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## Dental Services Pediatric (for Qualified Health Plans and Applicable Plans) Corporate Medical Policy

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### Policy

The intent of this policy is to communicate the medical necessity criteria for pediatric dental services.

#### Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I - Pediatric Dental Services CDT Coding Table & Instructions](#)

### Pediatric Dental Services:

*The following dental services apply to individuals up to age 21 (and through the end of the Plan year in which a member turns 21), on a qualified health plan product or have the pediatric dental rider:*

Refer to Attachment I for eligible dental services under this benefit.

#### Section 1 - Diagnostics:

##### Clinical Oral Evaluation Services:

Clinical oral evaluations recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, diagnosis and treatment planning are the responsibility of the dentist. As with all procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Providers should report additional diagnostic and/or definitive procedures separately.

Periodic oral evaluation- established patient- An evaluation performed on a patient to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated and may require interpretation of information acquired through additional diagnostic procedures. Provider should report additional diagnostic procedures separately.

Limited oral evaluation- problem focused- An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Definitive procedures may be required on the same day as this evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

Oral evaluation for a patient under three years of age and counseling with primary Caregiver- Diagnostic and preventive services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

Comprehensive oral evaluation- An evaluation used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc. Additional diagnostic procedures should be reported separately.

Re-evaluation- Limited, problem focused (established patient; not post- operative visit)  
An evaluation to assess the status of a previously existing condition. For example:

- A traumatic injury where no treatment was rendered but patient needs follow-up monitoring;
- Evaluation for undiagnosed continuing pain;
- Soft tissue lesion requiring follow-up evaluation.

NOTE: This service is NOT to be used for a post-operative visit.

### **Radiographic Imaging:**

Intraoral- complete series of radiographic images (including bitewings)- A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.

Other images captured with interpretation are eligible based on medical necessity, including:

- Occlusal radiographic images
- Extraoral radiographic images
- Bitewings. Prior approval is necessary to determine medical necessity of additional images.
- Panoramic radiographic images
- Cephalometric radiographic image
- Oral/facial photographic images. This includes photographic images, including those obtained by intraoral and extraoral cameras, excluding radiographic images. These photographic images should be a part of the patient's clinical record.

Cone Beam CT- Cone Beam CT (CBCT) systems are designed to allow for high resolution imaging of the hard and soft tissues of the maxillofacial region. CBCT allows for short scanning times and radiation doses significantly less than traditional medical scanning techniques<sup>3</sup>.

Benefits for cone beam CT may be considered when one through five of the below criteria are met:

- 1) Prior approval is requested and approved.
- 2) Clinical documentation must be provided and establish that the services are related to an accidental injury or gross deformity.
- 3) Interpretation of previous radiographic procedures is submitted.
- 4) A planned surgery to repair the accidental injury or to correct gross deformity is documented.
- 5) Demonstration that the cone beam CT is critical to the planned surgical procedure.

The Plan does not provide benefits for cone beam CT for the evaluation of:

- 1) Oral appliance
- 2) Temporomandibular joint dysfunction
- 3) Obstructive sleep apnea

#### **Other Diagnostic Procedures:**

Unspecified diagnostic procedure, by report- A procedure code used for services that are not adequately described by another, more specific code.

NOTE: Medical review is necessary for all unlisted/unspecified procedures. See administrative and contractual guidance section for instructions.

#### **Section 2- Preventive Treatment:**

Dental prophylaxis- The removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition teeth in adults and primary deciduous and transitional dentition teeth in children. It is intended to control local irritational factors.

Topical Fluoride Treatment- Prescription-strength fluoride product designed solely for use in the dental office. Fluoride is delivered to the dentition under the direct supervision of a dentist or physician. Fluoride must be applied separately from prophylaxis paste.

Topical Fluoride Varnish- Therapeutic application for moderate to high caries risk patients. The application of topical fluoride varnish is delivered in a single visit and involving the entire oral cavity. It is not to be used for desensitization.

Fluoride varnish treatment is recommended only for moderate or high caries risk patients. Risk assessment must be established by the provider. Appropriate pretreatment radiographs indicating presence of decay, existing restorations and missing teeth and indication of recently placed restorations within the last year would indicate risk assessment.

Sealants- Mechanically and/or chemically prepared enamel surface sealed to prevent decay.

Space Maintenance- Space maintainers are passive appliances designed to prevent tooth movement for children who have had premature loss of deciduous teeth. The space maintainer is utilized to maintain the space until the eruption of the permanent teeth.

### **Section 3- Restorative Treatment:**

Amalgam Restorations (including polishing)- Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration.

Resin-Based Restorations- Resin-based composite refers to a broad category of materials including but not limited to composites and may include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with resin-based restorations.

If pins are used for amalgam or resin-based restorations, they may be reported separately.

### **Crowns (Cast & Prefabricated):**

Crowns are considered **medical necessary** when the following criteria are met:

- When there is evidence of extensive decay or fracture determined by radiographic examination demonstrating that a tooth cannot be restored to normal function by routine restorations (amalgam or composite).

### **When Crowns are not covered:**

Crown placement is **not covered** for a member with an active periodontal prognosis. Determining the periodontal health of a tooth determines the longevity for a cast crown. A crown placed in the presence of active periodontal disease (periodontal pocketing, alveolar bone erosion and loss, loss of periodontal membrane attachment fibers) is inappropriate since the longevity for retaining the tooth without periodontal therapy intervention is uncertain. In this situation, the cast crown will be denied pending periodontal therapy.

Crown placement is **not covered** for a member with an active endodontic prognosis. Any evidence of endodontic pathology (thickening of the periapical area or a periapical

abscess) will result in a denial of the cast crown pending endodontic therapy.

**When crowns are considered cosmetic are not covered:**

Including but not limited to the following:

- Discolored Teeth
- Teeth out of alignment
- Teeth heavily restored in the front of the mouth
- Replacement of discolored crown
- Closure of diastema or space in teeth
- Crown for the sole purpose of replacing a silver amalgam restoration without medical necessity to do so.

**Other Restorative Procedures:**

Protective restoration/sedative filling- This is a direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration.

Core buildup, including any pins when required- Core buildup refers to building up of coronal structure when there is insufficient retention for a separate extracoronary restorative procedure. A core buildup is a filler to eliminate any undercut, box form, or concave irregularity in a preparation.

Pin retention- per tooth, in addition to restoration- Benefit limited to once per tooth per two years. Additional pin retention per tooth is not covered.

Labial veneer (resin laminate)- Chair side- Labial/facial direct resin bonded veneers are restorations utilizing thin shells of resin composite that are bonded to the labial surface of the tooth. They are used to restore the facial surfaces of teeth or to correct defect in tooth size and appearance.

Labial veneers- Medical necessity determination is reviewed the same as crowns. Please see criteria above.

Unspecified restorative procedure, by report- A restorative procedure code used for services that are not adequately described by another, more specific code.

NOTE: Medical review is necessary for **all** unlisted/unspecified procedures. See administrative and contractual guidance section for instructions.

NOTE: Local anesthesia is considered to be a component of all restorative procedures.

**Section 4- Endodontics/Periodontics:**

Pulpotomy- Therapeutic Pulpotomy (excluding final restoration)- removal of pulp coronal to the dentinocemental junction and application of medicament- Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining

portion by means of an adequate dressing. Pulpotomy is performed on primary or permanent teeth. It is not to be construed as the first stage of root canal therapy and is not meant to be used for apexogenesis.

Pulpal debridement, primary and permanent teeth- This is for the relief of acute pain prior to conventional root canal therapy.

NOTE: This procedure is not to be performed when endodontic treatment is completed on the same date.

Endodontic therapy of primary teeth- Endodontic therapy is a procedure performed on primary teeth with succedaneous teeth and placement of resorbable filling. This includes pulpectomy, cleaning, and filling of canals with resorbable material.

Pulpal therapy (resorbable filling)- anterior, primary tooth (excluding final restoration)- Performed on the primary incisors and cuspids.

Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)- Performed on the primary first and second molars.

Endodontic Therapy (Including treatment plan, clinical procedures and follow-up care)- This includes primary teeth without succedaneous teeth and permanent teeth. Complete root canal therapy; pulpectomy is part of root canal therapy. Endodontic therapy includes all appointments necessary to complete treatment and intra- operative radiographs.

NOTE: Diagnostic evaluation and necessary radiographs/diagnostic images may be billed separately.

NOTE: Endodontic Retreatment is not a covered service.

Apexification/Recalcification procedures- Apexification is a method of inducing a calcified barrier at the apex of a non-vital tooth with incomplete root formation. Recalcification is the replacement of lost calcium.

Pulp regeneration- Pulpal regeneration is the procedure by which unhealthy pulp tissue can be removed from the inside of an immature (developing) permanent tooth. Medications are placed inside the pulp chamber in order to induce formation of living replacement tissue. This new tissue functions in a similar manner to an uninjured dental pulp by allowing the root of the tooth to continue to develop and grow. When indicated, an advantage of this technique over conventional root canal therapy in children is a stronger tooth that is less likely to weaken or fracture in the future.

Apicoectomy/Periradicular Services- Periradicular surgery is a term used to describe surgery to the root surface (e.g., Apicoectomy), repair of a root perforation or resorptive defect, exploratory curettage to look for root fractures, removal of extruded filling materials or instruments, removal of broken root fragments, sealing of accessory canals, etc. Apicoectomy/Periradicular surgery does not include retrograde filling material placement.

#### **Other Endodontic Procedures:**

Surgical procedure for isolation of tooth with rubber dam.

Hemisection (including any root removal), not including root canal therapy- This includes separation of multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections.

Unspecified endodontic procedure, by report- An endodontic procedure code used for services that are not adequately described by another, more specific code.

NOTE: Medical review is necessary for **all** unlisted/unspecified procedures. See administrative and contractual guidance section for instructions.

NOTE: Local anesthesia is considered to be a component of all endodontic procedures.

## **Section- 5- Periodontics:**

### **Periodontic Surgical Services:**

Gingivectomy or gingivoplasty- This service is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

Gingival flap procedure- A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Medical necessity for gingivectomy, gingivoplasty and gingival flap procedures is determined when clinical documentation suggests evidence of periodontal probing of at least 5mm pockets.

Clinical crown lengthening- hard tissue- This procedure is employed to allow restorative procedure or crown with little or no tooth structure exposed to the oral cavity.

Osseous surgery (including flap entry and closure) -This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This procedure includes the removal of supporting bone (ostectomy) and/or non- supporting bone (osteoplasty).

Medical necessity for osseous surgical procedures is determined when clinical documentation suggests evidence of periodontal probing of 5mm pockets or more. Additionally, radiographic evidence of bone loss or deterioration must be present.

Pedicle soft tissue graft & Free soft tissue graft procedures- A pedicle flap of gingival can be raised from an edentulous ridge, adjacent teeth, or from the existing gingival on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.

Medical necessity is determined by the degree of recession of the gingival tissue and the amount of loss of attachment to the periodontal membrane, all of which should be indicated in periodontal charting.

Documentation including periodontal charting indicating necessity for a pedicle soft tissue graft should accompany a prior approval request.

NOTE: Local anesthesia is considered to be a component of all periodontal procedures.

### **Other Periodontal Procedures:**

Provisional splinting- An interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose.

Periodontal scaling and root planning- This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. This procedure is indicated for patients with periodontal disease and is therapeutic, not prophylactic.

Medical necessity for periodontal scaling and root planning is determined by the extensiveness and depth of the calculus by radiographic evidence.

Full mouth debridement to enable comprehensive evaluation and diagnosis- The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.

A prophylaxis cannot be completed on the same date of service as a full mouth debridement.

Periodontal maintenance- A procedure following periodontal therapy and continues at varying intervals. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planning where indicated, and polishing the teeth.

Unspecified periodontal procedure, by report - A periodontal procedure code used for services that are not adequately described by another, more specific code.

NOTE: Medical review is necessary for all unlisted/unspecified procedures. See administrative and contractual guidance section for instructions.

### **Section- 6- Removable Prosthodontics:**

Complete dentures, immediate dentures and overdentures- Prosthetic devices constructed to replace missing teeth which are supported by surrounding soft and hard tissues of the oral cavity.

A complete lower denture will not be allowed when it will oppose upper natural teeth.

Immediate dentures have a benefit limit of one per arch per lifetime. Additional immediate dentures are not covered. Immediate dentures will only be considered when six or fewer anterior teeth are remaining in the arch. Following the delivery of an immediate denture, a complete denture will not be allowed for a minimum of five years.



An overdenture will only be considered when two or fewer teeth are remaining in the arch. Remaining teeth must be sound and free of decay. Remaining teeth must be periodontally healthy to support an overdenture.

Partial Dentures- A prosthetic device used when one or more natural teeth remain in the upper or lower arch. A fixed (permanent) bridge replaces one or more teeth by placing crowns on the teeth on either side of the space and attaching artificial teeth to them. This "bridge" is then cemented into place. A partial denture fills in the spaces created by missing teeth, and it prevents other teeth from changing position.

Dentures will not be allowed if existing dentures are serviceable.

Denture Adjustments- Alterations made to a denture through a variety of means to acquire improved comfort and fit.

Denture Repairs- Is the process of reuniting or replacing broken or worn parts of a denture.

Denture Rebases- Rebasings is a procedure similar to relining except the denture is sent to a laboratory for several days. When the denture is returned to the patient it comes back not only relined, but with all the surrounding plastic above replaced. The only parts of the old denture that remain after a rebase are the teeth.

Denture Relines- Is a procedure where the surface of the denture is modified or replaced with a new lining. The lining is formed to contour to the person's gum line. Relining allows for a more secure fit, preventing the dentures from moving around or rubbing painfully against the gums. It also prevents the dentures from breaking prematurely.

Medical necessity for denture rebases and relines will be determined based on evidence of sufficient change in the supporting arch structures of the mouth to cause the denture to be ill-fitting.

#### **Other Removable Prosthetic Services:**

Tissue Conditioning- Treatment relines using materials designed to heal unhealthy ridges prior to more definitive final restoration.

Unspecified removable prosthodontic procedure, by report- A removable prosthodontic procedure code used for services that are not adequately described by another, more specific code. Procedure must be described.

NOTE: Medical review is necessary for all unlisted/unspecified procedures. See administrative and contractual guidance section for instructions.

NOTE: Local anesthesia is considered to be a component of all removable prosthodontic procedures.

#### **Section 7- Fixed Prosthodontics:**

Fixed prosthodontics are prosthetic devices such as dental crowns, bridgework, and dental implants that replace missing teeth inside the mouth. Since they are attached to natural teeth or tooth roots for support, fixed prosthodontics are not regularly removed and are used instead of removable dental devices such as dentures and partials.

Fixed Partial Denture Pontics/Retainers-Crowns- An artificial (false) tooth, usually attached to a dental prosthesis that replaces a missing tooth. A dentist may recommend placement of a pontic when a patient's natural tooth is missing due to dental trauma, root resorption, advanced periodontal disease or failed endodontic therapy.

#### **Other Fixed Partial Denture Services:**

Please refer to the procedural coding table below for a list of other fixed partial denture services. Some procedures require prior approval.

Unspecified fixed prosthodontic procedure, by report- A fixed partial prosthodontic procedure code used for services that are not adequately described by another, more specific code. Procedure must be described.

NOTE: Medical review is necessary for all unlisted/unspecified procedures. See administrative and contractual guidance section for instructions.

NOTE: Local anesthesia is considered to be a component of all fixed prosthodontic procedures.

#### **Section- 8- Dental Related Oral and Maxillofacial Surgery: Extractions:**

Simple extractions- Are performed on teeth that are visible in the mouth, they require only the use of instruments to elevate and/or grasp the visible portion of the tooth. Simple extractions of deciduous or erupted teeth include local anesthesia, suturing if needed and routine post-operative care. Simple extractions are eligible based on medical necessity.

Surgical extractions- Involves the removal of teeth that cannot be easily accessed, either because they have broken under the gum line or because they have not erupted fully. Surgical extractions almost always require an incision. In a surgical extraction the doctor may also remove some of the overlying and/or surrounding jawbone tissue. Frequently, the tooth may be split into multiple pieces to facilitate its removal.

Coronectomy- A medical procedure to prevent damage to the alveolar nerve during the extraction of the lower third molars (wisdom teeth). The process is a deliberate partial tooth removal and is done when removing the whole tooth is likely to cause neurovascular complications.

Surgical extractions are eligible based on medical necessity.

NOTE: Surgical extractions and Coronectomy include local anesthesia, suturing if needed and routine post-operative care.

## **Other Surgical Procedures:**

Oroantral fistula closure- Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap.

Primary closure of a sinus perforation- Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of Oroantral or oralnasal communication in absence of fistulus tract.

Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth- This procedure includes splinting and stabilization.

Surgical access of an unerupted tooth- An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted.

Mobilization of erupted or malpositioned tooth to aid eruption- Is a procedure to move/dislocate teeth to eliminate stiffening and immobility. An extraction is not done in conjunction with this procedure.

Placement of device to facilitate eruption of impacted tooth- Is the placement of an orthodontic bracket, band or other device on an unerupted tooth, after its exposure, to aid in its eruption.

## **Surgical Biopsies, Excisions and incisions of Lesions:**

Biopsy of oral tissue- A biopsy of oral tissue is the removal of part, or all, of a lesion to enable histopathological examination and definitive diagnosis. Careful handling of the soft tissues is imperative to ensure the pathologist receives a representative sample of the lesion, in order to make an accurate diagnosis. A biopsy of hard (bone, tooth) oral tissue is for the removal of the specimen only. A biopsy of soft oral tissue is for surgical removal of an architecturally intact specimen only<sup>4</sup>.

Excisional Biopsy- An excisional biopsy removes the entire lesion and a small margin of normal tissue. It is therefore both curative and diagnostic.

Incision and drainage of abscess- Surgical incision and drainage is a commonly used technique in oral surgery to treat dental infections which have progressed to oral swellings. It involves incision through mucosa, including periodontal origins<sup>5</sup>.

Surgical biopsies, excisions and incisions listed in this policy are eligible based on medical necessity.

Harvest of bone for use in autogenous grafting procedure- Also called autografts; these types of grafts are made from the patient's own bone, harvested from elsewhere in the body. Typical harvest sites include the chin, jaw, bone of the lower leg (tibia), hip (iliac crest) or the skull (cranium).

Alveoplasty- Surgical Preparation of Ridge- A procedure to shape the alveolar process using surgical methods. It is done if a person has bony projections, sharp crestal bones or

undercuts. This procedure may be done in preparation for prosthesis or other treatments such as radiation therapy and transplant surgery.

Vestibuloplasty- The vestibule can be found in the oral cavity between the cheek and gums. Vestibuloplasty is a surgical procedure where the oral vestibule is deepened by changing the soft tissue attachments. The purpose is to increase the denture foundation area and improve the quality of the soft tissues available for support. This procedure may be done in preparation for prosthetic implantation<sup>7</sup>.

#### Occlusal orthotic device, by report-

Refer to coding table for instructions.

#### Repair of traumatic wounds-

Simple and complicated suturing excludes closures of surgical incisions.

Complicated suturing involves reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure.

Simple and complicated suturing is eligible based on medical necessity.

#### **Other Repair Procedures-**

Frenulectomy- Is the surgical removal or release of mucosal muscle elements of a buccal, labial or lingual frenum that is associated with a pathological condition or interferes with proper oral development or treatment.

This is also known as frenectomy or frenotomy- Separate procedure not incidental to another procedure.

Excision of pericoronal gingival- The surgical removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.

Surgical reduction of fibrous tuberosity- A tuberosity is a rounded bony protrusion at the back of your last molar located at the upper jaw. It is covered by gum tissue. Through a tuberosity reduction, it will make the tuberosity smaller<sup>8</sup>.

Services listed under other repair procedures are eligible based on medical necessity.

Unspecified oral surgery procedure, by report- An oral surgery procedure code used for services that are not adequately described by another, more specific code. Procedure must be described.

NOTE: Medical review is necessary for all unlisted/unspecified procedures. See administrative and contractual guidance section for instructions.

Unless otherwise specified, services listed under “Other surgical procedures” are eligible based on medical necessity.

NOTE: Local anesthesia is considered to be a component of all oral and maxillofacial procedures.

### **Section 9- Implant Services:**

Debridement of a peri-implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure.

Debridement and osseous contouring of a peri-implant defect includes surface cleaning or exposed implant surfaces and flap entry and closure.

Bone graft for repair of peri-implant defect- Not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration.

The procedures listed above for Implants services are eligible based on medical necessity. Payment is not implied for the placement of new implants; however, the maintenance of existing implants is supported.

### **Section 10- Orthodontics:**

Orthodontic treatment listed in this policy may be used more than once for the treatment of a particular member depending on the particular circumstances. A member may require more than one interceptive procedure or more than one limited procedure depending on their particular problem.

1. Orthodontic procedures must be performed by dentists who qualify as orthodontists under their scope of practice and under the Vermont Code of Regulations.
2. Orthodontic procedures may be medically necessary for handicapping malocclusions, cleft palate and facial growth management cases.
3. Medically necessary handicapping malocclusion cases are considered for those with permanent dentition, unless the patient is age 13 or older with primary teeth remaining. Cleft palate and craniofacial anomaly cases for primary, mixed and permanent dentitions may be considered medically necessary.
4. All necessary procedures that may affect orthodontic treatment shall be completed prior to orthodontic treatment.
5. There are six automatic qualifying conditions for medical necessary orthodontics:
  - a) Cleft palate deformity. If the cleft palate is not visible on the diagnostic cast, written documentation from a credentialed specialist shall be submitted on their professional letterhead along with the prior authorization request.
  - b) Craniofacial anomaly. Written documentation from a credentialed specialist must be submitted on their professional letterhead with

- the prior authorization request.
- c) Deep impinging overbite in which the lower incisors are destroying the soft tissue in the palate.
  - d) A cross-bite of individual anterior teeth causing destruction of the soft tissue.
  - e) An over jet greater than 9 mm or reverse over jet greater than 3.5 mm.
  - f) A severe traumatic deviation (such as a loss of pre-maxilla segment by burns, accident or osteomyelitis or other gross pathology).  
Written documentation of the trauma or pathology must be submitted with the prior authorization.
6. All other comprehensive orthodontic procedures may be considered for coverage only when submitted 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).
  7. When a member transfers from one orthodontist to another, a new prior authorization must be submitted.
  8. When a member has already qualified for the orthodontic program 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, California Score Sheet Form and photographs are not required for a transfer case that has already been approved. When a member has been receiving orthodontic treatment that has not been previously approved, pre- treatment diagnostic casts and current photographs are required. If pre- treatment casts are not available, then current diagnostic casts must be submitted. Prior authorization for the balance of the orthodontic treatment shall be allowed or denied based on the evaluation of the diagnostic casts and photographs.
  9. When additional periodic orthodontic treatment visits are necessary beyond the maximum allowed to complete the case, prior authorization is required. Current photographs are necessary to justify the necessity.
  10. If the member's orthodontic treatment is interrupted and orthodontic bands are prematurely removed, the member no longer qualifies for continued orthodontic treatment.
  11. If the member's orthodontic bands have to be removed for medical reasons and then replaced, a claim for re-banding must be submitted along with a letter from the treating physician, on their professional letterhead, stating the reason why the bands had to be removed.

Limited orthodontic treatment- Is an orthodontic treatment procedure with a limited objective, not necessarily involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

Interceptive orthodontic treatment- Is an extension of preventive orthodontic treatment

procedure that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedure as the redirection of ectopically erupting teeth, correction of dental cross bite or recovery of space loss where overall space is inadequate. When initiated during the incipient sates of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate its cause. Complicating factors such as skeletal disharmonies, overall space deficiency or other condition may require subsequent comprehensive therapy. Interceptive orthodontic procedures involve orthodontic treatment on a minor scale compared to comprehensive orthodontic treatment. It usually involves the movement of a few or less misplaced teeth, for example misplaced teeth causing a minor cross bite. A full -scale scoring examination is not necessary. Pre-treatment diagnostic casts and photographs must be submitted with prior approval to determine medical necessity.

Comprehensive orthodontic treatment- The comprehensive orthodontic treatment procedures report the coordinated diagnosis and treatment leading to the improvement of a patient's craniofacial dysfunction and/or dentofacial deformity which may include anatomical, functional and/or esthetic relationships. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances in growing and non-growing patients. Comprehensive orthodontics may include treatment may incorporate phases focusing on specific objective at various stages of dentofacial development.

Minor treatment to control harmful habits- Appliance therapy to treat thumb sucking and tongue thrusting. Pre-construction diagnostic casts and photographs must be submitted with prior approval to determine medical necessity.

Replacement of lost or broken retainer-

Refer to coding table for instructions. A narrative must be included with the prior approval describing the circumstances regarding the lost or broken retainer and necessity for the replacement of the retainer.

Unspecified orthodontic procedure, by report- An orthodontic procedure code used for services that are not adequately described by another, more specific code. Procedure must be described.

A detailed report must be submitted describing the condition requiring the unspecified orthodontic procedure and the procedure itself. Any supporting evidence, such as diagnostic study models and/or photographs is necessary.

Reimbursement for orthodontic treatment includes all necessary maintenance to and replacement of brackets and wires.

### **Section 11- Adjunctive General Services:**

Palliative (emergency) treatment of dental pain- a minor procedure typically reported on a "per visit" basis for emergency treatment of dental pain.

Hospital or ambulatory surgical center call- Care provided outside the dentist's office

to a patient who is in a hospital or ambulatory surgical center.

Behavior management - This procedure may be rendered in addition to treatment provided. Behavior management is inclusive when anesthesia is billed on the same date of service.

Mouth guards - An occlusal mouth guard is a removable dental appliance, which is designed to minimize the effects of bruxism (grinding) and other occlusal factors.

#### Occlusal analysis and adjustments

#### Fabrication of athletic mouth guard

#### External & Internal bleaching- per tooth.

External & Internal bleaching is almost always a cosmetic procedure. This service requires prior authorization. If it is determined that bleaching is strictly for cosmetic indications, the service will deny as not covered.

Anesthesia- Including inhalation of nitrous oxide/ analgesia, anxiolysis, deep sedation, intravenous conscious sedation/ analgesia, non-intravenous conscious sedation.

General and/or intravenous anesthesia may be considered medically necessary for some but not all oral surgery and surgical extractions, some instances may include:

- Multiple extractions performed at the same time (5 or more);
- Multiple surgical extractions at the same time involving 2 lower third molars;
- Extraction of an abscessed tooth when local anesthesia would be ineffective;
- Extensive restorative work necessitating general and/or intravenous anesthesia for the procedure to be safely performed;
- Extensive oral surgery procedures, for example, removal of lateral exostoses or tori;
- Members with phobias or mental illness documented by a licensed physician or mental health professional;
- Members with disabilities that preclude office-based dental care due to safety considerations;
- Members who are developmentally unable to safely tolerate office-based dental care

All general and intravenous anesthesia performed in conjunction with oral surgery procedures, including but not limited to surgical extractions are subject to prior approval.

#### **Section 12- Teledentistry:**

-An adjunctive general service that can be performed synchronous or asynchronous.

#### **Synchronous; (real time encounter):**

- Reported in addition to other procedures (e.g. diagnostic) delivered to the member on the date of service. Codes D0140 (Limited oral evaluation, problem-focused. This may be used for screening of members who call in with dental complaints to screen for true emergencies that require immediate care. D0170



(Re-evaluation, limited problem-focused (established patient, not a post-operative visit).

- Report code D9995 is reported once per date of service per member and document the type of teledentistry interaction in this setting on the date of service.

Documentation:

- The documentation includes: That the dentist is at a different physical location with complete and immediate access to patient information being captured and the ability to interact vocally and visually with the patient. The record should include CDT codes that reflects the type of teledentistry encounter. Treatment records should be very specific and document the scenario in which the encounter occurs. These records can include radiographs, photographs, charting of dental conditions, health history, consent, and applicable progress notes. The encounter occurs in real time via a secure HIPAA-compliant connection that utilizes encryption technology.

**Asynchronous; (store and forward encounter):**

- Reported in addition to other procedures (e.g. diagnostic) delivered to the member on the date of service. Codes D0190 (Screening of a patient). This code is only eligible with teledentistry services per policy guidelines.
- Report code D9996 is reported once per date of service per member and document the type of teledentistry interaction in this setting on the date of service.

Documentation:

- The documentation includes: That the dentist is at a different physical location and interacts with information collected and that is conveyed to the dentist for diagnosis, evaluation and treatment planning at a later time, and possibly a different location. The dentist has no live vocal or visual interaction with the member or dental auxiliary staff during the dental information collection. The record should include CDT codes that reflects the type of teledentistry encounter. These records can include radiographs, photographs, charting of dental conditions, health history, consent, and applicable progress notes. The stored information is forwarded to the dentist via a secure HIPAA-compliant connection that utilizes encryption technology. At a later encounter the dentist completes the oral evaluation, diagnosis and treatment plan.

Unspecified adjunctive procedure, by report- An adjunctive procedure code used for services that are not adequately described by another, more specific code. Procedure must be described.

NOTE: Medical review is necessary for **all** unlisted/unspecified procedures. See administrative and contractual guidance section for instructions.

### When services are not covered

Services not specifically listed as eligible above.

Member contract exclusion: “Services that are over the limitation or maximum set forth in the member’s contract”.

Cosmetic procedures are specific exclusion under the subscriber's contract.

The term, "cosmetic and reconstructive procedures" includes procedures ranging from purely cosmetic to purely reconstructive. Benefit application has the potential to be confusing to members because there is an area of overlap where cosmetic procedures may have a reconstructive component and reconstructive procedures may have a cosmetic component. These procedures are categorized, and benefits are authorized based upon the fundamental purpose of the procedure. The American Medical Association and the American Society of Plastic Surgeons have agreed upon the following definitions:

- Cosmetic procedures are those that are performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.
- Reconstructive procedures are those procedures performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function but may also be done to approximate a normal appearance.

In order to be considered medically necessary, the goal of reconstructive surgery must be to correct an abnormality in order to restore physiological function to the extent possible. As such, for reconstructive surgery to be considered medically necessary there must be a reasonable expectation that the procedure will correct or significantly improve a functional deficit\*.

NOTE: Functional deficit is defined as:

- A. Pain or other physical deficit that interferes with activities of daily living; OR
- B. Impaired physical activity

## Reference Resources

1. <http://meddict.org/term/eruption-of-teeth/>
2. [www.aaoms.org/docs/practice\\_mgmt/.../impacted\\_third\\_molars.pdf](http://www.aaoms.org/docs/practice_mgmt/.../impacted_third_molars.pdf)
3. <http://www.aaoms.org>
4. [http://www.surgical-dentistry.info/files/Dental\\_Update\\_-\\_The\\_Surgical\\_Management\\_of\\_the\\_Oral\\_Soft\\_Tissues\\_-\\_Biopsy.pdf](http://www.surgical-dentistry.info/files/Dental_Update_-_The_Surgical_Management_of_the_Oral_Soft_Tissues_-_Biopsy.pdf)
5. <http://www.dentistry.utoronto.ca/dpes/oral-maxillofacial-surgery/patients/surgical-incision-and-drainage-patient>
6. <http://www.charlotteoralsurgery.com/oral-surgery-charlotte-nc/bone-grafting-charlotte-nc.html>
7. <http://www.rightdiagnosis.com/surgery/vestibuloplasty.htm> and <http://www.ffofr.org/education/lectures/complete-dentures/complete-dentures-reconstructive-preprosthetic-surgery/>
8. <http://www.cosmeticdentistryguide.co.uk/articles/tuberosity-reduction.html>

## Related Policies

Dental Services for Accidental Injury, Gross Deformity, Head and Neck Cancers, and

Congenital/Genetic Disorders  
Temporomandibular Joint Dysfunction

### Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

### Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

## Administrative and Contractual Guidance

### Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a

conflict.

### Policy Implementation/Update information

06/2013	Policy developed to comply with the Affordable Care Act and the State of VT RFP.
03/2014	Added CDT code: D1110 for adult prophylaxis. Approved by DHVA on 3/21/14 performed on children as young as 13 yrs of age. RLJ.
01/2015	Definition “sound natural tooth” updated. Exclusions clarified. Facility and anesthesia charges clarified. MPC approved policy on 1/19/15.
06/2015	Part A- under medically necessary “Surgery related to head and neck cancer where sound natural teeth may be affected primarily or as a result of the chemotherapy or radiation treatment of that cancer”.
10/2017	Clarifying language added absent (tooth /teeth), Trauma, infection, cancer-related treatment. Examples: Added, services may be covered (trauma, infection, cancer-related treatment. External provider feedback received. Coding changes: D0260- deleted 01/01/2016, D9220- deleted 01/01/2016, D9221- deleted 01/01/2016, D9241- deleted 01/01/2016, D9242- deleted 01/01/2016
01/2018	CDT Yearly adaptive maintenance changes: D0260, D9220, D9221, D9241, D9242- the codes were deleted effective 01/01/2016. Deleted D5510, D5610 & D5620 the codes were deleted effective 01/01/2018. Revised the following codes to be effective 01/01/2018; D2740, D3320, D3330, D4321, D4326, D4355, D7111. Added the following codes effective 01/01/2018: D1354, D5511, D5512, D5621, D5622, D8695, D9222, D9223, D9239
01/2019	CDT Yearly Adaptive Changes Effective 01/01/2019: D1515 deleted replaced with D1516&D1517. D1525 deleted replaced with D1526 & D1527. D5211, D5212 & D5630 Edit to descriptor. D9404 deleted replaced with D9944, D9945 & D9946.
10/2019	Removed dental instructions regarding age, limit and guidance for benefit within body of document and placed in coding table. New coding table added to medical policy for ease of reading.
01/2020	CDT Yearly Adaptive Changes Effective 01/01/2020: Revised Codes: D1510 & D1575. Deleted Codes: D1550, D8692, D8694. Editorial Changes to Codes: D5213, D5214, D6214. New Codes: D1551, D1552, D1553, D2753, D6243, D6753, D7922, D8698, D8699, D8701, D8702. Non-Covered Codes: D0419, D1556, D1557, D1558, D5284, D5286, D6083, D6084, D6086, D6087, D6088, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195, D6784, D8696, D8697, D9997
05/2020	Updates to teledentistry for synchronous and asynchronous services. Removed D9996 from non- covered to medically necessary. Added Code D9995 as medically necessary. Added section for teledentistry with language and documentation guidance to policy. Added code D0190 to be used in conjunction with teledentistry code D9996 to be eligible for asynchronous teledentistry.

01/2021	CDT Yearly Adaptative Maintenance Changes Effective 01/01/2021: Added codes to coding table as eligible services with applicable criteria: D0701, D0702, D0703, D0705, D0706, D0707, D0708, D0709, D2928, D3471, D3472, D3473, D3501, D3502, D3503, D7961, D7962. Added codes to Non-Covered coding table: D0704, D1321, D1355, D5995, D5996, D6191, D6192, D7993, D7994. Revised Descriptors: D0120, D0150, D1110, D1120, D1557, D1558, D2960, D5225, D5226, D5284, D5286, D5750, D5751, D5760, D5761, D5820, D5821, D6098. Deleted Codes: D3427, D7960. Codes that will not require prior approval: D2981, D2982, D2983.
04/2021	Policy renamed and separated Part A and Part B of the policy for clarification of services. +++ Policy name changed+++ Dental Services Pediatric for (Qualified Plan). Updated related policy section to add policy: Dental Services for Accidental Injury, Gross Deformity, Head and Neck Cancers, and Congenital/Genetic Disorders.
01/2022	CDT Yearly Adaptive Maintenance Changes Effective 01/01/2022: Revised code descriptors: D0120, D1354, D9997. Deleted codes: D4320, D4321, D8050, D8060. Added codes D4322 & D4323 as eligible services. Added codes: D3911, D3921, D5227, D5228, D5725, D5765, D6198, D7298, D7299, D7300, D9912, D9947, D9948, D9949 as non-covered.
04/2022	Policy Reviewed. Title Change from “Dental Services Pediatric for Qualified Health Plan” to “Dental Services Pediatric (for Qualified Health Plans and Applicable Plans)”. Formatting changes. No change to policy statement.
03/2023	Policy reviewed. Removed specific age requirements for general and intravenous anesthesia and expanded potential medically necessary instances for general and intravenous anesthesia. Effective 01/01/2023 :Deleted code D0704. Revised code descriptors: D0210, D0709, D0393, D4240, D4241, D4355, D7251, D9110. Added codes; D0372, D0373, D0374, D0801, D0802, D0803, D0804, D0387, D0388, D0389, D1781, D1782, D1783, D4286, D6105, D6106, D6107, D6197, D7509, D7956, D7957, D9953 as non-covered.

### Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

**Approved by BCBSVT Medical Directors**

**Date Approved**

Tom Weigel, MD, MBA  
Vice President and Chief Medical Officer

**Attachment I - Pediatric Dental Services  
CDT Coding Table & Instructions**

**When applicable criteria have been met, the following dental services will be considered Medically Necessary to individuals up to age 21 (and through the end of the Plan year in which a member turns 21), on a qualified health plan product or a product that has the pediatric dental rider.**

<b>Procedure Code</b>	<b>Description</b>	<b>Service Type</b>	<b>Age</b>	<b>Frequency</b>	<b>Policy</b>
<b>D0120</b>	periodic oral evaluation - established patient. Report additional diagnostic procedures separately.	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 per 180 days	Prior approval required if more than 1 per 180 days.
<b>D0140</b>	limited oral evaluation - problem focused; An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 per date of service	Limited to one per member per provider per date of service. May be used in conjunction with telemedicine visits (D9995) eligible for benefit per policy guidelines.

D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver; Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.	Diagnostic	Limited to children under three years of age.	1 per 180 days	Prior approval required if more than 1 per 180 days. Cannot bill for oral hygiene instructions (D1330) on same date of service as D0145).
D0150	comprehensive oral evaluation - new or established patient; Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer the evaluation and recording of the	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 per provider per 3 years	Prior approval required if visit is required earlier than three- year limit.

	patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.				
<b>D0170</b>	re-evaluation - limited, problem focused (established patient; not post-operative visit); Assessing the status of a previously existing condition. For example: - a traumatic injury where no treatment was rendered but patient needs follow-up monitoring; - evaluation for undiagnosed continuing pain; - soft tissue lesion requiring follow-up evaluation.	Diagnostic-Assessing status of a previously existing condition.	Up to age 21 and through end of plan year in which a member turns 21	1 per date of service	Benefit limited of one per member per provider per date of service. May be used in conjunction with telemedicine visits (D9995) eligible for benefit per policy guidelines.
<b>D0190</b>	screening of a patient- to determine an individual's need to be seen by a dentist for diagnosis	Pre-Diagnostic Services	Up to age 21 and through end of plan year in which a member turns 21	1 per date of service	Benefit limited of one per member per provider per date of service. May be <b>ONLY</b> used in conjunction with telemedicine visits (D9996) eligible for benefit per policy guidelines



<b>D0210</b>	intraoral - comprehensive series of radiographic images; A radiographic survey of the whole mouth, intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone Including edentulous areas.	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 per 180 days	Prior approval required for additional images.
<b>D0220</b>	intraoral - periapical first radiographic image	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	6 per date of service	Prior approval required for additional images.
<b>D0230</b>	intraoral - periapical each additional radiographic image	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	6 per date of service	Prior approval required for additional images.
<b>D0240</b>	intraoral - occlusal radiographic image	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 set per 180 days	Prior approval required for additional services.
<b>D0250</b>	extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector; These images include, but are not limited to: Lateral Skull; Posterior-Anterior Skull; Submentovertex; Waters; Reverse Tomes; Oblique Mandibular Body; Lateral Ramus.	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 set per 180 days	Prior approval required for additional images.

<b>D0251</b>	extra-oral posterior dental radiographic image; Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image.	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 set per 180 days	Prior approval required for additional images.
<b>D0270</b>	bitewing - single radiographic image	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 set per 180 days	Prior approval required for additional images.
<b>D0272</b>	bitewings - two radiographic images	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 set per 180 days	Prior approval required for additional images.
<b>D0273</b>	bitewings - three radiographic images	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 set per 180 days	Prior approval required for additional images.
<b>D0274</b>	bitewings - four radiographic images	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 set per 180 days	Prior approval required for additional images.
<b>D0330</b>	panoramic radiographic image	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 set per 180 days	Prior approval required for additional images.

<b>D0340</b>	2D cephalometric radiographic image - acquisition, measurement and analysis; Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry.	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 per 2 years	Benefit limited to one per member per two years
<b>D0350</b>	2D oral/facial photographic image obtained intra-orally or extra-orally	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 per 2 years	Benefit limited to one per member per two years
<b>D0364</b>	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D0365</b>	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D0366</b>	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D0367</b>	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D0368</b>	cone beam CT capture and interpretation for TMJ series including two or more exposures	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required

<b>D0391</b>	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D0393</b>	Virtual treatment simulation using 3D image volume or surface scan virtual simulation of treatment including, but not limited to, dental implant placement, prosthetic reconstruction, orthognathic surgery and orthodontic tooth movement.	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D0470</b>	diagnostic casts; Also known as diagnostic models or study models	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	1 set per 2 years	No prior approval required
<b>D0701</b>	panoramic radiographic image - image capture only	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	Teledentistry meant to capture image only forwarded to another dentist for interpretation. 1 per 180 days	Prior approval required for additional images.
<b>D0702</b>	2-D cephalometric radiographic image - image capture only	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	Teledentistry meant to capture image only forwarded to another dentist for interpretation. 1 per 2 years	Benefit limited to one per member per two years

<b>D0703</b>	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	Teledentistry meant to capture image only forwarded to another dentist for interpretation. 1 per 2 years	Benefit limited to one per member per two years
<b>D0705</b>	extra-oral posterior dental radiographic image - image capture only	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	Teledentistry meant to capture image only forwarded to another dentist for interpretation. 1 per 180 days	Prior approval required for additional images.
<b>D0706</b>	intraoral - occlusal radiographic image - image capture only	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	Teledentistry meant to capture image only forwarded to another dentist for interpretation. 1 per 180 days	Prior approval required for additional images.
<b>D0707</b>	intraoral - periapical radiographic image - image capture only	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	Teledentistry meant to capture image only forwarded to another dentist for interpretation. 6 per date of service	Prior approval required for additional images.

<b>D0708</b>	intraoral - bitewing radiographic image - image capture only	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	Teledentistry meant to capture image only forwarded to another dentist for interpretation. 1 per 180 days	Prior approval required for additional images.
<b>D0709</b>	intraoral - comprehensive series of radiographic images - image capture only	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21	Teledentistry meant to capture image only forwarded to another dentist for interpretation. 1 per 180 days	Prior approval required for additional images.
<b>D0999</b>	unspecified diagnostic procedure, by report; Used for a procedure that is not adequately described by a code. Describe the procedure.	Diagnostic	Up to age 21 and through end of plan year in which a member turns 21		Will suspend for medical review
<b>D1110</b>	prophylaxis - adult; Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition and implants. It is intended to control local irritational factors.	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 180 days	Prior approval required for more than one visit in 180 days.
<b>D1120</b>	prophylaxis - child; Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition and implants. It is intended to control local irritational factors	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 180 days	Prior approval required for more than one visit in 180 days.

<b>D1206</b>	topical application of fluoride varnish	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 180 days	Prior approval required for more than one visit in 180 days.
<b>D1208</b>	topical application of fluoride - excluding varnish	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 180 days	Prior approval required for more than one visit in 180 days.
<b>D1320</b>	tobacco counseling for the control and prevention of oral disease; Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies.	Preventive	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D1330</b>	oral hygiene instructions; This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids.	Preventive	≤4 years old	1 per year - Refer to age	Prior approval required for additional visits.
<b>D1351</b>	sealant - per tooth; Mechanically and/or chemically prepared enamel surface sealed to prevent decay.	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Once a sealant is placed, the provider is responsible for the maintenance of the sealant for a period of 5 years- append a U9 modifier to the procedure code.

<b>D1352</b>	preventive resin restoration in a moderate to high caries risk patient - permanent tooth; Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Once a sealant is placed, the provider is responsible for the maintenance of the sealant for a period of 5 years- append a U9 modifier to the procedure code.
<b>D1354</b>	application of caries arresting medicament - per tooth application of caries arresting medicament - per tooth	Preventive	Up to age 21 and through end of plan year in which a member turns 21	2 per tooth per lifetime	Once a sealant is placed, the provider is responsible for the maintenance of the sealant for a period of 5 years- append a U9 modifier to the procedure code.
<b>D1510</b>	space maintainer - fixed - unilateral; per quadrant	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 2 years	Benefit limited to one identical space maintainer per member per year
<b>D1516</b>	space maintainer - fixed - bilateral, maxillary	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 2 years	Benefit limited to one identical space maintainer per member per year
<b>D1517</b>	space maintainer - fixed - bilateral, mandibular	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 2 years	Benefit limited to one identical space maintainer per member per year
<b>D1526</b>	space maintainer - removable - bilateral, maxillary	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 2 years	Benefit limited to one identical space maintainer per member per year



<b>D1527</b>	space maintainer - removable - bilateral, mandibular	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 2 years	Benefit limited to one identical space maintainer per member per year
<b>D1551</b>	re-cement or re-bond bilateral space maintainer - maxillary	Preventive	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D1552</b>	re-cement or re-bond bilateral space maintainer - mandibular	Preventive	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D1553</b>	re-cement or re-bond unilateral space maintainer - per quadrant	Preventive	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D1575</b>	distal shoe space maintainer - fixed - unilateral; per quadrant.	Preventive	Up to age 21 and through end of plan year in which a member turns 21	1 per 2 years	Benefit limited to one identical space maintainer per member per year

<b>D2140</b>	amalgam - one surface, primary or permanent	Restorative-Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used they should be reported separately (D2951).	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	No prior approval required
<b>D2150</b>	amalgam - two surfaces, primary or permanent	Restorative-Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (D2951).	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2160</b>	amalgam - three surfaces, primary or permanent	Restorative-Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used they should be reported separately (D2951).	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.

<b>D2161</b>	amalgam - four or more surfaces, primary or permanent	Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (D2951).	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2330</b>	resin-based composite - one surface, anterior	Restorative	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2331</b>	resin-based composite - two surfaces, anterior	Restorative	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2332</b>	resin-based composite - three surfaces, anterior	Restorative	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2335</b>	resin-based composite - four or more surfaces or involving incisal angle (anterior); Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.	Restorative	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2390</b>	resin-based composite crown, anterior; Full resin-based composite coverage of tooth.	Restorative	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.

<b>D2391</b>	resin-based composite - one surface, posterior; Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.	Restorative	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2392</b>	resin-based composite - two surfaces, posterior	Restorative	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2393</b>	resin-based composite - three surfaces, posterior	Restorative	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2394</b>	resin-based composite - four or more surfaces, posterior	Restorative	Up to age 21 and through end of plan year in which a member turns 21	Once per surface per year per tooth	Benefit limited to one identical restoration per tooth per year.
<b>D2720</b>	crown - resin with high noble metal	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Benefit limit to one tooth per five years.
<b>D2740</b>	crown - porcelain/ceramic	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Benefit limit to one tooth per five years.
<b>D2750</b>	crown - porcelain fused to high noble metal	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Benefit limit to one tooth per five years.

<b>D2751</b>	crown - porcelain fused to predominantly base metal	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Benefit limit to one tooth per five years.
<b>D2752</b>	crown - porcelain fused to noble metal	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Benefit limit to one tooth per five years.
<b>D2753</b>	crown - porcelain fused to titanium and titanium alloys	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Benefit limit to one tooth per five years.
<b>D2790</b>	crown - full cast high noble metal	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Benefit limit to one tooth per five years.
<b>D2791</b>	crown - full cast predominantly base metal	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Benefit limit to one tooth per five years.
<b>D2792</b>	crown - full cast noble metal	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 5 years	Benefit limit to one tooth per five years.
<b>D2920</b>	re-cement or re-bond crown	Restorative	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D2928</b>	Prefabricated Porcelain/Ceramic Crown- Permanent Tooth	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 2 years	No prior approval required
<b>D2930</b>	prefabricated stainless steel crown - primary tooth	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 2 years	Benefit limit to one tooth per two years
<b>D2931</b>	prefabricated stainless steel crown - permanent tooth	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 2 years	Benefit limit to one tooth per two years
<b>D2932</b>	prefabricated resin crown	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 2 years	Benefit limit to one tooth per two years
<b>D2933</b>	prefabricated stainless steel crown with resin window; Open-face stainless steel crown with aesthetic resin facing or veneer.	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per 2 years	Benefit limit to one tooth per two years
<b>D2940</b>	protective restoration; Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under a restoration.	Restorative	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D2950</b>	core buildup, including any pins when required; Refers to building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.	Restorative	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D2951</b>	pin retention - per tooth, in addition to restoration	Restorative	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per 2 years	Benefit limit to one tooth per two years
<b>D2952</b>	post and core in addition to crown, indirectly fabricated; Post and core are custom fabricated as a single unit.	Restorative	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D2954</b>	prefabricated post and core in addition to crown; Core is built around a prefabricated post. This procedure includes the core material.	Restorative	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D2960</b>	labial veneer (resin laminate) - direct; Refers to labial/facial direct resin bonded veneers.	Restorative	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D2980</b>	crown repair necessitated by restorative material failure	Restorative	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required

<b>D2981</b>	inlay repair necessitated by restorative material failure	Restorative	Up to age 21 and through end of plan year in which a member turns 21		No Prior approval required
<b>D2982</b>	onlay repair necessitated by restorative material failure	Restorative	Up to age 21 and through end of plan year in which a member turns 21		No Prior approval required
<b>D2983</b>	veneer repair necessitated by restorative material failure	Restorative	Up to age 21 and through end of plan year in which a member turns 21		No Prior approval required
<b>D2999</b>	unspecified restorative procedure, by report; Used for a procedure that is not adequately described by a code. Describe the procedure.	Restorative	Up to age 21 and through end of plan year in which a member turns 21		Suspend for medical review
<b>D3220</b>	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament; Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.   - To be performed on primary or permanent teeth.   - This is not to be construed as the first stage of root canal therapy.   - Not to be used for apexogenesis.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.



<b>D3221</b>	pulpal debridement, primary and permanent teeth; Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.
<b>D3230</b>	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration); Primary incisors and cuspids.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.
<b>D3240</b>	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration); Primary first and second molars.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.
<b>D3310</b>	endodontic therapy, anterior tooth (excluding final restoration)	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D3320</b>	endodontic therapy, premolar tooth (excluding final restoration)	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D3330</b>	endodontic therapy, molar tooth (excluding final restoration)	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D3351</b>	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.); Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D3352</b>	apexification/recalcification - interim medication replacement; For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D3353</b>	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.); Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.)	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D3355</b>	pulpal regeneration - initial visit; Includes opening tooth, preparation of canal spaces, placement of medication.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D3356</b>	pulpal regeneration - interim medication replacement	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required

<b>D3357</b>	pulpal regeneration - completion of treatment; Does not include final restoration.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D3410</b>	apicoectomy - anterior; For surgery on root of anterior tooth. Does not include placement of retrograde filling material.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.
<b>D3421</b>	apicoectomy - premolar (first root); For surgery on one root of a premolar. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.
<b>D3425</b>	apicoectomy - molar (first root); For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.
<b>D3426</b>	apicoectomy (each additional root); Typically used for premolar and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.
<b>D3430</b>	retrograde filling - per root; For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root - report as D3999 and describe.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.

<b>D3450</b>	root amputation - per root; Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Benefit limit to one tooth per lifetime.
<b>D3471</b>	Surgical repair of root resorption- anterior	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	No prior approval required
<b>D3472</b>	surgical repair of root resorption -- premolar tooth	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	No prior approval required
<b>D3473</b>	surgical repair of root resorption-- molar	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	No prior approval required
<b>D3501</b>	surgical exposure of root surface without apicoectomy or repair of root resorption--anterior	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	No prior approval required
<b>D3502</b>	surgical exposure of root surface without apicoectomy or repair of root resorption- pre- molar tooth	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	No prior approval required

<b>D3503</b>	surgical exposure of root surface without apicoectomy or repair of root resorption- molar tooth	Endodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	No prior approval required
<b>D3910</b>	surgical procedure for isolation of tooth with rubber dam	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D3920</b>	hemisection (including any root removal), not including root canal therapy; Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D3999</b>	unspecified endodontic procedure, by report; Used for a procedure that is not adequately described by a code. Describe the procedure.	Endodontics	Up to age 21 and through end of plan year in which a member turns 21		Suspend for medical necessity
<b>D4210</b>	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant; It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 procedures per lifetime	Benefit limit to four procedures per lifetime.

D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant; It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 procedures per lifetime	Benefit limit to four procedures per lifetime.
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 procedures per lifetime	Benefit limit to four procedures per lifetime.

<p><b>D4240</b></p>	<p>gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant; A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, Other procedures may be required concurrent to D4240 and should be reported separately using their own unique code</p>	<p>Periodontics</p>	<p>Up to age 21 and through end of plan year in which a member turns 21</p>	<p>4 procedures per lifetime</p>	<p>Benefit limit to four procedures per lifetime.</p>
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<p><b>D4241</b></p>	<p>gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant; A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes.</p>	<p>Periodontics</p>	<p>Up to age 21 and through end of plan year in which a member turns 21</p>	<p>4 procedures per lifetime</p>	<p>Benefit limit to four procedures per lifetime.</p>
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<p><b>D4249</b></p>	<p>clinical crown lengthening - hard tissue; This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.</p>	<p>Periodontics</p>	<p>Up to age 21 and through end of plan year in which a member turns 21</p>	<p>4 procedures per lifetime</p>	<p>Benefit limit to four procedures per lifetime.</p>
<p><b>D4260</b></p>	<p>osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant; This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes.</p>	<p>Periodontics</p>	<p>Up to age 21 and through end of plan year in which a member turns 21</p>	<p>4 procedures per lifetime</p>	<p>Benefit limit to four procedures per lifetime.</p>

<p><b>D4261</b></p>	<p>osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant; This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4261 and should be reported using their own unique codes</p>	<p>Periodontics</p>		<p>4 procedures per lifetime</p>	<p>Benefit limit to four procedures per lifetime.</p>
<p><b>D4263</b></p>	<p>bone replacement graft - retained natural tooth - first site in quadrant; This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.</p>	<p>Periodontics</p>	<p>Up to age 21 and through end of plan year in which a member turns 21</p>	<p>4 procedures per lifetime</p>	<p>Benefit limit to four procedures per lifetime.</p>

<b>D4270</b>	pedicle soft tissue graft procedure; A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 procedures per lifetime	Benefit limit to four procedures per lifetime.
<b>D4277</b>	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 procedures per lifetime	Benefit limit to four procedures per lifetime.
<b>D4278</b>	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site; Used in conjunction with D4277.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 procedures per lifetime	Benefit limit to four procedures per lifetime.
<b>D4322</b>	splint - intra-coronal; natural teeth or prosthetic crowns; Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 procedures per lifetime	Benefit limit to four procedures per lifetime.
<b>D4323</b>	splint - extra-coronal; natural teeth or prosthetic crowns; Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 procedures per lifetime	Benefit limit to four procedures per lifetime.

D4341	provisional splinting - extracoronal; This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 quadrants per year	Benefit limit to four quadrants per year.
D4342	periodontal scaling and root planing - one to three teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	4 quadrants per year	Benefit limit to four quadrants per year.

<p><b>D4346</b></p>	<p>scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation; The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.</p>	<p>Periodontics</p>	<p>Up to age 21 and through end of plan year in which a member turns 21</p>	<p>1 per 180 days</p>	<p>Benefit limit to one per 180 days</p>
<p><b>D4355</b></p>	<p>full mouth debridement to enable a comprehensive peridontalevaluation and diagnosis on a subsequent visit for additional procedures.</p>	<p>Periodontics</p>	<p>Up to age 21 and through end of plan year in which a member turns 21</p>	<p>1 per 2 years</p>	<p>Benefit limit to one per 2 years.</p>

<b>D4910</b>	periodontal maintenance; This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21	1 per 180 days	Prior approval required for additional services
<b>D4999</b>	unspecified periodontal procedure, by report; Used for a procedure that is not adequately described by a code. Describe the procedure.	Periodontics	Up to age 21 and through end of plan year in which a member turns 21		Suspend for medical necessity
<b>D5110</b>	complete denture - maxillary	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D5120</b>	complete denture - mandibular	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required

<b>D5130</b>	immediate denture - maxillary; Includes limited follow-up care only; does not include required future rebasings/relining procedure(s).	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 arch per lifetime	Prior approval required
<b>D5140</b>	immediate denture - mandibular; Includes limited follow-up care only; does not include required future rebasings / relining procedure(s).	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 arch per lifetime	Prior approval required
<b>D5211</b>	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 arch per 5 years	Prior approval required
<b>D5212</b>	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 arch per 5 years	Prior approval required
<b>D5213</b>	maxillary partial denture - cast metal framework with resin denture bases (including any retentive / clasping materials, rests and teeth)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 arch per 5 years	Prior approval required
<b>D5214</b>	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 arch per 5 years	Prior approval required
<b>D5225</b>	maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 arch per 5 years	Prior approval required

<b>D5226</b>	mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 arch per 5 years	Prior approval required
<b>D5410</b>	adjust complete denture - maxillary	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5411</b>	adjust complete denture - mandibular	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5421</b>	adjust partial denture - maxillary	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5422</b>	adjust partial denture - mandibular	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5511</b>	repair broken complete denture base, mandibular	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5512</b>	repair broken complete denture base, maxillary	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required



<b>D5520</b>	replace missing or broken teeth - complete denture (each tooth)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5611</b>	repair resin partial denture base, mandibular	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5612</b>	repair resin partial denture base, maxillary	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5621</b>	repair cast partial framework, mandibular	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5622</b>	repair cast partial framework, maxillary	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5630</b>	repair or replace broken retentive clasping materials - per tooth	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5640</b>	replace broken teeth - per tooth	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required

<b>D5650</b>	add tooth to existing partial denture	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5660</b>	add clasp to existing partial denture - per tooth	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 180 days	Prior approval required
<b>D5710</b>	rebase complete maxillary denture	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5711</b>	rebase complete mandibular denture	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5720</b>	rebase maxillary partial denture	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5721</b>	rebase mandibular partial denture	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5750</b>	reline complete maxillary denture (indirect)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required

<b>D5751</b>	reline complete mandibular denture (indirect)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5760</b>	reline maxillary partial denture (indirect)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5761</b>	reline mandibular partial denture (indirect)	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5820</b>	interim partial denture (including retentive/clasping materials, rests and teeth) maxillary.	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Prior approval required
<b>D5821</b>	interim partial denture (including retentive/clasping materials, rests and teeth) mandibular.	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per tooth per lifetime	Prior approval required
<b>D5850</b>	tissue conditioning, maxillary; Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Benefit limit to one denture per 2 years.
<b>D5851</b>	tissue conditioning, mandibular; Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Benefit limit to one denture per 2 years.

<b>D5863</b>	overdenture - complete maxillary	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5864</b>	overdenture - partial maxillary	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5865</b>	overdenture - complete mandibular	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5866</b>	overdenture - partial mandibular	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required
<b>D5899</b>	unspecified removable prosthodontic procedure, by report; Used for a procedure that is not adequately described by a code. Describe the procedure	Prosthodontics, Removable	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Suspend for medical necessity
<b>D5992</b>	adjust maxillofacial prosthetic appliance, by report	Maxillofacial Prosthetics	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Benefit limit to one denture per two years.
<b>D6055</b>	connecting bar - implant supported or abutment supported; Utilized to stabilize and anchor a prosthesis.	Implant Services	Up to age 21 and through end of plan year in which a member turns 21	1 per denture per 2 years	Prior approval required

<b>D6081</b>	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; This procedure is not performed in conjunction with D1110, D4910 or D4346.	Implant Services	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D6101</b>	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Implant Services	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D6102</b>	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Implant Services	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D6103</b>	bone graft for repair of peri-implant defect - does not include flap entry and closure; Placement of a barrier membrane or biologic materials to aid in osseous regeneration, are reported separately.	Implant Services	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D6210</b>	pontic - cast high noble metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6211</b>	pontic - cast predominantly base metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required

<b>D6212</b>	pontic - cast noble metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6214</b>	pontic - titanium and titanium alloys	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6240</b>	pontic - porcelain fused to high noble metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6251</b>	pontic - resin with predominantly base metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6252</b>	pontic - resin with noble metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6253</b>	interim pontic - further treatment or completion of diagnosis necessary prior to final impression; Not to be used as a temporary pontic for a routine prosthetic restoration.	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6241</b>	pontic - porcelain fused to predominantly base metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required

<b>D6242</b>	pontic - porcelain fused to noble metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6243</b>	pontic - porcelain fused to titanium and titanium alloys	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6545</b>	retainer - cast metal for resin bonded fixed prosthesis	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6750</b>	retainer - cast metal for resin bonded fixed prosthesis	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6751</b>	retainer crown - porcelain fused to predominantly base metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6752</b>	retainer crown - porcelain fused to noble metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6753</b>	retainer crown - porcelain fused to titanium and titanium alloys	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required

<b>D6790</b>	retainer crown - full cast high noble metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6791</b>	retainer crown - full cast predominantly base metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6792</b>	retainer crown - full cast noble metal	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6930</b>	re-cement or re-bond fixed partial denture	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D6980</b>	fixed partial denture repair necessitated by restorative material failure	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D6985</b>	pediatric partial denture, fixed; This prosthesis is used primarily for aesthetic purposes.	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21	1 per arch per 5 years	Prior approval required
<b>D6999</b>	unspecified fixed prosthodontic procedure, by report; Used for a procedure that is not adequately described by a code. Describe the procedure.	Prosthodontics, Fixed	Up to age 21 and through end of plan year in which a member turns 21		Suspend for Medical Review



<b>D7111</b>	extraction, coronal remnants - primary tooth; Removal of soft tissue-retained coronal remnants.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7140</b>	extraction, erupted tooth or exposed root (elevation and/or forceps removal); Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7210</b>	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated; Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7220</b>	removal of impacted tooth - soft tissue; Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7230</b>	removal of impacted tooth - partially bony; Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7240</b>	removal of impacted tooth - completely bony; Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D7241</b>	removal of impacted tooth - completely bony, with unusual surgical complications; Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7250</b>	removal of residual tooth roots (cutting procedure); Includes cutting of soft tissue and bone, removal of tooth structure, and closure.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7251</b>	coronectomy - intentional partial tooth removal, impacted teeth only Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per lifetime	Benefit limit to one tooth per lifetime.
<b>D7260</b>	oroantral fistula closure; Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7261</b>	primary closure of a sinus perforation; Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulous tract.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7270</b>	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth; Includes splinting and/or stabilization.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D7280</b>	exposure of an unerupted tooth; An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7282</b>	mobilization of erupted or malpositioned tooth to aid eruption; To move/luxate teeth to eliminate ankylosis; not in conjunction with an extraction.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7283</b>	placement of device to facilitate eruption of impacted tooth; Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7285</b>	incisional biopsy of oral tissue-hard (bone, tooth); For partial removal of specimen only. This procedure involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7286</b>	incisional biopsy of oral tissue-soft; For partial removal of an architecturally intact specimen only. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D7290</b>	surgical repositioning of teeth; Grafting procedure(s) is/are additional.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D7291</b>	transseptal fiberotomy/ supra crestal fiberotomy, by report; The supraosseous connective tissue attachment is surgically severed around the involved teeth. Where there are adjacent teeth, the transseptal fiberotomy of a single tooth will involve a minimum of three teeth. Since the incisions are within the gingival sulcus and tissue and the root surface is not instrumented, this procedure heals by the reunion of connective tissue with the root surface on which viable periodontal tissue is present (reattachment).	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D7295</b>	harvest of bone for use in autogenous grafting procedure; Reported in addition to those autogenous graft placement procedures that do not include harvesting of bone.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D7310</b>	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant; The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21	4 quadrants per 365 days	Benefit limit to four quadrants in one year.

<b>D7311</b>	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant; The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21	4 quadrants per 365 days	Benefit limit to four quadrants in one year.
<b>D7320</b>	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant; No extractions performed in an edentulous area. See D7310 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21	4 quadrants per 365 days	Benefit limit to four quadrants in one year.
<b>D7321</b>	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant; No extractions performed in an edentulous area. See D7311 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21	4 quadrants per 365 days	Benefit limit to four quadrants in one year.
<b>D7340</b>	vestibuloplasty - ridge extension (secondary epithelialization)	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21	4 quadrants per 365 days	Benefit limit to four quadrants in one year.

<b>D7350</b>	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7410</b>	excision of benign lesion up to 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7411</b>	excision of benign lesion greater than 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7412</b>	excision of benign lesion, complicated; Requires extensive undermining with advancement or rotational flap closure.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7413</b>	excision of malignant lesion up to 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7414</b>	excision of malignant lesion greater than 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7415</b>	excision of malignant lesion, complicated; Requires extensive undermining with advancement or rotational flap closure.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D7440</b>	excision of malignant tumor - lesion diameter up to 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7441</b>	excision of malignant tumor - lesion diameter greater than 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7450</b>	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7451</b>	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7460</b>	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7461</b>	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7465</b>	destruction of lesion(s) by physical or chemical method, by report; Examples include using cryo, laser or electro surgery.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D7471</b>	removal of lateral exostosis (maxilla or mandible)	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7272</b>	removal of torus palatinus	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7473</b>	removal of torus mandibularis	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7485</b>	reduction of osseous tuberosity	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7510</b>	incision and drainage of abscess - intraoral soft tissue; Involves incision through mucosa, including periodontal origins.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7560</b>	maxillary sinusotomy for removal of tooth fragment or foreign body	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7880</b>	occlusal orthotic device, by report; Presently includes splints provided for treatment of temporomandibular joint dysfunction.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21	1 appliance per year	Benefit limit to one appliance per year.



<b>D7881</b>	occlusal orthotic device adjustment	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7910</b>	suture of recent small wounds up to 5 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7911</b>	complicated suture - up to 5 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7912</b>	complicated suture - greater than 5 cm	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7922</b>	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site; this procedure can be performed at time and/or after extraction to aid in hemostasis. the socket is packed with a hemostatic agent to aid in hemostasis and or clot stabilization	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21	1 tooth per lifetime	Benefit limit 1 tooth per lifetime
<b>D7961</b>	Buccal / labial frenectomy (frenulectomy).	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D7962</b>	lingual frenectomy (frenulectomy)	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7971</b>	excision of pericoronal gingiva; Removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7972</b>	surgical reduction of fibrous tuberosity	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D7999</b>	unspecified oral surgery procedure, by report; Used for a procedure that is not adequately described by a code. Describe the procedure.	Oral & Maxillofacial Surgery	Up to age 21 and through end of plan year in which a member turns 21		Suspend for Medical Review
<b>D8010</b>	limited orthodontic treatment of the primary dentition	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D8020</b>	limited orthodontic treatment of the transitional dentition	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D8030</b>	limited orthodontic treatment of the adolescent dentition	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required

<b>D8040</b>	limited orthodontic treatment of the adult dentition	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D8070</b>	comprehensive orthodontic treatment of the transitional dentition	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D8080</b>	comprehensive orthodontic treatment of the adolescent dentition	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D8090</b>	comprehensive orthodontic treatment of the adult dentition	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D8210</b>	removable appliance therapy; Removable indicates patient can remove; includes appliances for thumb sucking and tongue thrusting.	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D8220</b>	fixed appliance therapy; Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting.	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required
<b>D8695</b>	removal of fixed orthodontic appliances for reasons other than completion of treatment	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D8698</b>	re-cement or re-bond fixed retainer - maxillary	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D8699</b>	re-cement or re-bond fixed retainer - mandibular	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D8701</b>	repair of fixed retainer, includes reattachment - maxillary	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D8702</b>	repair of fixed retainer, includes reattachment - mandibular	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D8999</b>	unspecified orthodontic procedure, by report; Used for a procedure that is not adequately described by a code. Describe the procedure	Orthodontics	Up to age 21 and through end of plan year in which a member turns 21		Requires prior approval
<b>D9110</b>	palliative treatment of dental pain -;	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		Prior approval required

<b>D9222</b>	deep sedation/general anesthesia - first 15 minutes; Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9223</b>	deep sedation/general anesthesia - each subsequent 15 minute increment	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9230</b>	inhalation of nitrous oxide/analgesia, anxiolysis	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D9239</b>	intravenous moderate (conscious) sedation/analgesia- first 15 minutes; Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9243</b>	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9248</b>	non-intravenous conscious sedation; This includes non-IV minimal and moderate sedation. 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 non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D9310</b>	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician; A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9420</b>	hospital or ambulatory surgical center call; Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9932</b>	cleaning and inspection of removable complete denture, maxillary; This procedure does not include any adjustments.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9933</b>	cleaning and inspection of removable complete denture, mandibular; This procedure does not include any adjustments.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9934</b>	cleaning and inspection of removable partial denture, maxillary; This procedure does not include any adjustments.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D9935</b>	cleaning and inspection of removable partial denture, mandibular; This procedure does not include any adjustments.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9941</b>	fabrication of athletic mouthguard	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9942</b>	repair and/or relines of occlusal guard	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9943</b>	occlusal guard adjustment	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9944</b>	occlusal guard - hard appliance, full arch; Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9945</b>	occlusal guard - soft appliance, full arch; Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required



<b>D9946</b>	occlusal guard - hard appliance, partial arch; Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9950</b>	occlusion analysis - mounted case; Includes, but is not limited to, facebow, interocclusal records tracings, and diagnostic wax-up; for diagnostic casts, see D0470.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9951</b>	occlusal adjustment - limited; May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a "per visit" basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D9952</b>	occlusal adjustment - complete; Occlusal adjustment may require several appointments of varying length, and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be utilized for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9973</b>	external bleaching - per tooth	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9974</b>	internal bleaching - per tooth	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9995</b>	teledentistry- synchronous real-time encounter	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required

<b>D9996</b>	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>D9999</b>	unspecified adjunctive procedure, by report; Used for a procedure that is not adequately described by a code. Describe the procedure.	Adjunctive General Services	Up to age 21 and through end of plan year in which a member turns 21		No prior approval required
<b>The following procedure codes will be considered as a benefit exclusion and therefore, Non-Covered</b>					
<b>Procedure Code</b>	<b>Description</b>	<b>Service Type</b>	<b>Age</b>	<b>Frequency</b>	<b>Policy</b>
<b>D0372</b>	intraoral tomosynthesis - comprehensive series of radiographic images; A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including	Diagnostic		N/A	Non-Covered
<b>D0373</b>	intraoral tomosynthesis - bitewing radiographic image	Diagnostic		N/A	Non-Covered
<b>D0374</b>	intraoral tomosynthesis - periapical radiographic image	Diagnostic		N/A	Non-Covered

<b>D0387</b>	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only; A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and	Diagnostic		N/A	Non-Covered
<b>D0388</b>	intraoral tomosynthesis - bitewing radiographic image - image capture only	Diagnostic		N/A	Non-Covered
<b>D0389</b>	intraoral tomosynthesis-periapical radiographic image - image capture only	Diagnostic		N/A	Non-Covered
<b>D0419</b>	assessment of salivary flow by measurement; this procedure is for identification of low salivary flow in patients at risk for hyposalivation and xerostomia, as well as effectiveness of pharmacological agents used to stimulate saliva production	Diagnostic		N/A	Non-Covered
<b>D0801</b>	3D dental surface scan - direct	Diagnostic		N/A	Non-Covered

D0802	3D dental surface scan - indirect; A surface scan of a diagnostic cast.	Diagnostic		N/A	Non-Covered
D0803	3D facial surface scan - direct	Diagnostic		N/A	Non-Covered
D0804	3D facial surface scan - indirect; A surface scan of constructed facial features.	Diagnostic		N/A	Non-Covered
D1321	counseling associated with high-risk substance use for the control and prevention of adverse oral, behavioral, and systemic health effects	Preventive		N/A	Non-Covered
D1355	Application of caries preventive medicament - per tooth	Preventive		N/A	Non-Covered

<b>D1556</b>	removal of fixed unilateral space maintainer - per quadrant	Preventive		N/A	Non-Covered
<b>D1557</b>	removal of fixed bilateral space maintainer - maxillary	Preventive		N/A	Non-Covered
<b>D1558</b>	removal of fixed bilateral space maintainer - mandibular	Preventive		N/A	Non-Covered
<b>D1781</b>	vaccine administration-human papillomavirus - Dose 1; Gardasil 9	Preventive		N/A	Non-Covered
<b>D1782</b>	vaccine administration-human papillomavirus - Dose 2; Gardasil 9	Preventive		N/A	Non-Covered
<b>D1783</b>	vaccine administration-human papillomavirus - Dose 3; Gardasil 9	Preventive		N/A	Non-Covered
<b>D3911</b>	intraorifice barrier; Not to be used as a final restoration.	Other Endodontic		N/A	Non-Covered
<b>D3921</b>	decoration or submergence of an erupted tooth; Intentional removal of coronal tooth structure for preservation of the root and	Other Endodontic		N/A	Non-Covered
<b>D4286</b>	removal of non-resorbable barrier	Periodontics		N/A	Non-Covered
<b>D5227</b>	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Prosthodontics		N/A	Non-Covered
<b>D5228</b>	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Prosthodontics		N/A	Non-Covered
<b>D5284</b>	removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	Prosthodontics		N/A	Non-Covered

<b>D5286</b>	removable unilateral partial denture - one piece resin (including retentive/clasping material, rests and teeth) - per quadrant	Prosthodontics		N/A	Non-Covered
<b>D5725</b>	rebase hybrid prosthesis; Replacing the base material connected to the framework.	Denture		N/A	Non-Covered
<b>D5765</b>	soft liner for complete or partial removable denture - indirect; A discrete procedure provided when the dentist determines placement of the soft liner is clinically indicated.	Prosthetics Removable		N/A	Non-Covered
<b>D5995</b>	periodontal medicament carrier with peripheral seal- laboratory processed-maxillary	Maxillofacial Prosthetics		N/A	Non-Covered
<b>D5996</b>	periodontal medicament carrier with peripheral seal- laboratory processed-mandibular	Maxillofacial Prosthetics		N/A	Non-Covered
<b>D6083</b>	implant supported crown - porcelain fused to noble alloys; a single metal-ceramic crown restoration that is retained, supported and stabilized by an implant	Implant		N/A	Non-Covered
<b>D6084</b>	implant supported crown - porcelain fused to titanium and titanium alloys; a single metal-ceramic crown restoration that is retained, supported and stabilized by an implant	Implant		N/A	Non-Covered

<b>D6086</b>	implant supported crown - predominantly base alloys; a single metal crown restoration that is retained, supported and stabilized by an implant	Implant		N/A	Non-Covered
<b>D6087</b>	implant supported crown - noble alloys; a single metal crown restoration that is retained, supported and stabilized by an implant	Implant		N/A	Non-Covered
<b>D6088</b>	implant supported crown - titanium and titanium alloys; a single metal crown restoration that is retained, supported and stabilized by an implant	Implant		N/A	Non-Covered
<b>D6097</b>	abutment supported crown - porcelain fused to titanium and titanium alloys; a single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant	Implant		N/A	Non-Covered
<b>D6098</b>	implant supported retainer - porcelain fused to predominantly base alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant	Implant		N/A	Non-Covered
<b>D6099</b>	implant supported retainer for FPD - porcelain fused to noble alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an	Implant		N/A	Non-Covered
<b>D6105</b>	removal of implant body not requiring bone removal or flap elevation	Implant		N/A	Non-Covered



D6106	guided tissue regeneration - resorbable barrier, per implant; This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous	Implant		N/A	Non-Covered
D6107	guided tissue regeneration - non-resorbable barrier, per implant; This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous	Implant		N/A	Non-Covered
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant	Implant		N/A	Non-Covered
D6121	implant supported retainer for metal FPD - predominantly base alloys; a metal retainer for a fixed partial denture that gains retention, support, and stability from an implant	Implant		N/A	Non-Covered
D6122	implant supported retainer for metal FPD - noble alloys; a metal retainer for a fixed partial denture that gains retention, support, and stability from an implant	Implant		N/A	Non-Covered
D6123	implant supported retainer for metal FPD - titanium and titanium alloys; a metal retainer for a fixed partial denture that gains retention, support, and stability from an implant	Implant		N/A	Non-Covered
D6191	semi-precision abutment --placement	Implant		N/A	Non-Covered
D6192	semi-precision attachment--placement	Implant		N/A	Non-Covered

<b>D6195</b>	abutment supported retainer - porcelain fused to titanium and titanium alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant	Implant		N/A	Non-Covered
<b>D6197</b>	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Implant		N/A	Non-Covered
<b>D6198</b>	remove interim implant component; Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.	Implant		N/A	Non-Covered
<b>D6784</b>	retainer crown 3/4 - titanium and titanium alloys	Prosthodontics		N/A	Non-Covered
<b>D7298</b>	removal of temporary anchorage device [screw retained plate], requiring flap	Oral & Maxillofacial Surgery		N/A	Non-Covered
<b>D7299</b>	removal of temporary anchorage device, requiring flap	Oral & Maxillofacial Surgery		N/A	Non-Covered
<b>D7300</b>	removal of temporary anchorage device without flap	Oral & Maxillofacial Surgery		N/A	Non-Covered
<b>D7509</b>	marsupialization of odontogenic cyst; Surgical decompression of a large cystic lesion by creating a	Oral & Maxillofacial Surgery		N/A	Non-Covered

D7956	guided tissue regeneration, edentulous area - resorbable barrier. per site: This procedure	Oral & Maxillofacial Surgery		N/A	Non-Covered
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier. per site: This procedure	Oral & Maxillofacial Surgery		N/A	Non-Covered
D7993	surgical placement of craniofacial implant—extra oral	Oral & Maxillofacial Surgery		N/A	Non-Covered
D7994	surgical placement: zygomatic implant	Oral & Maxillofacial Surgery		N/A	Non-Covered
D8696	repair of orthodontic appliance - maxillary; does not include bracket and standard fixed orthodontic appliances. it does include functional appliances and palatal expanders	Orthodontics		N/A	Non-Covered
D8697	repair of orthodontic appliance - mandibular; does not include bracket and standard fixed orthodontic appliances. it does include functional appliances and palatal expanders	Orthodontics		N/A	Non-Covered
D9912	pre-visit patient screening; Capture and documentation of a patient's health status prior to or on the scheduled date of service to evaluate risk of infectious disease transmission	Adjunctive General Services		N/A	Non-Covered
D9947	custom sleep apnea appliance fabrication and placement	Adjunctive General Services		N/A	Non-Covered
D9948	adjustment of custom sleep apnea appliance	Adjunctive General Services		N/A	Non-Covered
D9949	repair of custom sleep apnea appliance	Adjunctive General Services		N/A	Non-Covered
D9953	reline custom sleep apnea appliance (indirect); Resurface dentition side	Adjunctive General Services		N/A	Non-Covered

<b>D9997</b>	dental case management - patients with special health care needs	Adjunctive General Services		N/A	Non-Covered
<b>D9986</b>	missed appointment	Adjunctive General Services		N/A	Non-Covered
<b>D9987</b>	cancelled appointment	Adjunctive General Services		N/A	Non-Covered