



The purpose of the Dental Utilization Management Program is to identify and avoid unnecessary dental services and identify alternatives, thus fostering appropriate dental practice patterns, improved care and cost containment.

Professional Review decisions express the utilization management determination of whether certain services are necessary and appropriate. The Professional review staff shall apply the clinical review criteria found in this manual consistently and objectively, however, they shall also take in account individual members needs and circumstances when determining the appropriateness of dental care services.

Professional Review decisions are supported by the explicit clinical review criteria or scripts found in the Professional Review Guidelines and Policies and Procedures manual. The Dental Director shall gather relevant clinical information to support UM decision making. This information reflects changes within the industry and the CDT. It is based on the most current available clinical principles and processes (including clinical outcome studies in the peer-reviewed published medical and dental literature, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors).

As clinical information changes, these review criteria and policies will be revised, at least annually, by the Dental Director.

## Revision History

Revision Number	Date	Comment
1.0	August 2003	Original date
2.0	January 2016	Reviewed Policy
3.0	October 25, 2016	Reviewed Policy
4.0	October 9, 2017	Reviewed and Updated
5.0	April 1, 2018	Updated
6.0	September 5, 2018	Reviewed and Updated
7.0	October 2, 2020	Reviewed



<b>Categories of Service</b>	<b>CDT Codes</b>
Diagnostic Services	D0100-D0999
Preventive Services	D1000-D1999
Restorative Services	D2000-D2999
Endodontic Services	D3000-D3999
Periodontics, Removable	D4000-D4999
Prosthetic Services	D5000-D5899
Maxillofacial Prosthesis	D5900-D5999
Implant Services	D6000-D6199
Prosthetics, fixed	D6200-D6999
Oral and Max. Surgery	D7000-D7900
Orthodontics Services	D8000-D8999
Adjunctive Services	D9000-D9999



## Diagnostic D0100 – D0999

### ORAL EVALUATIONS

**Effective date:** August 2003  
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**Next Scheduled Review:** September 5, 2019

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#### Description

Periodic Oral Evaluation (D0120)

Limited Oral Evaluation – problem focused (D0140)

Oral Evaluation for a patient under three years of age and counseling with primary caregiver (D0145)

Comprehensive Oral Evaluation (D0150)

Detailed and Extensive Oral Evaluation (D0160)

Re-evaluation – limited, problem focused (D0170)

Re-evaluation-post operative office visit (D0171)

Comprehensive periodontal evaluation – new or established patient (D0180)

#### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

#### Administrative Guidelines

D0120 - the number of oral evaluations contractually allowed in the same benefit year limits this benefit

D0140 – no limit

D0145 - the number of oral evaluations contractually allowed in the same benefit year limits this benefit

D0150 - the number of oral evaluations contractually allowed in the same benefit year limits this benefit benefits should be provided for only one initial /comprehensive oral evaluation per provider.

D0160 - benefits are traditionally processed as a comprehensive evaluation (D0150) and subsequent submissions are processed as periodic evaluations (D0120).

D0170 – traditionally not covered.



## Diagnostic D0100 – D0999

D0171- Considered inclusive of the operative procedure.

D0180- The number of oral evaluations contractually allowed in the same benefit year limits this benefit



## Diagnostic D0100 – D0999

### **INTRAORAL X-RAYS: Complete, Periapicals, Bitewings and Cone Beams**

**Effective date:** August 2003  
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#### **Description**

Intraoral, complete series (D0210)

Periapical (D0220 – D0230)

Bitewings (D0270 – D0277)

Cone Beam Images (capture and/or interpretation D0364-D0395)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### **Administrative Guidelines**

Process per contract benefits.

Combine separate charges for periapicals to a complete series code (D0210) when the fee for the individual periapicals equals or exceeds the fee for the complete series. The excess fee will be disallowed.

Routine working and final treatment radiographs taken for endodontic therapy are considered a component of the complete treatment procedure. Separate fees for these films are disallowed.

Cone beam images (capture and/or interpretation) associated with the placement of dental implants – when implants are a covered benefit. Benefits for cone beam images will be considered when associated with completely impacted teeth. Benefits for cone beam images will be considered when associated with difficult endodontic therapy.



Diagnostic D0100 – D0999

## CEPHALOMETRIC AND PANORAMIC RADIOGRAPHS

**Effective date:** August 2003  
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### Description

Cephalometric film (D0340)

Panoramic Film (D0330)

### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

### Administrative Guidelines

Process to contract benefits

Cephalometric radiographs are covered under the orthodontic benefit

Panoramic films:

- If billed by a general dentist, process under the diagnostic benefit
- If billed by an orthodontist, process under the orthodontia benefit



Diagnostic D0100 – D0999

## **PULP VITALITY TESTS**

**Effective date:** August 2003  
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### **Description**

Pulp vitality tests (D0460)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits

Multiple pulp tests during the same visit should be combined and allowed as a single pulp vitality test.



## Diagnostic D0100 – D0999

### **DIAGNOSTIC CASTS**

**Effective date:** August 2003  
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#### **Description**

Diagnostic Casts (D0470)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### **Administrative Guidelines**

Process to contract benefits

If procedure is for orthodontia, process to orthodontia benefits.

Study models are traditionally not in benefit, but will consider when documentation supports models were necessary for extensive treatment plans.





## **DENTAL PROPHYLAXIS: ADULT AND CHILD**

**Effective date:** August 2003  
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### **Description**

Prophylaxis – adult (D1110)  
Prophylaxis – child (D1120)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits

If the dentist reports two routine prophylaxis on the same claim and indicates the treatment required more than one visit to complete, process each routine prophylaxis separately. Additional charges for difficult or prolonged periods of time are not covered.

A fee for a prophylaxis performed on the same date as periodontal maintenance or scaling & root planing is considered part of those procedures and is disallowed.



## Preventive D1000 – D1999

### SEALANTS

**Effective date:** August 2003  
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### Description

Sealant (D1351)  
Preventive resin restoration in a moderate to high caries risk patient (D1352)  
Sealant repair-per tooth (D1353)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### Administrative Guidelines

Process to contract benefits

Repair or replacement of a sealant within 12 months of initial placement is included in the fee of the initial placement and disallowed.

The teeth must be free from caries or restorations on the occlusal surface. Sealants are denied when claim history indicates an existing restoration on the occlusal surface of the same tooth.

A separate fee for a sealant performed on the same date of service and on the same surface as a restoration is considered a component of the restoration and is disallowed.



## Restorative D2000 – D2999

### **RESTORATIONS**

**Effective date:** August 2003  
**Last Reviewed:** September 5, 2018  
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### **Description**

Direct resin restorations (D2330 - D2335; D2390 – D2394)  
Amalgam restorations (D2140 – D2161)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits

Procedure includes repairs, remakes or replacements for 12 months

The fee for a restoration includes services such as, but not limited to: light curing, acid-etching and adhesives, liners, bases, indirect pulp caps, local anesthesia, polishing, occlusal adjustment, caries removal and gingivectomy performed on the same date as the restoration. A separate fee for any of these procedures is disallowed.



## Restorative D2000 – D2999

### INLAY - Metal, Porcelain and Resin

**Effective date:** August 2003  
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### Description

Inlay (D2510 – D2530; D2610 – D2630; D2650 – D2652)

### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

### Administrative Guidelines

Process to contract benefits

Process to alternate benefit procedure.

Cast restorations include all models, temporaries and associated procedures.



## Restorative D2000 – D2999

### **ONLAY – Metal, Porcelain and Resin**

**Effective date:** August 2003  
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### **Description**

Onlay (D2542 – D2544; D2642 – D2644; D2662 – D2664)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

1. Process to contract benefits
2. Process to alternate benefit procedure.
3. Requires the overlay of a cusp and minimum one interproximal surface – allow the onlay
4. The area requiring restorative care is too extensive to be adequately protected and supported by an amalgam or resin restoration – allow the onlay.
5. No cuspal involvement – alternate benefit procedure applies.
6. Onlays are only benefited when the tooth would also qualify for a crown based on the degree of breakdown due to decay or fracture.



## Restorative D2000 – D2999

### **CROWN RESTORATION**

**Effective date:** August 2003  
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#### **Description**

Crown (D2710 – D2794)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### **Administrative Guidelines**

1. Process to contract benefits
2. Process to alternate benefit procedure.
3. Existing evidence of decay (x-ray verifiable or narrative) and cannot be restored by an amalgam or resin restoration.
4. Existing restoration with evidence of a fractured cusp(s) or decay (x-ray verifiable or narrative) and cannot be restored by an amalgam or resin restoration
5. Existing root canal therapy
6. Replacement crowns exceeding time limitations with evidence of decay (x-ray verifiable or narrative)
7. Tooth preparation, temporary restorations, cement bases, impressions, study models and diagnostic wax ups, occlusal adjustments, gingivectomies (on same date of service), and local anesthesia are to be considered in the fee for the crown restoration.

Crowns placed due to craze lines without symptoms or displacement of tooth structure are not a covered benefit.



## Restorative D2000 – D2999

### Protective Restoration

**Effective date:** August 2003  
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### Description

Protective Restoration (D2940)  
Interim Therapeutic Restoration-primary dentition (D2941)

### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

### Administrative Guidelines

Temporary restorations are a benefit on an emergency basis

Procedure in conjunction with root canal therapy or as a base or liner under a restoration is not a benefit

Process to contract benefits



## Restorative D2000 – D2999

### **BUILDUPS**

**Effective date:** August 2003  
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### **Description**

Core buildup (D2950)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

If there is sufficient tooth structure for retention of a crown (2/3 tooth material), a build-up is not covered.

The filling in of undercuts and voids or the elimination of casting bulk is considered part of the crown preparation procedure.

If submitted same tooth as a veneer, inlay, onlay or ¾ crown, a build-up is not covered.

Procedure code D2950 is inclusive of cast post & cores and prefabricated post & cores and not reimbursable for the same date of service.

Not intended to be used if crown is not to be considered for a final restoration.





## Restorative D2000 – D2999

### **LABIAL VENEERS**

**Effective date:** August 2003  
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### **Description**

Labial Veneer – chairside (D2960)  
Labial Veneer – laboratory (D2961)  
Labial Veneer – laboratory (D2962)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

1. Process to contract benefits
2. Process to alternate benefit procedure.
3. Existing evidence of decay (x-ray verifiable or narrative) and cannot be restored by a direct restoration.
4. Existing restoration with evidence of a fractured incisal edge or decay (x-ray verifiable or narrative) and cannot be restored by a direct restoration.
5. Existing root canal therapy
6. Replacement veneer exceeding time limitations with evidence of decay (x-ray verifiable or narrative)
7. Tooth preparation, temporary restorations, cement bases, impressions, study models and diagnostic wax ups, occlusal adjustments, gingivectomies (on same date of service), and local anesthesia are to be considered in the fee for the veneer restoration.

Veneers placed due to craze lines without symptoms or displacement of tooth structure are not a covered benefit.



## Restorative D2000 – D2999

### Provisional Crown

**Effective date:** August 2003  
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### Description

D2799- Provisional Crown-further treatment or completion of diagnosis necessary prior to final impression

### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

### Administrative Guidelines

Temporary or provisional crowns over fractured teeth may be considered a benefit when fitted over a damaged tooth as an immediate protective device and treatment is palliative in nature.

Not to be used as a temporary crown for a routine prosthetic restoration.

## Endodontics D3000 – D3999



## **PULP CAPPING**

**Effective date:** August 2003  
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### **Description**

Direct Pulp Cap (D3110)  
Indirect Pulp Cap (D3120)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits.

Direct pulp cap (D3110) – allow at the same time as the placement of the restoration.

Indirect pulp cap (D3120)- not eligible for benefits when billed on the same date of service as a permanent restorative procedure on the same tooth.



## ENDODONTIC THERAPY

**Effective date:** August 2003  
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### Description

Endodontic Therapy (D32030 – D3330)  
Endodontic retreatment (D3346 – D3348)  
Therapeutic pulpotomy (D3220)  
Gross Pulpal Debridement (D3221)  
Canal preparation (D3950)

### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

### Administrative Guidelines

Process to contract benefits.

Requests for additional benefits based on difficulty of the endodontic therapy or for additional canals will not be considered.

Canal preparation and fitting of preformed dowel or post is included in the placement of the cast or prefabricated post & core. No additional reimbursement is available.

Therapeutic pulpotomy (D3220) considered in benefit for primary teeth. D3220 on permanent teeth and Gross Pulpal Debridement (D3221) on primary or permanent teeth considered inclusive of the final endodontic therapy unless completed on emergency basis.

Payment of benefits for root canal therapy assumes that the treatment has been completed and not based on the treatment initiated.

A separate fee for retreatment of root canal therapy or retreatment by apical surgery by the same dentist/dental office within 12 months of initial treatment is disallowed.



## Periodontics D4000 – D4999

### GINGIVECTOMY / GINGIVOPLASTY

### ANATOMICAL CROWN EXPOSURE (ONE TO THREE TEETH)

### ANATOMICAL CROWN EXPOSURE (FOUR OR MORE CONTIGUOUS TEETH)

**Effective date:** August 2003  
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### Description

Gingivectomy / Gingivoplasty – 4+ teeth (D4210)  
Gingivectomy / Gingivoplasty – 1 to 3 teeth (D4211)  
Gingivectomy to allow access for restorative procedure-per tooth (D4212)  
Anatomical Crown Exposure, one to three teeth (D4230)  
Anatomical Crown Exposure, four or more contiguous teeth (D4231)

### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

### Administrative Guidelines

Process to contract benefits.

Allow benefits when moderate gingival pocket depths or topographical aberrations are present.

Cosmetic exclusion applies unless tissue alterations are due to effects of medication.

Benefits are not allowed to facilitate restorative dentistry.



## **GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING**

**Effective date:** August 2003  
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### **Description**

Gingival flap procedure - 4+ teeth (D4240)  
Gingival flap procedure – 1 to 3 teeth (D4241)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits.

Procedure is subject to review and may require documentation including:

1. Current pocket depth recordings and radiographs of the area involved.
2. A narrative when required documentation does not demonstrate necessity.



## **APICALLY POSITIONED FLAP**

**Effective date:** August 2003  
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### **Description**

Apically positioned flap (D4245)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits.

Procedure is subject to review and may require documentation including:

1. Current pocket depth recordings and radiographs of the area involved.
2. A narrative when required documentation does not demonstrate necessity.

Benefits are not allowed when procedure is used to facilitate surgical exposure of impacted teeth or for implant placement, when implants are not a covered benefit.



## **CLINICAL CROWN LENGTHENING**

**Effective date:** August 2003  
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### **Description**

Clinical crown lengthening (D4249)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits.

Procedure is subject to review and may require documentation including:

1. Current pocket depth recordings and radiographs of the area involved.
2. the nature and extent of the lesion
3. position of the gingival margin on the tooth surface
4. A narrative when required documentation does not demonstrate necessity

Based on the documentation submitted, an alternate benefit of D4211, D4241 or D4261 may be established.

Benefits will not be allowed for a crown lengthening procedure performed within the same tooth range receiving D4260 on the same date of service.

When multiple crown lengthening sites are located within a single quadrant, the maximum allowable should not exceed the osseous surgery (D4260) full quadrant fee.

Benefits will not be allowed for a crown lengthening procedure performed on the same tooth and on the same day as crowns, bridgework, inlays, onlays, veneers, build-ups, post and cores, fillings, root canal therapies or other surgical procedures.

Cosmetic exclusion applies.





## Periodontics D4000 – D4999

### OSSEOUS SURGERY

**Effective date:** August 2003  
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#### Description

Osseous Surgery (D4260, D4261)

#### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

#### Administrative Guidelines

Process to contract benefits.

When more than one surgical procedure is provided in the same area (tooth, quadrant, surgical site) on the same day, benefits are based upon the most inclusive procedure.

Periodontal surgical procedures include all necessary post-operative care and finishing procedures.

Periodontally involved teeth that would qualify for surgical pocket reduction benefits under codes 4210, 4211, 4240, 4241, 4260 and 4261 must be documented to have at least 5mm pocket depths. If less than 5mm, special circumstances resulting in need for treatment will be considered upon request.

If periodontal surgery is performed less than four weeks following scaling and root planing, the fee for the surgical procedure or scaling and root planing may be disallowed upon consultant review.

The fee for osseous surgery includes osseous contouring, distal or proximal wedge surgery, frenectomy, scaling and root planing, soft tissue grafts, gingivectomy and flap procedures in the same quadrant.

Pocket charting should be current and dated.

## Periodontics D4000 – D4999



## **Bone Replacement Grafts**

**Effective date:** August 2003  
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### **Description**

Bone replacement graft – first site in quadrant (D4263)  
Bone replacement raft – each additional site in quadrant (D4264)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits.

Benefits for bone grafting are available only when billed for natural teeth to stimulate periodontal regeneration. When this code billed in conjunction with implants, cyst removals, apicoectomy, root resections, hemisection or extraction sites, benefits will be denied.

Patient selection criteria:

1. Intrabony (walled) defects or furcations
2. Radiographic or charting evidence of vertical bone deformity.



## **SOFT TISSUE GRAFTS**

**Effective date:** August 2003  
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### **Description**

Pedicle soft tissue graft (D4270)  
Autogenous connective tissue graft (D4273)  
Soft tissue allograft (D4275)  
Combined connective tissue and double pedicle graft (D4276)  
Free soft tissue graft, first tooth position in graft (D4277)  
Free soft tissue graft, each additional position, same site (D4278)  
Autogenous connective tissue graft, each additional (D4283)  
Non-autogenous connective tissue graft, each additional (D4285)

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits.

Benefit is considered per tooth for autogenous connective tissue grafts (D4273), non-autogenous connective tissue grafts (D4275) and combined connective tissue and double pedicle grafts (D4276) unless indicated otherwise.

Benefit is considered per site for pedicle soft tissue grafts (D4270) and free soft tissue grafts (D4277, D4278).

A site is defined as two adjacent teeth.

Cosmetic exclusion applies.

Procedures may be performed using allograft or other synthetic graft material.

Procedures include donor site. Separate charge for material costs is not a covered benefit. Procedure is subject to review and may require documentation including:



## Periodontics D4000 – D4999

### **DISTAL OR PROXIMAL WEDGE PROCEDURE**

**Effective date:** August 2003  
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#### **Description**

Distal or proximal wedge procedure (D4274)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### **Administrative Guidelines**

Process to contract benefits.

This is a one-tooth procedure.

If more than one tooth is involved in the quadrant, a benefit of 4211 may be more applicable



## Periodontics D4000 – D4999

### PERIODONTAL SCALING AND ROOT PLANING

**Effective date:** August 2003  
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#### Description

Periodontal scaling and root planing (D4341, D4342)

#### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

#### Administrative Guidelines

Process to contract benefits.

A minimum of 4 mm pocket depth is necessary to qualify for a benefit. A quadrant that does not have at least four teeth with 4mm pocketing may be given the alternate benefit of code D4342.

Gross debridement of calculus and polishing of teeth is considered part of this procedure.

Retreatment performed by the same dentist within 12 months of initial therapy is disallowed.

A separate fee for a prophylaxis (D1110) is disallowed when performed on the same date of service as 4341.

A separate fee for scaling & root planing (D4341) is disallowed when performed in the same tooth range on the same date of service as 4260 (considered a component of the surgical service).

Procedure is subject to review and may require documentation including:

1. Supporting radiographs of the area involved.
2. Current periodontal charting.
3. A narrative when required documentation does not demonstrate necessity



## Periodontics D4000 – D4999

### FULL MOUTH DEBRIDEMENT

**Effective date:** August 2003  
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#### Description

Full mouth debridement (D4355)

#### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

#### Administrative Guidelines

Process to contract benefits.

Procedure is subject to review and may require documentation including:

1. Supporting radiographs of the area involved.
2. A narrative when required documentation does not demonstrate necessity

Periodontal disease must be present.

Debridement is not a substitute for a difficult prophylaxis.

Debridement is not to be considered as periodontal history for approval of periodontal maintenance or application of localized antimicrobial agents.

Not allowed on the same date as D1110, D4910 or D4341.



## Periodontics D4000 – D4999

### **CHEMOTHERAPEUTIC AGENTS**

**Effective date:** August 2003  
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#### **Description**

Localized Delivery of antimicrobial agents, per tooth (D4381)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### **Administrative Guidelines**

Process to contract benefits.

History of active periodontal therapy

Minimum of 4 weeks healing after initial active periodontal therapy with post therapy charting that show 5mm or deeper pocketing.

Benefit should not exceed \$110.00 per tooth or \$240.00 per quadrant.

Retreatment is limited to once per 12 months, per tooth, after initial therapy.



## Periodontics D4000 – D4999

### **PERIODONTAL MAINTENANCE PROCEDURES**

**Effective date:** August 2003  
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#### **Description**

Periodontal Maintenance Procedures (D4910)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### **Administrative Guidelines**

Process to contract benefits.

By definition, D4910 includes prophylaxis and site specific scaling & root planing and should not be alternated with D1110 by the same dental provider

Procedure requires history of prior periodontal therapy (D4210, D4211, D4240, D4241, D4260, D4261, D4341).





### **REMOVABLE PROSTHODONTICS**

**Effective date:** August 2003  
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#### **Description**

Complete Denture – maxillary & mandibular (D5110, D5120)  
Immediate Denture – maxillary & mandibular (D5130, D5140)  
Partial Denture – resin base, maxillary & mandibular (D5211, D5212)  
Partial Denture – cast metal framework, maxillary & mandibular (D5213, D5214)  
Immediate partial denture-resin base, maxillary and mandibular (D5221, D5222)  
Immediate partial denture-cast base, maxillary and mandibular (D5223, D5224)  
Partial Denture- Flexible Base, maxillary and mandibular (D5225, 5226)  
Partial Denture- removable unilateral mandibular (D5282)  
Partial Denture- removable unilateral maxillary (D5283)  
Overdentures-complete maxillary and mandibular (D5863, D5865)  
Overdentures-partial maxillary and mandibular (D5864, D5866)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### **Administrative Guidelines**

Process to contract benefits.

Full or partial dentures include any reline/rebase, adjustment, tissue conditioning or repair required within 6 months of delivery. Relines are benefited after a 6-month healing period for immediate dentures.

Benefits are paid based on the assumption that the prosthesis has been delivered.



## Implant Services D6000 – D6199

### **SURGICAL IMPLANT PROCEDURES**

**Effective date:** August 2003  
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#### **Description**

Surgical Implant Procedures (D6010, D6013, D6020, D6040, D6050, D6100, D6101, D6102, D6103, D6104)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### **Administrative Guidelines**

Process to contract benefits.

Implants or any related surgical procedures are generally not a standard benefit.

Employer groups may choose to allow implant coverage with certain limitations.



## Implant Services D6000 – D6199

### **IMPLANT SUPPORTED PROSTHETICS**

**Effective date:** August 2003  
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#### **Description**

Implant supported prosthetics (D6058 – D6079, D6110-D6117, D6194)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### **Administrative Guidelines**

Process to contract benefits.

Benefits are allowed for prosthetics over implants regardless of implant coverage; however, the alternate benefit provision and missing tooth provision may apply.

**Prosthodontic D6200 – D6999****FIXED PARTIAL DENTURE: Pontic, Retainer – (inlay, onlay, crown)**

**Effective date:** August 2003  
**Last Reviewed:** September 5, 2018  
**Next Scheduled Review:** September 5, 2019

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**Description**

Fixed Partial Dentures (D6205 – D6999)

**Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

**Administrative Guidelines**

Process to contract benefits.

Benefits may be excluded if certain conditions are present:

- Untreated bone loss
- A retainer tooth has poor to hopeless prognosis from either a restorative, endodontic or periodontal perspective
- Periapical pathology or unresolved, incomplete or failed endodontic therapy
- Service meant to treat TMJ, increase vertical dimension or restore occlusion
- Service meant to close a diastema or space where no tooth was extracted or where a tooth is congenitally missing when contract excludes congenitally missing teeth.

Benefits will be based on the number of pontics necessary for the space, not to exceed the normal compliment of teeth.

A posterior fixed partial denture and a removable partial denture are not benefits in the same arch.

Benefit are payable for fixed partial dentures based on the assumption that the prosthesis has been permanently cemented.

A separate benefit for a temporary appliance is not available as a covered benefit.



## Oral & Maxillofacial Surgery D7000 – D7999

### ORAL SURGICAL PROCEDURES

**Effective date:** August 2003  
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#### Description

Extractions (D7111, D7140)  
Surgical Extractions (D7210 – D7251)  
Other Surgical Procedures (D7260 – D7999)

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### Administrative Guidelines

Process to contract benefits.

The fee for all oral and maxillofacial surgery includes local anesthesia, suturing (if needed) and routine post-operative care. A separate fee for routine post-operative care is disallowed when performed by the same dentist/dental office.

Submitting an extraction code for benefit following an unsuccessful attempt is disallowed.

The submitted extraction code should be based upon the clinical condition of the tooth as presented by the patient

Surgical Extractions:

- Root recovery is disallowed if submitted for the same date of service as a surgical extraction performed by the same dentist/dental office.

Other Surgical Procedures:

- Oroantral fistula closure – considered a medical procedure
- Biopsy of oral tissue
  - A fee for biopsy of oral tissue is disallowed if not submitted with a pathology report



- Biopsies non-contiguous to a tooth or its supporting structure are considered medical
- Alveoloplasty – the fee for an alveoloplasty performed in the same location on the same date of service as a surgical extraction is disallowed.
- Surgical Placement: temporary anchorage devices (D7292-D7998)- considered medical procedures



## Oral & Maxillofacial Surgery D7000 – D7999

### ORAL SURGICAL PROCEDURES

**Effective date:** August 2003  
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- Vestibuloplasty (D7340, D7350)– subject to review with supporting documentation and processed to dental benefits
- Surgical excision of lesions (D7410-D7415)– process to medical benefits
- Removal of tumors, cysts and neoplasms
  - D7450 – D7451: process to dental benefits
  - All other procedures are by report and processed to medical benefits
- Excision of bone tissue
  - D7471 – D7473: if performed in preparation of removable denture, process to dental benefits.
  - D7485: process to dental benefits
  - D7490: process to medical benefits
- Surgical incision
  - D7510, D7511: disallowed when performed on the same date and by the same dentist/dental office as endodontics, extractions, palliative treatment or other definitive service.
  - D7520, D7521: process to medical benefits
  - All other procedures are by report and processed to medical benefits
- Treatment of fractures – process to medical benefits
- Reduction of dislocations and management of other TMJ dysfunctions
  - Process to medical benefits
- Repair of wounds, complicated suturing and other repair procedures
  - Process to medical benefits
  - D7960-D7963 – process to dental benefits unless on the lingual, then process to medical benefits.
  - D7970 – D7972: process to dental benefits



### ORTHODONTIC PROCEDURES

**Effective date:** January 2014  
**Last Reviewed:** September 5, 2018  
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#### Description

Orthodontic services (D8010-D8999)

#### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

#### Administrative Guidelines

Process to contract benefits.

Medical Necessity Criteria for Orthodontic Care / Affordable Care Act and groups that require medical necessity review:

Orthodontic treatment must be considered medically necessary for facial skeletal deformities that compromises the member's physical health by contributing to significant functional impairment, e.g. persistent difficulties with mastication and swallowing as manifested by inability to incise and/or chew solid foods, damage to soft tissue during mastication, significant weight loss or speech impairment

The presence of a serious malocclusion is determined by one of the following variables:

- Deep overbite that shows palatal impingement causing tissue trauma with the majority of lower incisors
- Open bite with no vertical overlap of anterior teeth
- unilateral or bilateral posterior open bite greater than 2 mm
- Maxillary/Mandibular incisor relationship: overjet of 5 mm or more
- Maxillary/Mandibular antero-posterior molar relationship discrepancy of 4 mm or more
- Posterior crossbite
  - bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4 mm or greater, or
  - unilateral discrepancy of 3 mm or greater





## Orthodontics D8010-D8999

- Anterior crossbite
  - Involves more than two teeth, and
  - Gingival stripping from the crossbite is demonstrated
- Malocclusion exhibits a congenital mouth malformation (e.g. cleft lip or cleft palate)



## Adjunctive General Services D9000 – D9999

### ADJUNCTIVE GENERAL SERVICES

**Effective date:** August 2003  
**Last Reviewed:** September 5, 2018  
**Next Scheduled Review:** September 5, 2019

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#### Description

Adjunctive services (D9000, D9999)

#### Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

#### Administrative Guidelines

Process to contract benefits.

#### Unclassified Treatment

- Palliative Treatment
  - The fee for palliative treatment is disallowed when any other definitive treatment is performed on the same date except emergency examination, limited radiographs and tests necessary to diagnose the emergency condition
  - Palliative treatment is a benefit on a per visit basis and includes all procedures necessary for the relief of pain.

#### Anesthesia

- Local Anesthesia
  - A separate fee for local anesthesia (local, regional block, trigeminal division) is disallowed.
- General Anesthesia / IV sedation / Non-IV Conscious Sedation
  - Allowed for children up to 5 years of age
  - Allowed for physically or mentally handicapped person
  - Placement of implants, when coverage exists
  - 2 or more extractions in which at least one of the extractions involves code D7230 or higher
  - When 5 or more teeth are extracted at one time
  - Notation of pyogenic condition/infection resulting in local or block anesthesia being ineffective



## Adjunctive General Services D9000 – D9999

### ADJUNCTIVE GENERAL SERVICES

**Effective date:** August 2003  
**Last Reviewed:** September 5, 2018  
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#### Professional Consultation

- Consultation
  - A separate fee for a consultation is disallowed when billed in conjunction with an examination/evaluation.

#### Miscellaneous

- Occlusal adjustment – limited
  - Typically reported on a “per visit” basis
  - Allow limited occlusal adjustment – 5 or fewer teeth
  - Presently includes discing, odontoplasty and enameloplasty



## Miscellaneous

### MULTIPLE SURFACE RESTORATIONS SAME TOOTH

**Effective date:** August 2003  
**Last Reviewed:** September 5, 2018  
**Next Scheduled Review:** September 5, 2019

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#### Description

Multiple surface restoration – same tooth

#### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

#### Administrative Guidelines

Process to contract benefits.

Restoration surfaces that are contiguous should be billed as a single restoration.  
Restoration surfaces not contiguous should be billed as separate surfaces.



## DENTAL ACCIDENT

**Effective date:** August 2003  
**Last Reviewed:** September 5, 2018  
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### Description

Dental services provided for the repair and/or restoration of sound dentition as a result of injury by accident.

**Sound Dentition:** a healthy tooth or one that has been restored to a sound condition by the placement of a dental restoration (amalgam, resin, inlay, onlay or crown)

**Dental Accident:** injury to a sound dentition caused solely by unexpected, external means. **Injury during chewing and biting is not considered accidental.**

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### Administrative Guidelines

Process to contract benefits.

Treatment of injury to a sound dentition or fractured jaw if the treatment is given by a physician or dentist must be diagnosed within 6 months of the date of the accident and the treatment is provided within 12 months of the date of the accident. The injury must be one that occurred while the person was enrolled under the contract.

Process to medical benefits.



Miscellaneous

## **PROSTHETIC DEVICE OR RESTORATION FOR IMPLANTS**

**Effective date:** August 2003  
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### **Description**

Prosthesis placed over an implant suprastructure for the purpose of restoring dental function.

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.

### **Administrative Guidelines**

Process to contract benefits

- Allow for a crown on an implant
- If implant is a benefit, allow implant suprastructure
- The alternate benefit provision or missing tooth provision may apply.

Miscellaneous



## **ADMINISTRATIVE GUIDELINES TO DETERMINE DENTAL vs. MEDICAL**

**Effective date:** August 2003  
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### **Description**

To establish consistent practices for reimbursement determinations.

#### **Definition of Dental vs. Medical Services:**

The condition that is being diagnosed and treated determines whether a service is dental or medical. Regardless of whether the service is provided by a dentist or a medical doctor, the condition, not the specialty of the provider, will determine if the service will be covered under the dental benefits or the medical benefits. If the condition being diagnosed and treated is one which is contiguous or localized to the teeth and/or gums is of dental origin, or is to restore function of the teeth, the services are considered dental and applied to dental benefits. If the condition being diagnosed and treated is one that is non-contiguous to the teeth and/or gums or is systemic, the services are considered medical and applied to the medical benefits.

General anesthesia and/or inpatient/outpatient hospitalization associated with dental treatment:

1. General anesthesia, including deep sedation, is eligible for coverage under the medical benefit when:
  - Topical or local anesthesia is contraindicated
  - An underlying medical condition makes anesthesia medically necessary to allow necessary dental treatment. Example includes, but is not limited to conditions such as cerebral palsy.
  - General anesthesia is required for dental treatment due to age, mental retardation or physical handicap.
  - Anesthesia is required for a behavioral management patient when there is a documented underlying illness or injury. Case by case review.

### **Policy / Criteria**

Procedures are in accordance with generally accepted standards of practice.



Miscellaneous

## **Administrative Guidelines**

Process to contract benefits

Standard dental treatment will be covered under the dental benefit

Anesthesia and any hospital or ambulatory surgery setting charges will be covered under the medical benefit.



