit within 12 months of a relin maxillary partial denture (laboratory) (D5760).
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

**PROCEDURE D5741
RELIN MANDIBULAR
PARTIAL DENTURE
(CHAIRSIDE)**

1. A benefit:
 - a. once in a 12-month period.
 - b. six months after the date of service for mandibular partial denture- resin base (D5212) or mandibular partial denture- cast metal framework with resin denture bases (D5214) that required extractions, or
 - c. 12 months after the date of service for mandibular partial denture- resin base (D5212) or mandibular partial denture- cast metal

framework with resin denture bases (D5214) that did not require extractions.

2. Not a benefit within 12 months of a reline mandibular partial denture (laboratory) (D5761).
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

**PROCEDURE D5750
RELIN COMPLETE
MAXILLARY DENTURE
(LABORATORY)**

1. A benefit:
 - a. once in a 12-month period.
 - b. six months after the date of service for a immediate denture-maxillary (D5130) or immediate overdenture-complete (D5860) that required extractions, or
 - c. 12 months after the date of service for a complete (remote) denture- maxillary (D5110) or overdenture (remote)-complete (D5860) that did not require extractions.
2. Not a benefit within 12 months of a reline complete maxillary denture (chairside) (D5730).
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this

procedure.

**PROCEDURE D5751
RELIN COMPLETE
MANDIBULAR DENTURE
(LABORATORY)**

1. A benefit:
 - a. once in a 12-month period.
 - b. six months after the date of service for a immediate denture-mandibular (D5140) or immediate overdenture-complete (D5860) that required extractions, or
 - c. 12 months after the date of service for a complete (remote) denture - mandibular (D5120) or overdenture (remote) - complete (D5860) that did not require extractions.
2. Not a benefit within 12 months of a reline complete mandibular denture (chairside) (D5731).
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

**PROCEDURE D5760
RELIN MAXILLARY
PARTIAL DENTURE
(LABORATORY)**

1. A benefit:
 - a. once in a 12-month period.
 - b. six months after the date of service for maxillary partial denture- cast metal framework with resin denture bases (D5213) that required extractions, or

- c. 12 months after the date of service for maxillary partial denture- cast metal framework with resin denture bases (D5213) that did not require extractions.

2. Not a benefit:
 - a. within 12 months of a reline maxillary partial denture (chairside) (D5740).
 - b. for a maxillary partial denture-resin base (D5211).
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

**PROCEDURE D5761
RELIN MANDIBULAR
PARTIAL DENTURE
(LABORATORY)**

- A benefit:
- c. once in a 12-month period.
 - d. six months after the date of service for mandibular partial denture-cast metal framework with resin denture bases (D5214) that required extractions, or
 - e. 12 months after the date of service for mandibular partial denture-cast metal framework with resin denture bases (D5214) that did not require extractions.
3. Not a benefit:

- a. within 12 months of a reline mandibular partial denture (chairside) (D5741).
- b. for a mandibular partial denture- resin base (D5212).
- 4. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

**PROCEDURE D5850
TISSUE CONDITIONING,
MAXILLARY**

- 1. A benefit twice per prosthesis in a 36-month period.
- 2. Not a benefit:
 - a. same date of service as reline complete maxillary denture (chairside) (D5730), reline maxillary partial denture (chairside) (D5740), reline complete maxillary denture (laboratory) (D5750) and reline maxillary partial denture (laboratory) (D5760).
 - b. same date of service as a prosthesis that did not require extractions.
- 3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
- 4. Tissue conditioning is designed to heal unhealthy ridges prior to a more definitive treatment.

**PROCEDURE D5851
TISSUE CONDITIONING,
MANDIBULAR**

- 1. A benefit twice per prosthesis in a 36-month period.
- 2. Not a benefit:
 - a. same date of service as reline complete mandibular denture (chairside) (D5731), reline mandibular partial denture (chairside) (D5741), reline complete mandibular denture (laboratory) (D5751) and reline mandibular partial denture (laboratory) (D5761).
 - b. same date of service as a prosthesis that did not require extractions.
- 3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
- 4. Tissue conditioning is designed to heal unhealthy ridges prior to a more definitive treatment.

**PROCEDURE D5862
PRECISION ATTACHMENT, BY
REPORT**

This procedure is included in the fee for prosthetic and restorative procedures and is not payable separately.

**PROCEDURE D5863
OVERDENTURE - COMPLETE
MAXILLARY**

**PROCEDURE D5864
OVERDENTURE - PARTIAL
MAXILLARY**

**PROCEDURE D5865
OVERDENTURE - COMPLETE
MANDIBULAR**

**PROCEDURE D5866
OVERDENTURE - PARTIAL
MANDIBULAR**

**PROCEDURE D5899
UNSPECIFIED REMOVABLE
PROSTHODONTIC
PROCEDURE, BY REPORT**

- 1. Procedure D5899 shall be used:
 - a. for a procedure which is not adequately described by a CDT code, or
 - b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.

Maxillofacial Prosthetics General Policies (D5900-D5999)

- a. Maxillofacial prosthetic services are for the anatomic and functional reconstruction of those regions of the maxilla and mandible and associated structures that are missing or defective because of surgical intervention, trauma (other than simple or compound fractures), pathology, developmental or congenital malformations.
- b. Prior authorization is required for the following procedures:
 - i) trismus appliance (D5937),
 - ii) palatal lift prosthesis, interim (D5958),
 - iii) fluoride gel carrier (D5986),
 - iv) surgical splint (D5988).
- c. All maxillofacial prosthetic procedures include routine postoperative care, revisions and adjustments for 90 days after the date of delivery.

Maxillofacial Prosthetic Procedures (D5900-D5999)

PROCEDURE D5911 FACIAL MOULAGE (SECTIONAL)

PROCEDURE D5912 FACIAL MOULAGE (COMPLETE)

PROCEDURE D5913 NASAL PROSTHESIS

PROCEDURE D5914 AURICULAR PROSTHESIS

PROCEDURE D5915 ORBITAL PROSTHESIS

PROCEDURE D5916 OCULAR PROSTHESIS

Not a benefit on the same date of service as ocular prosthesis, interim (D5923).

PROCEDURE D5919 FACIAL PROSTHESIS

PROCEDURE D5922 NASAL SEPTAL PROSTHESIS

PROCEDURE D5923 OCULAR PROSTHESIS, INTERIM

Not a benefit on the same date of service with an ocular prosthesis (D5916).

PROCEDURE D5924 CRANIAL PROSTHESIS

PROCEDURE D5925 FACIAL AUGMENTATION IMPLANT PROSTHESIS

PROCEDURE D5926 NASAL PROSTHESIS, REPLACEMENT

PROCEDURE D5927 AURICULAR PROSTHESIS, REPLACEMENT

PROCEDURE D5928 ORBITAL PROSTHESIS, REPLACEMENT

PROCEDURE D5929 FACIAL PROSTHESIS, REPLACEMENT

PROCEDURE D5931 OBTURATOR PROSTHESIS, SURGICAL

1. Not a benefit on the same date of service as obturator prosthesis, definitive (D5932) and obturator prosthesis, interim (D5936).
2. PROCEDURE D5932
OBTURATOR PROSTHESIS,
DEFINITIVE

Not a benefit on the same date of service as obturator prosthesis, surgical (D5931) and obturator prosthesis, interim (D5936).

PROCEDURE D5933 OBTURATOR PROSTHESIS, MODIFICATION

1. A benefit twice in a 12 month period.
2. Not a benefit on the same date of service as obturator prosthesis, surgical (D5931), obturator prosthesis, definitive (D5932) and obturator prosthesis, interim (D5936).

PROCEDURE D5934

MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE

PROCEDURE D5935 MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE

PROCEDURE D5936 OBTURATOR PROSTHESIS, INTERIM

1. Not a benefit on the same date of service as obturator prosthesis, surgical

(D5931) and obturator prosthesis, definitive (D5932).

PROCEDURE D5937 TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)

PROCEDURE D5951 FEEDING AID

A benefit for patients under the age of 18.

PROCEDURE D5952 SPEECH AID PROSTHESIS, PEDIATRIC

A benefit for patients under the age of 18.

PROCEDURE D5953 SPEECH AID PROSTHESIS, ADULT

A benefit for patients age 18 or older.

PROCEDURE D5954 PALATAL AUGMENTATION PROSTHESIS

PROCEDURE D5955 PALATAL LIFT PROSTHESIS, DEFINITIVE

Not a benefit on the same date of service as palatal lift prosthesis, interim (D5958).'

PROCEDURE D5958 PALATAL LIFT PROSTHESIS, INTERIM

Not a benefit on the same date of service with palatal lift prosthesis, definitive (D5955).

PROCEDURE D5959 PALATAL LIFT PROSTHESIS, MODIFICATION

1. A benefit twice in a 12- month period.
2. Not a benefit on the

same date of service as
palatal lift prosthesis,
definitive (D5955) and
palatal lift prosthesis,
interim (D5958).

**PROCEDURE D5960
SPEECH AID PROSTHESIS,
MODIFICATION**

1. A benefit twice in a
12- month period.
2. Not a benefit on the
same date of service as
speech aid prosthesis,
pediatric (D5952) and
speech aid prosthesis,
adult (D5953).

**PROCEDURE D5982
SURGICAL STENT**

**PROCEDURE D5983
RADIATION CARRIER**

**PROCEDURE D5984
RADIATION SHIELD**

**PROCEDURE D5985
RADIATION CONE LOCATOR**

**PROCEDURE D5986
FLUORIDE GEL CARRIER**

A benefit only in
conjunction with
radiation therapy
directed at the teeth,
jaws or salivary
glands.

**PROCEDURE D5987
COMMISSURE SPLINT**

**PROCEDURE D5988
SURGICAL SPLINT**

**PROCEDURE D5991
TOPICAL MEDICAMENT CARRIER**

**PROCEDURE D5999
UNSPECIFIED MAXILLOFACIAL
PROSTHESIS, BY REPORT**

Procedure D5999 shall be
used:

- a. for a procedure which

- b. is not adequately
described by a CDT
code, or
for a procedure that
has a CDT code that is
not a benefit but the
patient has an
exceptional medical
condition to justify the
medical necessity.
Documentation shall
include the medical
condition and the
specific CDT code
associated with the
treatment.

Implant Services General Policies (D6000-D6199)

- a. Implant services are a benefit only when exceptional medical conditions. Exceptional medical conditions include, but are not limited to:
 - i) cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prostheses.
 - ii) severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures or osseous augmentation procedures, and the patient is unable to function with conventional prostheses.
 - iii) skeletal deformities that preclude the use of conventional prostheses (such as arthrogryposis, ectodermal dysplasia, partial anodontia and cleidocranial dysplasia).
 - iv) traumatic destruction of jaw, face or head where the remaining osseous structures are unable to support conventional dental prostheses.
- b) Providers shall submit complete case documentation (such as radiographs, scans, operative reports, craniofacial panel reports, diagnostic casts, intraoral/extraoral photographs and tracings) necessary to demonstrate the medical necessity of the requested implant services.
- c) Single tooth implants are not a benefit of the plan.
- d) Implant removal, by report (D6100) is a benefit. Refer to the procedure for specific requirements.

Implant Service Procedures (D6000-D6199)

PROCEDURE D6010 SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT

Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to Implant Services General policies for specific requirements.

PROCEDURE D6011 SECOND STAGE IMPLANT SURGERY

PROCEDURE D6013 SURGICAL PLACEMENT OF MINI IMPLANT

PROCEDURE D6040 SURGICAL PLACEMENT: EPOSTEAL IMPLANT

See the criteria for Procedure D6010.

PROCEDURE D6050 SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT

See the criteria for Procedure D6010.

PROCEDURE D6052 SEMI-PRECISION ATTACHMENT ABUTMENT

PROCEDURE D6055 CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED

See the criteria for Procedure D6010.

PROCEDURE D6056 PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT

See the criteria for Procedure D6010.

PROCEDURE D6057

CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT

See the criteria for Procedure D6010.

PROCEDURE D6058 ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN

See the criteria for Procedure D6010.

PROCEDURE D6059 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6060 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6061 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6062 ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6063 ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6064 ABUTMENT SUPPORTED CAST METAL CROWN

(NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6065 IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN

See the criteria for Procedure D6010.

PROCEDURE D6066 IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6067 IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6068 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/ CERAMIC FPD

See the criteria for Procedure D6010.

PROCEDURE D6069 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6070 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6071 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)

See the criteria for Procedure D6010.

**PROCEDURE D6072
ABUTMENT SUPPORTED
RETAINER FOR CAST METAL FPD
(HIGH NOBLE METAL)**

See the criteria for Procedure D6010.

**PROCEDURE D6073
ABUTMENT SUPPORTED
RETAINER FOR CAST METAL
FPD (PREDOMINANTLY BASE
METAL)**

See the criteria for Procedure D6010.

**PROCEDURE D6074
ABUTMENT SUPPORTED
RETAINER FOR CAST METAL
FPD (NOBLE METAL)**

See the criteria for Procedure D6010.

**PROCEDURE D6075
IMPLANT SUPPORTED RETAINER
FOR CERAMIC FPD**

See the criteria for Procedure D6010.

**PROCEDURE D6076
IMPLANT SUPPORTED RETAINER
FOR PORCELAIN FUSED TO
METAL FPD (TITANIUM,
TITANIUM ALLOY, OR HIGH
NOBLE METAL)**

See the criteria for Procedure D6010.

**PROCEDURE D6077
IMPLANT SUPPORTED RETAINER
FOR CAST METAL FPD
(TITANIUM, TITANIUM ALLOY, OR
HIGH NOBLE METAL)**

See the criteria for Procedure D6010.

**PROCEDURE D6080
IMPLANT MAINTENANCE
PROCEDURES, INCLUDING
REMOVAL OF PROSTHESIS,
CLEANSING OF PROSTHESIS
AND ABUTMENTS AND
REINSERTION OF
PROSTHESIS**

See the criteria for Procedure D6010.

**PROCEDURE D6081
SCALING AND
DEBRIDEMENT IN THE
PRESENCE OF
INFLAMMATION OR
MUCOSITIS OF A SINGLE
IMPLANT, INCLUDING
CLEANING OF THE
IMPLANT SURFACE,
WITHOUT FLAP ENTRY
AND CLOSURE**

**PROCEDURE D6085
PROVISIONAL IMPLANT
CROWN**

**PROCEDURE D6090
REPAIR IMPLANT
SUPPORTED PROSTHESIS,
BY REPORT**

See the criteria for Procedure D6010.

**PROCEDURE D6091
REPLACEMENT OF SEMI-
PRECISION OR PRECISION
ATTACHMENT (MALE OR
FEMALE COMPONENT) OF
IMPLANT/ABUTMENT
SUPPORTED PROSTHESIS,
PER ATTACHMENT**

See the criteria for Procedure D6010.

**PROCEDURE D6092
RECEMENT IMPLANT/
ABUTMENT SUPPORTED
CROWN**

Not a benefit within 12 months of a previous re-cementation by the same provider.

**PROCEDURE D6093
RECEMENT IMPLANT/
ABUTMENT SUPPORTED
FIXED PARTIAL DENTURE**

Not a benefit within 12 months of a previous re-cementation by the same provider.

**PROCEDURE D6094
ABUTMENT SUPPORTED
CROWN (TITANIUM)**

See the criteria for Procedure D6010.

**PROCEDURE D6095 REPAIR
IMPLANT ABUTMENT, BY
REPORT**

See the criteria for Procedure D6010.

**PROCEDURE D6100
IMPLANT REMOVAL, BY REPORT**

**PROCEDURE D6190
RADIOGRAPHIC/SURGICAL
IMPLANT INDEX, BY REPORT**

This procedure is included in the fee for surgical placement of implant body: endosteal implant (D6010).

**PROCEDURE D6194
ABUTMENT SUPPORTED
RETAINER CROWN FOR FPD
(TITANIUM)**

See the criteria for Procedure D6010.

**PROCEDURE D6199
UNSPECIFIED IMPLANT
PROCEDURE, BY REPORT**

1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity.
2. radiographs.

Fixed Prosthodontic General Policies (D6200-D6999)

- a. Fixed partial dentures (bridgework) are considered beyond the scope of the plan. However, the fabrication of a fixed partial denture shall be considered for prior authorization only when medical conditions or employment preclude the use of a removable partial denture. Most importantly, the patient shall first meet the criteria for a removable partial denture before a fixed partial denture will be considered.
- b. Medical conditions, which preclude the use of a removable partial denture, include:
 - i) the epileptic patient where a removable partial denture could be injurious to their health during an uncontrolled seizure,
 - ii) the paraplegia patient who utilizes a mouth wand to function to any degree and where a mouth wand is inoperative because of missing natural teeth,
 - iii) patients with neurological disorders whose manual dexterity precludes proper care and maintenance of a removable partial denture.
- c. Fixed partial dentures are a benefit once in a five-year period only on permanent teeth when the above criteria are met.
- d. Fixed partial dentures are not a benefit when the prognosis of the retainer (abutment) teeth is questionable due to non-restorability or periodontal involvement.
- e. Posterior fixed partial dentures are not a benefit when the number of missing teeth requested to be replaced in the quadrant does not significantly impact the patient's masticatory ability.
- f. Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp capping, amalgam or acrylic buildups, pins (D2951), bonding agents, lining agents, impressions, temporary crowns, adjustments (D9951), polishing, local anesthesia (D9210) and any other associated procedures are included in the fee for a completed fixed partial denture.
- g. Fixed partial denture inlay/onlay retainers (abutments) (D6545-D6634) are not a benefit.
- h. Cast resin bonded fixed partial dentures (Maryland Bridges) are not a benefit.

Fixed Prosthodontic Procedures (D6200-D6999)

PROCEDURE D6211 PONTIC - CAST PREDOMINANTLY BASE METAL

1. A benefit:
 - a. once in a five year period.
 - b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
 - c. only when billed on the same date of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6241 PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL

1. A benefit:
 - a. once in a five year period.
 - b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
 - c. only when billed on the same date

of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6245 PONTIC - PORCELAIN/CERAMIC

1. A benefit:
 - a. once in a five year period.
 - b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
 - c. only when billed on the same date of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6251 PONTIC - RESIN WITH PREDOMINANTLY BASE METAL

1. A benefit:

- a. once in a five year period.
- b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
- c. only when billed on the same date of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6721 CROWN - RESIN WITH PREDOMINANTLY BASE METAL

1. A benefit:
 - a. once in a five year period.
 - b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6740 CROWN - PORCELAIN/CERAMIC

1. A benefit:
 - a. once in a five year period.

- b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).

- 2. Not a benefit for patients under the age of 13.

**PROCEDURE D6751
CROWN - PORCELAIN
FUSED TO
PREDOMINANTLY BASE
METAL**

- 1. A benefit:
 - a. once in a five year period.
 - a. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
- 2. Not a benefit for patients under the age of 13.

**PROCEDURE D6781
CROWN - ¾ CAST
PREDOMINANTLY
BASE METAL**

- 1.
- 1. A benefit:
 - a. once in a five year period.
 - b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
- 2. Not a benefit for patients under the

age of 13.

**PROCEDURE D6783
CROWN - ¾ PORCELAIN/
CERAMIC**

- 1. Requires a tooth code.
- 2. A benefit:
 - a. once in a five year period.
 - b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
- 3. Not a benefit for patients under the age of 13.

**PROCEDURE D6791
CROWN - FULL CAST
PREDOMINANTLY BASE
METAL**

- 1. A benefit:
 - a. once in a five year period.
 - b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
- 2. Not a benefit for patients under the age of 13.

**PROCEDURE D6930
RECEMENT
FIXED PARTIAL
DENTURE**

The original provider is responsible for all re-cementations

**PROCEDURE D6980
FIXED PARTIAL
DENTURE REPAIR
NECESSITATED BY
RESTORATIVE MATERIAL
FAILURE**

Not a benefit within 12 months of initial placement or previous repair, same provider.

**PROCEDURE D6999
UNSPECIFIED, FIXED
PROSTHODONTIC
PROCEDURE, BY REPORT**

- 1. Not a benefit within 12 months of initial placement, same provider.
- 2. Procedure D6999 shall be used:
 - a. for a procedure which is not adequately described by a CDT code, or
 - b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.

Oral and Maxillofacial Surgery General Policies (D7000-D7999)

- a) Local anesthetic, sutures and routine postoperative care within 30 days following an extraction procedure (D7111-D7250) are considered part of, and included in, the fee for the procedure. All other oral and maxillofacial surgery procedures include routine postoperative care for 90 days.
 - b) The level of payment for multiple surgical procedures performed on the same date of service shall be modified to the most inclusive procedure.
1. Extractions (D7111-D7250):
- a) The following conditions shall be considered medically necessary and shall be a benefit:
 - i) full bony impacted supernumerary teeth or mesiodens that interfere with the alignment of other teeth,
 - ii) teeth which are involved with a cyst, tumor or other neoplasm,
 - iii) unerupted teeth which are severely distorting the normal alignment of erupted teeth or causing the resorption of the roots of other teeth,
 - iv) the extraction of all remaining teeth in preparation for a full prosthesis,
 - v) extraction of third molars that are causing repeated or chronic pericoronitis
 - vi) extraction of primary teeth required to minimize malocclusion or malalignment when there is adequate space to allow normal eruption of succedaneous teeth,
 - vii) perceptible radiologic pathology that fails to elicit symptoms,
 - viii) extractions that are required to complete orthodontic dental services excluding prophylactic removal of third molars,
 - ix) when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
 - b. The prophylactic extraction of 3rd molars is not a benefit.
 - c) The fee for surgical extractions includes the removal of bone and/or sectioning of tooth, and elevation of mucoperiosteal flap, if indicated.
 - d) Classification of surgical extractions and impactions shall be based on the anatomical position of the tooth rather than the surgical technique employed in the removal.
2. Fractures (D7610-D7780):
- a) The placement and removal of wires, bands or splints is included in the fee for the associated procedure.
 - b) Routine postoperative care within 90 days is included in the fee for the associated procedure.
 - c) When extensive multiple or bilateral procedures are performed at the same operative session, each procedure shall be valued as follows:
 - i) 100% (full value) for the first or major procedure, and
 - ii) 50% for the second procedure, and
 - iii) 25% for the third procedure, and
 - iv) 10% for the fourth procedure, and
 - v) 5% for the fifth procedure, and
 - vi) over five procedures, by report.

3. Temporomandibular Joint Dysfunctions (D7810-D7899):

- a) TMJ dysfunction procedures are limited to differential diagnosis and symptomatic care. Not included as a benefit are those TMJ treatment modalities that involve prosthodontia, orthodontia and full or partial occlusal rehabilitation.
- b) Most TMJ dysfunction procedures require prior authorization. Submission of sufficient diagnostic information to establish the presence of the dysfunction is required. Refer to the individual procedures for specific submission requirements.
- c) TMJ dysfunction procedures solely for the treatment of bruxism is not a benefit.

4. Repair Procedures (D7910-D7998):

Suture procedures (D7910, D7911 and D7912) are not a benefit for the closure of surgical incisions.

Oral and Maxillofacial Surgery Procedures (D7000-D7999)

PROCEDURE D7111 EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH

Not a benefit for asymptomatic teeth.

PROCEDURE D7140 EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)

Not a benefit to the same provider who performed the initial tooth extraction.

PROCEDURE D7210 SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED

A benefit when the removal of any erupted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone or sectioning of the tooth.

PROCEDURE D7220 REMOVAL OF IMPACTED TOOTH - SOFT TISSUE

A benefit when the major portion or the entire occlusal surface is covered by mucogingival soft tissue.

PROCEDURE D7230 REMOVAL OF IMPACTED

TOOTH - PARTIALLY BONY

A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone. One of the proximal heights of contour of the crown shall be covered by bone.

PROCEDURE D7240 REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY

A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone covering most or all of the crown.

PROCEDURE D7241 REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS

A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone covering most or all of the crown. Difficulty or complication shall be due to factors such as nerve dissection or aberrant tooth

position.

PROCEDURE D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)

A benefit when the root is completely covered by alveolar bone.

Not a benefit to the same provider who performed the initial tooth extraction.

PROCEDURE D7260 ORAL ANTRAL FISTULA CLOSURE

1. A benefit for the excision of a fistulous tract between the maxillary sinus and oral cavity.
2. Not a benefit in conjunction with extraction procedures (D7111 - D7250).

PROCEDURE D7261 PRIMARY CLOSURE OF A SINUS PERFORATION

A benefit in the absence of a fistulous tract requiring the repair or immediate closure of the oroantral or oralnasal communication, subsequent to the removal of a tooth.

PROCEDURE D7270 TOOTH REIMPLANTATION AND/ OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH

1. A benefit:
 - a. once per arch regardless of the number of teeth involved, and
 - b. for permanent anterior teeth only.
2. The procedure includes splinting and/or stabilization, postoperative care and the removal of the splint or

stabilization, by the same provider.

**PROCEDURE D7280
SURGICAL ACCESS OF AN
UNERUPTED TOOTH**

1. Requires a tooth code.
2. Not a benefit:
 - a. for patients age 19 or older.
 - b. for 3rd molars.

**PROCEDURE D7283
PLACEMENT OF
DEVICE TO
FACILITATE
ERUPTION OF
IMPACTED TOOTH**

1. A benefit only for patients in active orthodontic treatment.
2. Not a benefit:
 - a. for patients age 19 years or older.
 - b. for 3rd molars unless the 3rd molar occupies the 1st or 2nd molar position.

**PROCEDURE D7285
BIOPSY OF ORAL TISSUE -
HARD (BONE, TOOTH)**

1. A benefit:
 - a. for the removal of the specimen only.
 - b. once per arch, per date of service regardless of the areas involved.
2. Not a benefit with an apicoectomy/periradi-
cular surgery (D3410-
D3426), an extraction
(D7111-D7250) and an
excision of any soft
tissues or
intraosseous lesions
(D7410-D7461) in the
same area or region

on the same date of service.

**PROCEDURE D7286
BIOPSY OF ORAL TISSUE -
SOFT**

1. A benefit:
 - a. for the removal of the specimen only.
 - b. up to a maximum of three per date of service.
2. Not a benefit with an apicoectomy/periradi-
cular surgery (D3410-
D3426), an extraction
(D7111-D7250) and an
excision of any soft
tissues or
intraosseous lesions
(D7410-D7461) in the
same area or region
on the same date of
service.

**PROCEDURE D7290
SURGICAL REPOSITIONING
OF TEETH**

1. Requires an arch code.
2. A benefit:
 - a. for permanent teeth only.
 - b. once per arch.
 - c. only for patients in active orthodontic treatment.
3. Not a benefit:
 - a. for patients age 19 years or older.
 - b. for 3rd molars unless the 3rd molar occupies the 1st or 2nd molar position.

**PROCEDURE D7291
TRANSSEPTAL**

**FIBEROTOMY/ SUPRA CRESTAL
FIBEROTOMY, BY REPORT**

1. A benefit:
 - a. once per arch.
 - b. only for patients in active orthodontic treatment.
2. Not a benefit for patients age 19 or older.

**PROCEDURE D7310
ALVEOLOPLASTY IN
CONJUNCTION WITH
EXTRACTIONS - FOUR OR MORE
TEETH OR TOOTH SPACES, PER
QUADRANT**

1. A benefit on the same date of service with two or more extractions (D7140-D7250) in the same quadrant.
2. Not a benefit when only one tooth is extracted in the same quadrant on the same date of service.

**PROCEDURE D7311
ALVEOLOPLASTY IN
CONJUNCTION WITH
EXTRACTIONS - ONE TO THREE
TEETH OR TOOTH SPACES, PER
QUADRANT**

This procedure can only in conjunction with extractions-
four or more teeth or tooth
spaces, per quadrant (D7310).

**PROCEDURE D7320
ALVEOLOPLASTY NOT IN
CONJUNCTION WITH
EXTRACTIONS - FOUR OR MORE
TEETH OR TOOTH SPACES, PER
QUADRANT**

1. A benefit regardless of the number of teeth or tooth spaces.
2. Not a benefit within six months following extractions (D7140-D7250) in the same quadrant, for the same provider.

**PROCEDURE D7321
ALVEOLOPLASTY NOT IN**

**CONJUNCTION WITH
EXTRACTIONS - ONE TO
THREE TEETH OR TOOTH
SPACES, PER QUADRANT**

This procedure can only be billed as alveoloplasty not in conjunction with extractions- four or more teeth or tooth spaces, per quadrant (D7320).

**PROCEDURE D7340
VESTIBULOPLASTY-RIDGE
EXTENSION
(SECONDARY
EPITHELIALIZATION)**

1. A benefit once in a five year period per arch.
2. Not a benefit:
 - a. on the same date of service with a vestibuloplasty - ridge extension (D7350) same arch.
 - b. on the same date of service with extractions (D7111-D7250) same arch.

**PROCEDURE D7350
VESTIBULOPLASTY -
RIDGE EXTENSION
(INCLUDING SOFT
TISSUE GRAFTS,
MUSCLE
REATTACHMENT,
REVISION OF SOFT
TISSUE ATTACHMENT
AND MANAGEMENT OF
HYPERTROPHIED AND
HYPERPLASTIC TISSUE)**

1. A benefit once per arch.
2. Not a benefit:
 - a. on the same date of service with a vestibuloplasty - ridge extension (D7340) same arch.
 - b. on the same date of

service with extractions (D7111-D7250) same arch.

**PROCEDURE D7410
EXCISION OF BENIGN
LESION UP TO 1.25 CM**

A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7411
EXCISION OF BENIGN LESION
GREATER THAN 1.25 CM**

1. A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7412
EXCISION OF BENIGN
LESION, COMPLICATED**

1. A pathology report from a certified pathology laboratory is required.
2. A benefit when there is extensive undermining with advancement or rotational flap closure.

**PROCEDURE D7413
EXCISION OF MALIGNANT
LESION UP TO 1.25 CM**

1. A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7414
EXCISION OF MALIGNANT
LESION GREATER THAN 1.25
CM**

1. A pathology report from a certified pathology laboratory is required.
2. **PROCEDURE D7415
EXCISION OF
MALIGNANT LESION,
COMPLICATED**
 1. A pathology report from a certified

pathology laboratory is required.

2. A benefit when there is extensive undermining with advancement or rotational flap closure.

**PROCEDURE D7440
EXCISION OF MALIGNANT TUMOR -
LESION DIAMETER UP TO 1.25 CM**

A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7441
EXCISION OF MALIGNANT TUMOR
- LESION DIAMETER GREATER
THAN 1.25 CM**

A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7450
REMOVAL OF BENIGN
ODONTOGENIC CYST OR TUMOR -
LESION DIAMETER UP TO 1.25 CM**

A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7451
REMOVAL OF BENIGN
ODONTOGENIC CYST OR TUMOR
- LESION DIAMETER GREATER
THAN 1.25 CM**

A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7460
REMOVAL OF BENIGN
NONODONTOGENIC CYST OR
TUMOR - LESION DIAMETER UP TO
1.25 CM**

A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7461
REMOVAL OF BENIGN
NONODONTOGENIC CYST OR
TUMOR - LESION DIAMETER
GREATER THAN 1.25 CM**

A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7465
DESTRUCTION OF
LESION(S) BY PHYSICAL OR
CHEMICAL METHOD, BY
REPORT**

**PROCEDURE D7471
REMOVAL OF LATERAL
EXOSTOSIS (MAXILLA OR
MANDIBLE)**

A benefit:

- a. once per quadrant.
- b. for the removal of buccal or facial exostosis only.

**PROCEDURE D7472
REMOVAL OF TORUS
PALATINUS**

A benefit once in the patient's lifetime.

**PROCEDURE D7473
REMOVAL OF TORUS
MANDIBULARIS**

A benefit once per quadrant.

**PROCEDURE D7485
SURGICAL
REDUCTION OF
OSSEOUS
TUBEROSITY**

A benefit once per quadrant.

**PROCEDURE D7490
RADICAL RESECTION OF
MAXILLA OR MANDIBLE**

**PROCEDURE D7510
INCISION AND DRAINAGE
OF ABSCESS -
INTRAORAL SOFT TISSUE**

1. A benefit once per quadrant, same date of service.
2. Not a benefit when

any other definitive treatment is performed in the same quadrant on the same date of service, except necessary radiographs and/or photographs.

This procedure includes the incision, placement and removal of a surgical draining device.

**PROCEDURE D7511
INCISION AND DRAINAGE
OF ABSCESS -
INTRAORAL SOFT
TISSUE- COMPLICATED
(INCLUDES DRAINAGE OF
MULTIPLE FASCIAL
SPACES)**

1. A benefit once per quadrant, same date of service.
2. Not a benefit when any other definitive treatment is performed in the same quadrant on the same date of service, except necessary radiographs and/or photographs.
3. This procedure includes the incision, placement and removal of a surgical draining device.

**PROCEDURE D7520
INCISION AND DRAINAGE
OF ABSCESS -
EXTRAORAL SOFT TISSUE**

This procedure includes the incision, placement and removal of a surgical draining device.

**PROCEDURE D7521
INCISION AND DRAINAGE
OF ABSCESS -
EXTRAORAL SOFT
TISSUE- COMPLICATED
(INCLUDES DRAINAGE OF**

MULTIPLE FASCIAL SPACES)

This procedure includes the incision, placement and removal of a surgical draining device.

**PROCEDURE D7530
REMOVAL OF FOREIGN BODY
FROM MUCOSA, SKIN, OR
SUBCUTANEOUS ALVEOLAR
TISSUE**

1. A benefit once per date of service.
2. Not a benefit when associated with the removal of a tumor, cyst (D7440- D7461) or tooth (D7111- D7250).

**PROCEDURE D7540
REMOVAL OF REACTION
PRODUCING FOREIGN BODIES,
MUSCULOSKELETAL SYSTEM**

1. A benefit once per date of service.
2. Not a benefit when associated with the removal of a tumor, cyst (D7440- D7461) or tooth (D7111- D7250).

**PROCEDURE D7550
PARTIAL OSTECTOMY/
SEQUESTRECTOMY FOR REMOVAL
OF NON-VITAL BONE**

1. A benefit:
 - a. once per quadrant per date of service.
 - b. only for the removal of loose or sloughed off dead bone caused by infection or reduced blood supply.
2. Not a benefit within 30 days of an associated extraction (D7111-D7250).

**PROCEDURE D7560 MAXILLARY
SINUSOTOMY FOR REMOVAL OF
TOOTH FRAGMENT OR FOREIGN
BODY**

Not a benefit when a tooth fragment or foreign body is retrieved from the tooth

socket.

PROCEDURE D7610

**MAXILLA - OPEN REDUCTION
(TEETH IMMOBILIZED, IF
PRESENT)**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit when necessary for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7620
MAXILLA - CLOSED
REDUCTION (TEETH
IMMOBILIZED, IF PRESENT)**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
1. Anesthesia procedure (D9248) is a separate benefit when necessary for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7630
MANDIBLE - OPEN
REDUCTION (TEETH
IMMOBILIZED, IF
PRESENT)**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7640
MANDIBLE - CLOSED
REDUCTION (TEETH
IMMOBILIZED, IF
PRESENT)**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7650
MALAR AND/OR
ZYGOMATIC ARCH -
OPEN REDUCTION**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7660
MALAR AND/OR
ZYGOMATIC ARCH -
CLOSED REDUCTION**

This procedure includes the placement and removal of wires, bands, splints and arch bars.

Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7670
ALVEOLUS - CLOSED
REDUCTION, MAY INCLUDE
STABILIZATION OF TEETH**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7671
ALVEOLUS - OPEN
REDUCTION, MAY INCLUDE
STABILIZATION OF TEETH**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7680
FACIAL BONES - COMPLICATED
REDUCTION WITH FIXATION
AND MULTIPLE SURGICAL
APPROACHES**

1. A benefit for the treatment of simple fractures.
2. This procedure includes the placement and removal of wires, bands, splints and arch bars.
3. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7710
MAXILLA - OPEN REDUCTION**

1. This procedure includes the placement and removal of wires, bands, splints and arch

bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7720
MAXILLA - CLOSED
REDUCTION**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7730
MANDIBLE - OPEN
REDUCTION**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7740
MANDIBLE - CLOSED
REDUCTION**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of

wires, bands, splints or arch bars.

**PROCEDURE D7750
MALAR AND/OR
ZYGOMATIC ARCH -
OPEN REDUCTION**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7760
MALAR AND/OR
ZYGOMATIC ARCH -
CLOSED REDUCTION**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7770
ALVEOLUS - OPEN
REDUCTION
STABILIZATION OF TEETH**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate

benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7771
ALVEOLUS - CLOSED
REDUCTION STABILIZATION OF
TEETH**

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.
2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7780
FACIAL BONES - COMPLICATED
REDUCTION WITH FIXATION
AND MULTIPLE SURGICAL
APPROACHES**

1. A benefit for the treatment of compound fractures.
2. This procedure includes the placement and removal of wires, bands, splints and arch bars.
3. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7810
OPEN REDUCTION OF
DISLOCATION**

**PROCEDURE D7820 CLOSED
REDUCTION OF DISLOCATION**

**PROCEDURE D7830
MANIPULATION UNDER
ANESTHESIA**

Anesthesia procedure (D9248) is a separate benefit, when necessary.

PROCEDURE D7840
CONDYLECTOMY

PROCEDURE D7850
SURGICAL DISCECTOMY,
WITH/ WITHOUT IMPLANT

PROCEDURE D7852
DISC REPAIR

PROCEDURE D7854
SYNOVECTOMY

PROCEDURE D7856
MYOTOMY

PROCEDURE D7858
JOINT RECONSTRUCTION

PROCEDURE D7860
ARTHROTOMY

PROCEDURE D7865
ARTHROPLASTY

PROCEDURE D7870
ARTHROCENTESIS

PROCEDURE D7871
NON-ARTHROSCOPIC
LYSIS AND LAVAGE

This procedure is included in the fee for other procedures and is not payable separately.

PROCEDURE D7872
ARTHROSCOPY -
DIAGNOSIS, WITH OR
WITHOUT BIOPSY

PROCEDURE D7873
ARTHROSCOPY - SURGICAL:
LAVAGE AND LYSIS OF
ADHESIONS

PROCEDURE D7874
ARTHROSCOPY - SURGICAL:
DISC REPOSITIONING AND
STABILIZATION

PROCEDURE D7875
ARTHROSCOPY -
SURGICAL: SYNOVECTOMY

PROCEDURE D7876
ARTHROSCOPY -
SURGICAL: DISCECTOMY

PROCEDURE D7877
ARTHROSCOPY -
SURGICAL:
DEBRIDEMENT

PROCEDURE D7880
OCCLUSAL ORTHOTIC
DEVICE, BY REPORT

1. A benefit for diagnosed TMJ dysfunction.
2. Not a benefit for the treatment of bruxism.

PROCEDURE D7881
OCCLUSAL ORTHOTIC
DEVICE ADJUSTMENT

PROCEDURE D7899
UNSPECIFIED TMD
THERAPY, BY REPORT

Not a benefit for procedures such as acupuncture, acupressure, biofeedback and hypnosis.

PROCEDURE D7910
SUTURE OF RECENT SMALL
WOUNDS UP TO 5 CM

Not a benefit for the closure of surgical incisions.

PROCEDURE D7911
COMPLICATED SUTURE - UP
TO 5 CM

Not a benefit for the closure of surgical incisions.

PROCEDURE D7912
COMPLICATED SUTURE -
GREATER THAN 5 CM

Not a benefit for the closure of surgical

incisions.

PROCEDURE D7920
SKIN GRAFT (IDENTIFY DEFECT
COVERED, LOCATION AND TYPE OF
GRAFT)

Not a benefit for periodontal grafting.

PROCEDURE D7940
OSTEOPLASTY - FOR
ORTHOGNATHIC DEFORMITIES

PROCEDURE D7941
OSTEOTOMY - MANDIBULAR RAMI
PROCEDURE D7943 OSTEOTOMY -
MANDIBULAR RAMI WITH BONE
GRAFT; INCLUDES OBTAINING THE
GRAFT

PROCEDURE D7944
OSTEOTOMY - SEGMENTED
OR SUBAPICAL

PROCEDURE D7945
OSTEOTOMY - BODY OF MANDIBLE

PROCEDURE D7946
LEFORT I (MAXILLA - TOTAL)

PROCEDURE D7947 LEFORT I
(MAXILLA - SEGMENTED)

PROCEDURE D7948
LEFORT II OR LEFORT III
(OSTEOPLASTY OF FACIAL BONES
FOR MIDFACE HYPOPLASIA OR
RETRUSION) - WITHOUT BONE
GRAFT

PROCEDURE D7949
LEFORT II OR LEFORT III - WITH
BONE GRAFT

PROCEDURE D7950 OSSEOUS,
OSTEOPERIOSTEAL, OR
CARTILAGE GRAFT OF THE
MANDIBLE OR FACIAL BONES -
AUTOGENOUS OR
NONAUTOGENOUS, BY REPORT

Not a benefit for periodontal

grafting.

PROCEDURE D7951

SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH

A benefit only for patients with authorized implant services.

**PROCEDURE D7952
SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTE VIA A VERTICAL APPROACH**

A benefit only for patients with authorized implant services.

**PROCEDURE D7955
REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT**

Not a benefit for periodontal grafting.

**PROCEDURE D7960
FRENULECTOMY ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IDENTICAL TO ANOTHER**

A benefit

- a. once per arch per date of service
- b. only when the permanent incisors and cuspids have erupted.

**PROCEDURE D7963
FRENULOPLASTY**

A benefit

- a. once per arch per date of service.
only when the permanent incisors and cuspids have erupted.

**PROCEDURE D7970
EXCISION OF HYPERPLASTIC TISSUE - PER ARCH**

1. A benefit once per arch per date of service.
2. Not a benefit for drug induced hyperplasia or where removal of tissue requires extensive gingival recontouring.
3. This procedure is included in the fees for other surgical procedures that are performed in the same area on the same date of service.

**PROCEDURE D7971
EXCISION OF PERICORONAL GINGIVA**

This procedure is included in the fee for other associated procedures that are performed on the same tooth on the same date of service.

**PROCEDURE D7972
SURGICAL REDUCTION OF FIBROUS TUBEROSITY**

1. A benefit once per quadrant per date of service.
2. This procedure is included in the fees for other surgical procedures that are performed in the same quadrant on the same date of service.

**PROCEDURE D7980
SIALOLITHOTOMY**

**PROCEDURE D7981
EXCISION OF SALIVARY GLAND, BY REPORT**

**PROCEDURE D7982
SIALODOCHOPLASTY**

**PROCEDURE D7983
CLOSURE OF SALIVARY FISTULA**

**PROCEDURE D7990
EMERGENCY TRACHEOTOMY**

**PROCEDURE D7991
CORONOIDECTOMY**

**PROCEDURE D7995
SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT**

Not a benefit for periodontal grafting.

**PROCEDURE D7997
APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCH BAR**

1. A benefit:
 - a. once per arch per date of service.
 - b. for the removal of appliances related to surgical procedures only.
2. Not a benefit for the removal of orthodontic appliances and space maintainers.

**PROCEDURE D7999
UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT**

Procedure D7999 shall be used:

- a. for a procedure which is not adequately described by a CDT code, or
- b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.

Orthodontic General Policies (D8000-D8999)

1. Orthodontic Procedures (D8080, D8660, D8670 and D8680)
 - a. Orthodontic procedures shall only be performed by dentists who qualify as orthodontists under the California Code of Regulations, Title 22, Section 51223(c).
 - b. Orthodontic procedures are benefits for medically necessary handicapping malocclusion, cleft palate and facial growth management cases for patients under the age of 19 and shall be prior authorized.
 - c. Only those cases with permanent dentition shall be considered for medically necessary handicapping malocclusion, unless the patient is age 13 or older with primary teeth remaining. Cleft palate and craniofacial anomaly cases are a benefit for primary, mixed and permanent dentitions. Craniofacial anomalies are treated using facial growth management.
 - d. All necessary procedures that may affect orthodontic treatment shall be completed before orthodontic treatment is considered.
 - e. Orthodontic procedures are a benefit only when the diagnostic casts verify a minimum score of 26 points on the Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09) or one of the six automatic qualifying conditions below exist or when there is written documentation of a craniofacial anomaly from a credentialed specialist on their professional letterhead.
 - f. The automatic qualifying conditions are:
 - i) cleft palate deformity. If the cleft palate is not visible on the diagnostic casts written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request,
 - ii) craniofacial anomaly. Written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request,
 - iii) a deep impinging overbite in which the lower incisors are destroying the soft tissue of the palate,
 - iv) a crossbite of individual anterior teeth causing destruction of soft tissue,
 - v) an overjet greater than 9 mm or reverse overjet greater than 3.5 mm,
 - vi) a severe traumatic deviation (such as loss of a premaxilla segment by burns, accident or osteomyelitis or other gross pathology). Written documentation of the trauma or pathology shall be submitted with the prior authorization request.
 - g. When a patient transfers from one orthodontist to another orthodontist, prior authorization shall be submitted:
 - i) when the patient has already qualified and has been receiving treatment, the balance of the originally authorized treatment shall be authorized to the new orthodontist to complete the case. Diagnostic casts, Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09), and photographs are not required for a transfer case that has already been approved, or
 - ii) when a patient has been receiving orthodontic treatment that has not been previously approved, pre-treatment diagnostic casts and current photographs are required. If pre-treatment diagnostic casts are not available then current diagnostic casts shall be submitted. Prior authorization for the balance of the orthodontic treatment shall be allowed or denied based on plan's evaluation of the diagnostic casts and photographs.

- h. When additional periodic orthodontic treatment visit(s) (D8670) are necessary beyond the maximum allowed to complete the case, prior authorization is required. Current photographs are required to justify the medical necessity.
- i. If the patient's orthodontic treatment extends beyond the month of their 19th birthday or they become ineligible during treatment, then it is the patient's responsibility to pay for their continued treatment.
- j. If the patient's orthodontic treatment is interrupted and orthodontic bands are prematurely removed, then the patient no longer qualifies for continued orthodontic treatment.
- k. If the patient's orthodontic bands have to be temporarily removed and then replaced due to a medical necessity, a claim for comprehensive orthodontic treatment of the adolescent dentition (D8080) for rebanding shall be submitted along with a letter from the treating physician or radiologist, on their professional letterhead, stating the reason why the bands needed to be temporarily removed.

Orthodontic Procedures (D8000-D8999)

PROCEDURE D8080 COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION

1. Prior authorization is required. The following shall be submitted together for prior authorization:
 - a. comprehensive orthodontic treatment of the adolescent dentition (D8080), and
 - b. periodic orthodontic treatment visit(s) (D8670), and
 - c. orthodontic retention (D8680), and
 - d. the diagnostic casts (D0470), and
 - e. a completed Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09).
2. No treatment will be authorized after the month of the patient's 19th birthday.
3. Written documentation for prior authorization for cleft palate and facial growth management cases shall be submitted:
 - a. cleft palate cases require documentation from a credentialed specialist, on their professional letterhead, if the cleft palate is not visible on the diagnostic casts, or facial growth

management cases require documentation from a credentialed specialist, on their professional letterhead, of the craniofacial anomaly.

4. A benefit:
 - a. for handicapping malocclusion, cleft palate and facial growth management cases.
 - b. for patients under the age of 19.
 - c. for permanent dentition (unless the patient is age 13 or older with primary teeth still present or has a cleft palate or craniofacial anomaly).
 - d. once per patient per phase of treatment.
5. All appliances (such as bands, arch wires, headgear and palatal expanders) are included in the fee for this procedure. No additional charge to the patient is permitted.
6. This procedure includes the replacement, repair

and removal of brackets, bands and arch wires by the original provider.

PROCEDURE D8210 REMOVABLE APPLIANCE THERAPY

1. Prior authorization is required.
2. Radiographs for prior authorization -submit current periapical radiographs of the maxillary anterior teeth.
3. Written documentation for prior authorization -shall justify the medical necessity for the appliance and the presence of a harmful oral habit such as thumb sucking and/or tongue thrusting.
4. A benefit:
 - a. for patients ages 6 through 12.
 - b. once per patient.
5. Not a benefit:
 - a. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.
 - b. for space maintainers in the upper or lower anterior region.
6. This procedure includes all adjustments to the appliance.

PROCEDURE D8220 FIXED APPLIANCE THERAPY

1. Prior authorization is required.
2. Radiographs for prior authorization -submit current periapical radiographs of the maxillary anterior teeth.
3. Written documentation for

prior authorization -shall justify the medical necessity for the appliance and the presence of a

harmful oral habit such as thumb sucking and/or tongue thrusting.

4. A benefit:
 - a. for patients ages 6 through 12.
 - b. once per patient.
5. Not a benefit:
 - a. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.
 - b. for space maintainers in the upper or lower anterior region.
6. This procedure includes all adjustments to the appliance.

**PROCEDURE D8660
PRE-ORTHODONTIC
TREATMENT VISIT**

1. This procedure is for the observation of the patient's oral and/or facial growth for craniofacial anomalies prior to starting orthodontic treatment for facial growth management cases.
2. Prior authorization is required. The following shall be submitted together for authorization:
 - a. comprehensive orthodontic treatment of the adolescent dentition (D8080), and
 - b. pre-orthodontic treatment visit(s) (D8660) indicating the quantity of treatment visits required up to a maximum of six during the patient's lifetime, and
 - c. periodic orthodontic

treatment visit(s) (D8670), and
orthodontic retention (D8680), and

- d. a completed Handicapping Labio- Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09).
3. Written documentation for prior authorization- shall include a letter from a credentialed specialist, on their professional letterhead, confirming a craniofacial anomaly.
4. A benefit:
 - a. prior to comprehensive orthodontic treatment of the adolescent dentition (D8080) for the initial treatment phase for facial growth management cases regardless of how many dentition phases are required.
 - b. once every three months.
 - c. for patients under the age of 19.
 - d. for a maximum of six.

**PROCEDURE D8670
PERIODIC
ORTHODONTIC
TREATMENT VISIT (AS
PART OF CONTRACT)**

1. Prior authorization is required. Refer to Orthodontic General Policies for specific authorization

requirements.

2. The start of payments for this procedure shall be the next calendar month following the date of service for comprehensive orthodontic treatment of the adolescent dentition (D8080).
3. A benefit:
 - a. for patients under the age of 19.
 - b. for permanent dentition (unless the patient is age 13 or older with primary teeth still present or has a cleft palate or craniofacial anomaly).
 - c. once per calendar quarter.
4. The maximum quantity of monthly treatment visits for the following phases are:
 - a. Malocclusion- up to a maximum of 8 quarterly visits. (4 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity), or
 - b. Cleft Palate:
 - i) Primary dentition - up to a maximum of 4 quarterly visits. (2 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
 - ii) Mixed dentition - up to a maximum of 5 quarterly visits. (3 additional quarterly visits shall be authorized when documentation and photographs justify the

medical necessity).	justify the medical necessity).	than the authorized number of periodic orthodontic treatment visit(s) (D8670) are necessary because the active phase of treatment has been completed early, then this shall be documented on the claim for orthodontic retention (D8680).
<ul style="list-style-type: none"> iii) Permanent dentition- up to a maximum of 10 quarterly visits. (5 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity), or 	<p>PROCEDURE D8680 ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))</p> <ul style="list-style-type: none"> 1. Prior authorization is required. Refer to Orthodontic General Policies for specific authorization requirements. 2. This procedure shall be paid only following the completion of periodic orthodontic treatment visit(s) (D8670) which is considered to be the active phase of orthodontic treatment. 3. Requires an arch code. 4. A benefit: <ul style="list-style-type: none"> a. for patients under the age of 19. b. for permanent dentition (unless the patient is age 13 or older with primary teeth still present or has a cleft palate or craniofacial anomaly). c. once per arch for each authorized phase of orthodontic treatment. 5. Not a benefit until the active phase of orthodontic treatment (D8670) is completed. If fewer 	<ul style="list-style-type: none"> 6. The removal of appliances, construction and placement of retainers, all observations and necessary adjustments are included in the fee for this procedure.
<ul style="list-style-type: none"> c. Facial Growth Management: <ul style="list-style-type: none"> i) Primary dentition- up to a maximum of 4 quarterly visits. (2 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity). ii) Mixed dentition- up to a maximum of 5 quarterly visits. (3 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity). iii) Permanent dentition- up to a maximum of 8 quarterly visits. (4 additional quarterly visits shall be authorized when documentation and photographs 		<p>PROCEDURE D8681 REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT</p> <p>PROCEDURE D8691 REPAIR OF ORTHODONTIC APPLIANCE</p> <ul style="list-style-type: none"> 1. This procedure does not require prior authorization. 2. Written documentation for payment - indicate the type of orthodontic appliance and a description of the repair. 3. Requires an arch code. 4. A benefit: <ul style="list-style-type: none"> a. for patients under the age of 19. b. once per appliance. 5. Not a benefit to the original provider for the replacement and/or repair of brackets, bands, or arch wires.
		<p>PROCEDURE D8692 REPLACEMENT OF LOST OR BROKEN RETAINER</p> <ul style="list-style-type: none"> 1. This procedure does not require prior authorization. 2. Written documentation for payment - indicate how the retainer was lost or why it is no longer serviceable. 3. Requires an arch code. 4. A benefit:

- a. for patients under the age of 19.
- b. once per arch.
- c. only within 24 months following the date of service of orthodontic retention (D8680).

- 5. This procedure is only payable when orthodontic retention (D8680) has been previously paid by the program.

**PROCEDURE D8693
REBONDING OR RECEMENTING:
AND/OR REPAIR, AS REQUIRED,
OF FIXED RETAINERS**

- 1. This procedure does not require prior authorization.
- 2. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment.
- 3. Requires an arch code.
- 4. A benefit:
 - a. for patients under the age of 19.
 - b. once per provider.
- 5. Additional requests beyond the stated frequency limitations shall be

considered for payment when the medical necessity is documented and identifies an unusual condition (such as displacement due to a sticky food item).

PROCEDURE D8694

**REPAIR OF FIXED
RETAINERS, INCLUDING
REATTACHMENT**

**PROCEDURE D8999
UNSPECIFIED ORTHODONTIC
PROCEDURE, BY REPORT**

- 1. Prior authorization is required for non-emergency procedures.
- 2. Radiographs for prior authorization - submit radiographs if applicable for the type of procedure.
- 3. Photographs for prior authorization - submit photographs if applicable for the type of procedure.
- 4. Written documentation for prior authorization or payment - describe the

specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed or actual treatment.

- 5. A benefit for patients under the age of 19.
- 6. Not a benefit to the original provider for the adjustment, repair, replacement or removal of brackets, bands or arch wires.
- 7. Procedure D8999 shall be used:
 - a. for a procedure which is not adequately described by a CDT code, or
 - b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.

Adjunctive General Policies (D9000-D9999)

Anesthesia (D9210-D9248)

- a) General anesthesia (D9222, D9223) is defined as a controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including the loss of the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method or combination thereof.
- b) Intravenous sedation/analgesia (D9239, D9243) is a medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes intravenous (IV) administration of sedative and/or analgesic agent(s) and appropriate monitoring.
- c) Non-intravenous conscious sedation (D9239, D9248) is a medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes administration of sedative and/or analgesic agent(s) by a route other than IV (oral, patch, intramuscular or subcutaneous) and appropriate monitoring.
- d) Deep sedation/general anesthesia (D9222, D9223) and intravenous conscious sedation/analgesia (D9243) shall be considered for payment when it is documented why local anesthesia is contraindicated. Such contraindications shall include the following:
 - i) a severe mental or physical handicap,
 - ii) extensive surgical procedures,
 - iii) an uncooperative child,
 - iv) an acute infection at an injection site,
 - v) a failure of a local anesthetic to control pain.
- e) The administration of deep sedation/general anesthesia (D9222, D9223), nitrous oxide (D9230), intravenous conscious sedation/analgesia (D9239, D9243) and therapeutic parenteral drug (D9610) is a benefit in conjunction with payable associated procedures.
- f) Only one anesthesia procedure is payable per date of service regardless of the methods of administration or drugs used. When one or more anesthesia procedures are performed only the most profound procedure will be allowed. The following anesthesia procedures are listed in order from most profound to least profound:
 - i) Procedure D9222 and D9221 (Deep Sedation/General Anesthesia),
 - ii) Procedure D9239 and D9243 (Intravenous Conscious Sedation/Analgesia),
 - iii) Procedure D9248 (Non-Intravenous Conscious Sedation),
 - iv) Procedure D9230 (Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis).
- g) Providers who administer general anesthesia (D9222, D9223) and/or intravenous conscious sedation/analgesia (D9239, D9243) shall have valid anesthesia permits with the California Dental Board.
- h) The cost of analgesic and anesthetic agents and supplies are included in the fee for the analgesic/ anesthetic procedure.
- i) Anesthesia time for general anesthesia and intravenous conscious sedation is defined as the period between the beginning of the administration of the anesthetic agent and the time that the anesthetist is no longer in personal attendance.
- J) Sedation is a benefit in conjunction with the surgical removal of wires, bands, splints and arch bars.

Adjunctive Service Procedures (D9000-D9999)

PROCEDURE D9110 PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR

1. A benefit once per date of service per provider regardless of the number of teeth and/or areas treated.
2. 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 and document the emergency condition.

PROCEDURE D9120 FIXED PARTIAL DENTURE SECTIONING

1. Requires a tooth code for the retained tooth.
2. A benefit when at least one of the abutment teeth is to be retained.

PROCEDURE D9210 LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES

A benefit:

- a. once per date of service per provider.
- b. only for use in order to perform a differential diagnosis or as a therapeutic injection to eliminate or control a disease or abnormal state.
2. 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 and document the

emergency condition.

PROCEDURE D9211 REGIONAL BLOCK ANESTHESIA

This procedure is included in the fee for other procedures and is not payable separately.

PROCEDURE D9212 TRIGEMINAL DIVISION BLOCK ANESTHESIA

This procedure is included in the fee for other procedures and is not payable separately.

PROCEDURE D9215 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES

This procedure is included in the fee for other procedures and is not payable separately.

PROCEDURE D9222 Deep sedation/analgesia - first 15 minute

PROCEDURE D9223 Deep sedation/general anesthesia - each 15 minute increment

PROCEDURE D9230 INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA

1. Written documentation for patients age 13 or older- shall indicate the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment.
2. A benefit:
 - a. for uncooperative patients under the age of

13, or

- b. for patients age 13 or older when documentation specifically identifies the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment.

3. Not a benefit:

- a. on the same date of service as deep sedation/general anesthesia (D9223), intravenous conscious sedation/ analgesia (D9241 and D9243) or non-intravenous conscious sedation (D9248).
- b. when all associated procedures on the same date of service by the same provider are denied.

4. PROCEDURE D9239
5. Intravenous moderate (conscious) sedation/general anesthesia first 15 minute
6. PROCEDURE D9243
7. Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment

PROCEDURE D9248 NON-INTRAVENOUS CONSCIOUS SEDATION

1. Written documentation for patients age 13 or older- shall indicate the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment.

2. A benefit:
 - a. for uncooperative patients under the age of 13, or
 - b. for patients age 13 or older when documentation specifically identifies the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment.
 - c. for oral, patch, intramuscular or subcutaneous routes of administration.
 - d. once per date of service.
3. Not a benefit:
 - on the same date of service as deep sedation/general anesthesia (D9221), analgesia, anxiolysis, inhalation of nitrous oxide (D9230) or intravenous conscious sedation/ analgesia (D9241 and D9242).
 - a. when all associated procedures on the same date of service by the same provider are denied.

**PROCEDURE D9310
CONSULTATION - (DIAGNOSTIC
SERVICE PROVIDED BY
DENTIST OR PHYSICIAN
OTHER THAN REQUESTING
DENTIST OR PHYSICIAN**

**PROCEDURE D9311
CONSULTATION WITH A
MEDICAL HEALTH
PROFESSIONAL**

**PROCEDURE D9410
HOUSE/EXTENDED CARE
FACILITY CALL**

- A benefit:
- a. once per patient per date of service.
only in conjunction with procedures that are payable.

**PROCEDURE D9420
HOSPITAL OR AMBULATORY
SURGICAL CENTER CALL**

1. Not a benefit:
 - a. for an assistant surgeon.
 - b. for time spent compiling the patient history, writing reports or for post-operative or follow up visits.

**PROCEDURE D9430
OFFICE VISIT FOR
OBSERVATION (DURING
REGULARLY SCHEDULED
HOURS) - NO OTHER
SERVICES PERFORMED**

- Not a benefit:
- a. when procedures other than necessary radiographs and/or photographs are provided on the same date of service.
 - b. for visits to patients residing in a house/ extended care facility.

**PROCEDURE D9440
OFFICE VISIT - AFTER
REGULARLY SCHEDULED
HOURS**

1. A benefit
 - a. once per date of service per provider.
 - b. only with treatment that is a benefit.
2. This procedure is to compensate providers for travel time back to the

office for emergencies outside of regular office hours.

**PROCEDURE D9610
THERAPEUTIC PARENTERAL
DRUG, SINGLE ADMINISTRATION**

1. A benefit for up to a maximum of four injections per date of service.
2. Not a benefit:
 - a. for the administration of an analgesic or sedative when used in conjunction with deep sedation/general anesthesia (D9223), analgesia, anxiolysis, inhalation of nitrous oxide (D9230), intravenous conscious sedation/ analgesia (D9241 and D9243) or non- intravenous conscious sedation (D9248).
 - b. when all associated procedures on the same date of service by the same provider are denied.

**PROCEDURE D9612
THERAPEUTIC PARENTERAL
DRUG, TWO OR MORE
ADMINISTRATIONS, DIFFERENT
MEDICATIONS**

**PROCEDURE D9910 APPLICATION
OF DESENSITIZING MEDICAMENT**

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

**PROCEDURE D9930
TREATMENT OF
COMPLICATIONS (POST-
SURGICAL) - UNUSUAL
CIRCUMSTANCES, BY
REPORT**

1. A benefit:
 - a. once per date of service per provider.
 - b. for the treatment of a dry socket or excessive bleeding within 30 days of the date of service of an extraction.
 - c. for the removal of bony fragments within 30 days of the date of service of an extraction.
2. Not a benefit:
 - a. for the removal of bony fragments on the same date of service as an extraction.
 - b. for routine post-operative visits.

**PROCEDURE D9950
OCCLUSION ANALYSIS -
MOUNTED CASE**

1. A benefit:
 - a. once in a 12-month period.
 - b. for patients age 13 or

older.

- c. for diagnosed TMJ dysfunction only.
 - d. for permanent dentition.
2. Not a benefit for bruxism only.

**PROCEDURE D9951
PROCEDURE OCCLUSAL
ADJUSTMENT - LIMITED**

1. A benefit:
 - a. once in a 12-month period per quadrant per provider.
 - b. for patients age 13 or older.
 - c. for natural teeth only.
2. Not a benefit within 30 days following definitive restorative, endodontic, removable and fixed prosthodontic treatment in the same or opposing quadrant.

**PROCEDURE D9952
OCCLUSAL ADJUSTMENT -
COMPLETE**

1. A benefit:
 - a. once in a 12-month period following occlusion analysis-

mounted case
(D9950).

- b. for patients age 13 or older.
 - c. for diagnosed TMJ dysfunction only.
 - d. for permanent dentition.
2. Not a benefit in conjunction with an occlusal orthotic device (D7880).

**PROCEDURE D9999
UNSPECIFIED ADJUNCTIVE
PROCEDURE, BY REPORT**

Procedure D9999 shall be used:

- a. for a procedure which is not adequately described by a CDT code, or
- b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity.
Documentation shall include the medical condition and the specific CDT code associated with the treatment.



Endnotes to 2019 Dental Standard Benefit Plan Designs
Pediatric Dental EHB Notes (only applicable to the pediatric portion of the Children's Dental Plan, Family Dental Plan)

- 1) Deductible is waived for Diagnostic and Preventive Services.
- 2) Cost sharing payments made by each individual child for in-network covered services accrue to the child's out-of-pocket maximum. Once the child's individual out of-pocket maximum has been reached, the plan pays all costs for covered services for that child.
- 3) In a plan with two or more children, cost sharing payments made by each individual child for in-network services contribute to the family out-of-pocket maximum.
- 4) In a plan with two or more children, cost sharing payments made by each individual child for out-of-network covered services contribute to the family out-of-network deductible, if applicable, and do not accumulate to the family out-of-pocket maximum.
- 5) Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.
- 6) Member cost share for Medically Necessary Orthodontia services applies to course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.