

Dental Network of America
Clinical Review Manual

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I. Introduction

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

II. Scope

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

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

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

III. Categories of Service

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

IV. Diagnostic D0100 - D0999

Oral Evaluations

Description

- Periodic Oral Evaluation (D0120)

- Limited Oral Evaluation – problem focused (D0140)
- Oral Evaluation for a patient under three years of age and counseling with primary caregiver (D0145)
- Comprehensive Oral Evaluation (D0150)
- Detailed and Extensive Oral Evaluation (D0160)
- Re-evaluation – limited, problem focused (D0170)
- Re-evaluation-post operative office visit (D0171)
- Comprehensive periodontal evaluation – new or established patient (D0180)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

- D0120 - the number of oral evaluations contractually allowed in the same benefit year limits this benefit.
- D0140 – no limit
- D0145 - the number of oral evaluations contractually allowed in the same benefit year limits this benefit.
- D0150 - the number of oral evaluations contractually allowed in the same benefit year limits this benefit benefits should be provided for only one initial /comprehensive oral evaluation per provider.
- D0160 - benefits are traditionally processed as a comprehensive evaluation (D0150) and subsequent submissions are processed as periodic evaluations (D0120).
- D0170 – traditionally not covered.
- D0171- Considered inclusive of the operative procedure.
- D0180- The number of oral evaluations contractually allowed in the same benefit year limits this benefit.

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

Description

- Intraoral, complete series (D0210)
- Periapical (D0220 – D0230)
- Bitewings (D0270 – D0277)
- Cone Beam Images (capture and/or interpretation D0364-D0395)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process per contract benefits.

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

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

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

CEPHALOMETRIC AND PANORAMIC RADIOGRAPHS

Description

- Cephalometric film (D0340)
- Panoramic Film (D0330)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

Cephalometric radiographs are covered under the orthodontic benefit.

Panoramic films:

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

PULP VITALITY TESTS

Description

- Pulp vitality tests (D0460)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

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

DIAGNOSTIC CASTS

Description

- Diagnostic Casts (D0470)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

If the procedure is for orthodontia, process to orthodontia benefits.

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

DENTAL PROPHYLAXIS: ADULT AND CHILD

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

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

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

V. Restorative D2000 – D2999

SEALANTS

Description

Sealant (D1351)

Preventive resin restoration in a moderate to high caries risk patient (D1352)

Sealant repair-per tooth (D1353)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

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

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

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

RESTORATIONS

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

Procedure includes repairs, remakes, or replacements for 12 months.

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

INLAY - Metal, Porcelain, and Resin

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

Process to alternate benefit procedure.

Cast restorations include all models, temporaries, and associated procedures.

ONLAY – Metal, Porcelain, and Resin

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

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

CROWN RESTORATION

Description

- Crown (D2710 – D2794)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

1. Process to contract benefits
2. Process to alternate benefit procedure.

Clinical Criteria for Approval of Initial Crowns

- Anterior
 - 50% or more of incisal edge fractured off, missing or severely undermined (ie incisal 1/3rd)
 - 50% or more of tooth surface has decay and/or defective restoration.
 - Any AAAE* in combination with pathology (ie decay and/or defective restoration)
 - AAAE* alone with 50% or greater loss of tooth structure
 - Endo treated (or assumed) with pathology (ie decay, defective restoration or fracture)

** Note: AAAE: Attrition, Abrasion, Abfraction, Erosion **

Note: An endo treated anterior tooth alone is not a criteria for approval

- Posterior
 - 50% or greater pathology (ie decay and/or defective restoration)
 - Missing/undermined/entirely fractured off cusp(s)
 - Endo treated (assumed or completed)
 - Any AAAE* in combination with pathology (ie decay and/or defective restoration)
 - AAAE* alone with 50% or greater loss of tooth structure

Note: AAAE: Attrition, Abrasion, Abfraction, Erosion

Clinical Criteria for Approval of Replacement Crowns

- Decay
- Open margin(s) with pathology
- Significant material failure with functional impact (ie perforations, cracks, fractures)
- Repetitive debonding of crown

Clinical Criteria for Denial of Crowns

- Cosmetics
 - Size
 - Shade
 - Gingival recession
- Less than 50% of compromised tooth structure (ie decay, defective restoration or fracture)
- Untreated internal, external resorption, severe root fracture
- Endo-treated with a periapical radiolucency (additional documentation required for consideration)

Clinical Criteria for Cracked Tooth Syndrome

- History of symptomology
 - Acute vs Chronic
 - Acute- isolated episode of occlusal trauma
 - Chronic- history of symptoms 6+ months
- Pain on Biting (ie tooth sleuth, bite stick)
 - Intermittent, sharp pain when chewing
 - Pain when releasing biting pressure
- Fracture line on pulpal floor
- Thermal sensitivity and/or transillumination alone is not indicative of cracked tooth syndrome however in combination with the symptoms above will be taken into consideration.
- All claims must have clinical documentation supporting diagnosis

Clinical Criteria for Periodontally Compromised Teeth

- Must have a minimum 1:1 Crown to Root Ratio
- If bone loss is greater than **50%** additional documentation is required for consideration
- History of Perio Therapy
- Mobility
 - Grade 1 recommended

Protective Restoration

Description:

- Protective Restoration (D2940)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Temporary restorations are a benefit on an emergency basis.

Procedure in conjunction with root canal therapy is not a benefit.

Process to contract benefits

CORE BUILDUP

Description

- D2950 Core Buildup, including pins when required.

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

1. A buildup is covered when there is insufficient tooth structure (i.e.. $\geq 50\%$ overall tooth is decayed, missing, or a has a defective restoration).
2. Filling in undercuts and voids, or the elimination of casting bulk, is considered part of the crown preparation procedure.
3. A buildup is required if the ferrule is compromised. The axial walls form the collar, or” ferrule.” For optimal strength, ideally the ferrule should be at least 3 mm high (intact tooth structure surrounding the circumference of the preparation) with 1 mm dentin wall thickness.
4. Intraoperative images strongly advised.
5. Buildups will not be covered if submitted same tooth has a veneer, inlay, onlay or $\frac{3}{4}$ crown.
6. Buildups are inclusive of indirectly fabricated and prefabricated post & cores and are not reimbursable for the same date of service.
7. A core build-up should not be used unless a crown is being considered for final restoration.

LABIAL VENEERS

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

1. Process to contract benefits
2. Process to alternate benefit procedure.
3. Existing evidence of decay (x-ray verifiable or narrative) and cannot be restored by a direct restoration.
4. Existing restoration with evidence of a fractured incisal edge or decay (x-ray verifiable or narrative) and cannot be restored by a direct restoration.
5. Existing root canal therapy
6. Replacement veneer exceeding time limitations with evidence of decay (x-ray verifiable or narrative)

7. Tooth preparation, temporary restorations, cement bases, impressions, study models and diagnostic wax ups, occlusal adjustments, gingivectomies (on same date of service), and local anesthesia are to be considered in the fee for the veneer restoration.

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

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

Description

- Provisional Crown- D2799

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Provisional crowns may be considered when further treatment or completion of diagnosis is necessary prior to final impression, or as an immediate protective device and treatment is palliative in nature.

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

VI. Endodontics D3000 – D3999

PULP CAPPING

Description

- Direct Pulp Cap (D3110)
- Indirect Pulp Cap (D3120) ⁽⁰⁶⁾

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

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

ENDODONTIC THERAPY

Description

- Endodontic therapy (D3310 – D3330)
- Treatment of obstruction, non-surgical (3331)
- Endodontic retreatment (D3346 – D3348)
- Therapeutic pulpotomy (D3220)
- Gross Pulpal Debridement (D3221)
- Canal preparation (D3950)
- Apicoectomy (D3410-D3426)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

Non- surgical treatment of root canal obstructions is to be considered inclusive of the final endodontic therapy,

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

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

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

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

VII. Periodontics D4000 – D4999

GINGIVECTOMY / GINGIVOPLASTY

ANATOMICAL CROWN EXPOSURE (ONE TO THREE TEETH)

ANATOMICAL CROWN EXPOSURE (FOUR OR MORE CONTIGUOUS TEETH)

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

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

Benefits are not allowed to facilitate restorative dentistry.

GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

Procedure is subject to review and may require documentation including:

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

APICALLY POSITIONED FLAP

Description

- Apically positioned flap (D4245)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

Procedure is subject to review and may require documentation including:

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

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

CLINICAL CROWN LENGTHENING

Description

- Clinical crown lengthening (D4249)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefit Procedure is subject to review and may require documentation including:

- Current, comprehensive periodontal charting and diagnostic pre-operative bitewing and periapical x-rays are required. Not indicated if periodontal disease is present. Must be a healthy periodontal environment.
- Chart notes and/or narrative recommended for consideration.
- Must preclude placement of a restoration, a minimum of 4-6 weeks healing is advised. Deny if submitted on same DOS as restoration.
- The biological width is compromised due to pathology (i.e., decay and/or fracture).
- Upon completion, 2mm height of sound tooth structure must be available to allow for ferrule effects as well as reestablishing biological width.
- Cosmetic exclusion applies.

- Pre-operative intraoral images strongly advised.

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

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

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

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

OSSEOUS SURGERY

Description

- Osseous Surgery (D4260, D4261)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

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

Periodontally involved teeth that would qualify for surgical pocket reduction benefits under codes D4210, D4211, D4240, D4241, D4260 and D4261 must be documented to have at least 5mm pocket depths. If less than 5mm, special circumstances resulting in need for treatment will be considered upon request.

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

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

Pocket charting should be current and dated.

If osseous surgery coding is submitted for services performed around healthy teeth, D4249 is provided according to contract benefits.

Bone Replacement Grafts

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

Patient selection criteria:

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

SOFT TISSUE GRAFTS

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

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

A site is defined as two adjacent teeth.

When a tooth is requested for grafting benefits as a first tooth position in graft (D4273, 4275, 4277, etc.) and does not meet benefit criteria it should be denied. An Alternate Benefit of (D4273, 4275, 4277, etc.) may be applied to a single requested "each additional site code" (D4283, D4285, D4278) to consider it as the first tooth in position. This alternate benefit may not be applied to multiple teeth in same site.

Requirements for benefit are:

- Less than 1mm or absence of keratinized tissue or no attached gingiva will approve.
- Or recession of at least 3mm will approve.
- Three non-autogenous grafts allowed per quadrant.
- Two autogenous grafts allowed per quadrant.
- The provider must submit a current and comprehensive periodontal chart.
- Cosmetic exclusion applies.
- Pre-operative intraoral images strongly advised.
- How to calculate: **CAL-PD=GM**
- D4270, D4276 is limited to natural teeth only, deny if for implant. Remaining procedures can apply to implants (allowed if member has implant coverage) or edentulous spaces.

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

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

DISTAL OR PROXIMAL WEDGE PROCEDURE

Description

- Distal or proximal wedge procedure (D4274)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

This is a one-tooth procedure.

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

PERIODONTAL SCALING AND ROOT PLANING

Description

- Periodontal scaling and root planing (D4341, D4342)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

Procedure is subject to review and may require documentation including:

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

All periodontal scaling and root planing requires review for patients fifty and under.

Medical necessity is based on the following criteria.

- Crestal bone level should be greater than 2mm below CEJ.
- Vertical and horizontal bone loss with the start of bony pockets
- Visible calculus on the cementum.

A quadrant that does not have at least four teeth may be given the alternate benefit of code D4342.

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

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

A separate fee for scaling & root planing (D4341) is disallowed when performed in the same tooth range on the same date of service as D4260 (considered a component of the surgical service).

SCALING IN PRESENCE OF GENERALIZED GINGIVAL INFLAMMATION-FULL MOUTH, AFTER ORAL EVAL

Description:

Scaling in the presence of generalized or severe gingival inflammation-full mouth, after oral evaluation (D4346)

Policy/Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

Procedure is subject to review and may require documentation including:

1. Supporting radiographs or intraoral photographs of the area involved.
2. A narrative when required documentation does not demonstrate necessity.
3. Periodontal pocket charting

Moderate to severe gingival inflammation must be present.

D4346 is not a substitute for a difficult prophylaxis.

D4346 is not to be considered as periodontal history for approval of periodontal maintenance or application of localized antimicrobial agents.

If submitted in conjunction with prophylaxis, scaling and root planing or debridement, the service will be denied.

FULL MOUTH DEBRIDEMENT

Description

- Full mouth debridement (D4355)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

Procedure is subject to review and may require documentation including:

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

Periodontal disease must be present.

Debridement is not a substitute for difficult prophylaxis.

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

Not allowed on the same date as D1110, D4910, D4341 or D4346.

CHEMOTHERAPEUTIC AGENTS

Description

- Chemotherapeutic Agents (D4381)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

D4381 is not allowed on implants.

- Only **two** per quadrant **allowed**.

- Members must have a history of periodontal treatment within the last three years to be considered. **Deny** with no prior history.
- Limited to once per tooth, every three years.
- The provider must submit a current, complete periodontal chart. Pocket depths must be between 5-7mm.
- Minimum of 4 weeks healing after initial active periodontal therapy with post therapy charting that show 5-7mm pocket depths.
- Benefit should not exceed \$110.00 per tooth or \$240.00 per quadrant.

VIII. Prosthodontics D5000 – D5899

PERIODONTAL MAINTENANCE PROCEDURES

Description

- Periodontal Maintenance Procedures (D4910)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

D4910 includes prophylaxis and site-specific scaling & root planing and should not be alternated with 1110 by the same dental provider.

Procedure requires history of prior periodontal therapy (D4210, D4211, D4240, D4241, D4260, D4261, D4341). Two quadrants of D4342 can be considered period history on review.

REMOVABLE PROSTHODONTICS

Description

- Complete Denture – maxillary & mandibular (D5110, D5120)
- Immediate Denture – maxillary & mandibular (D5130, D5140)
- Partial Denture – resin base, maxillary & mandibular (D5211, D5212)
- Partial Denture – cast metal framework, maxillary & mandibular (D5213, D5214)
- Immediate partial denture-resin base, maxillary and mandibular (D5221, D5222)
- Immediate partial denture-cast base, maxillary and mandibular (D5223, D5224)
- Partial Denture- Flexible Base, maxillary and mandibular (D5225, D5226)
- Partial Denture – unilateral (D5281)
- Overdentures-complete maxillary and mandibular (D5863, D5865)
- Overdentures-partial maxillary and mandibular (D5864, D5866)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

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

IX. Implant Services D6000 – D6199

SURGICAL IMPLANT PROCEDURES

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

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

IMPLANT SUPPORTED PROSTHETICS

Description

- Implant supported prosthetics (D6058 – D6079, D6082 - D6084, D6086 - D6088, D6097-D6099, D6110-D6117, D6120 – D6123, D6194, D6195)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

X. Oral & Maxillofacial Surgery D7000 – D7999

FIXED PARTIAL DENTURE: Pontic, Retainer – (inlay, onlay, crown)

Description

- Fixed Partial Dentures (D6205 – D6794)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

Benefits may be excluded if certain conditions are present:

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

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

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

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

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

ORAL SURGICAL PROCEDURES

Description

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

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

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

Surgical Extractions:

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

Other Surgical Procedures:

- Oroantral fistula closure – considered a medical procedure.
- Biopsy of oral tissue
 - A fee for biopsy of oral tissue is disallowed if not submitted with a pathology report.
 - Biopsies non-contiguous to a tooth or its supporting structure are considered medical.
- Alveoloplasty – the fee for an alveoloplasty performed in the same location on the same date of service as a surgical extraction is disallowed.
- Surgical Placement: temporary anchorage devices (D7292-D7998)- considered medical procedures.
- Vestibuloplasty (D7340, D7350)– subject to review with supporting documentation and processed to dental benefits.
- Surgical excision of lesions (D7410-D7415)– process to medical benefits
- Removal of tumors, cysts, and neoplasms
 - D7450 – D7451: process to dental benefits
 - All other procedures are by report and processed to medical benefits.
- Excision of bone tissue
 - D7471 – D7473: if performed in preparation of removable denture, process to dental benefits.
 - D7485: process to dental benefits
 - D7490: process to medical benefits
- Surgical incision
 - D7510, D7511: disallowed when performed on the same date and by the same dentist/dental office as endodontics, extractions, palliative treatment, or other definitive service.
 - D7520, D7521: process to medical benefits
 - All other procedures are by report and processed to medical benefits.
- Treatment of fractures – process to medical benefits

- Reduction of dislocations and management of other TMJ dysfunctions
 - Process to medical benefits
- Repair of wounds, complicated suturing, and other repair procedures
 - Process to medical benefits
 - D7960-D7963 – process to dental benefits unless on the lingual, then process to medical benefits.
 - D7970 – D7972: process to dental benefits

XI. Orthodontics D8010 - D8999

ORTHODONTIC PROCEDURES

Description

- Orthodontic services (D8010-D8999)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

Medical Necessity Criteria for Orthodontic Care / Affordable Care Act:

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

The presence of a serious malocclusion is determined by one of the following variables for Orthodontic Care / Affordable Care Act:

- Orthodontic treatment must be considered medically necessary for facial skeletal deformities that compromises the member's physical health by contributing to significant functional impairment, e.g., persistent difficulties with mastication and swallowing as manifested by inability to incise and/or chew solid foods, damage to soft tissue during mastication, significant weight loss or speech impairment
- The presence of a serious malocclusion is determined by one of the following variables:
 - Deep overbite that shows palatal impingement causing tissue trauma with the majority of lower incisors
 - Open bite with no vertical overlap of anterior teeth
 - Unilateral or bilateral posterior open bite greater than 2 mm
 - Maxillary/Mandibular incisor relationship: overjet of 5 mm or more
 - Maxillary/Mandibular antero-posterior molar relationship discrepancy of 4 mm or more
 - Posterior crossbite bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4 mm or greater, or unilateral discrepancy of 3 mm or greater
 - Anterior crossbite involving more than two teeth Gingival stripping from the crossbite is demonstrated.
 - Malocclusion exhibits a congenital mouth malformation (e.g., cleft lip or cleft palate)
 - Impactions where eruption is impeded but extraction is not indicated (excluding third molars)

XII. Adjunctive General Services D9000 – D9999

ADJUNCTIVE GENERAL SERVICES

Description

- Adjunctive services (D9000, D9999)

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

Unclassified Treatment

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

Anesthesia

- Local Anesthesia
 - A separate fee for local anesthesia (local, regional block, trigeminal division) is disallowed.
- General Anesthesia / IV sedation / Non-IV Conscious Sedation
 - Allowed for children through 5 years of age. Arkansas state law requires through age six.
 - Allowed for physically handicapped or mentally handicapped persons.
 - Placement of implants when coverage exists.
 - Two or more extractions in which at least one of the extractions involves code D7230 or higher.
 - When five or more teeth are extracted at one time
 - Notation of pyogenic condition/infection resulting in local or block anesthesia being ineffective
 - Illinois House and Senate Bill HB-1141 Effective January 1, 2026, Coverage shall not be denied for medical necessary general anesthesia regardless of duration for any procedure covered by the policy.
 - Oklahoma Senate Bill 1019 Effective November 1, 2025, No insurer shall establish, implement, or enforce any policy, practice, or procedure which restricts or excludes coverage or payment of anesthesia time. Payment for anesthesia services is based on base plus time unit together multiplied by an anesthesia conversion factor. Anesthesia time units are recognized in appropriate time intervals that must add up to the duration of the anesthesia time.

Professional Consultation

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

Miscellaneous

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

XIII. Miscellaneous

MULTIPLE SURFACE RESTORATIONS SAME TOOTH

Description

- Multiple surface restoration – same tooth

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

DENTAL ACCIDENT

Description

- Dental services provided for the repair and/or restoration of sound dentition because of injury by accident.

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

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

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits.

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

Process to medical benefits.

PROSTHETIC DEVICE OR RESTORATION FOR IMPLANTS

Description

- Prosthesis placed over an implant suprastructure for restoring dental function.

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

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

ADMINISTRATIVE GUIDELINES TO DETERMINE DENTAL vs. MEDICAL

Description

- To establish consistent practices for reimbursement determinations.

Definition of Dental vs. Medical Services:

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

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

General anesthesia, including deep sedation, is eligible for coverage under the medical benefit when:

- Topical or local anesthesia is contraindicated.
- An underlying medical condition makes anesthesia medically necessary to allow necessary dental treatment. Example includes but is not limited to conditions such as cerebral palsy.
- General anesthesia is required for dental treatment due to age, intellectual disabilities or physical handicap.
- Anesthesia is required for a behavioral management patient when there is a documented underlying illness or injury. Case by case review.

Policy / Criteria

Procedures are in accordance with generally accepted standards of practice.

Administrative Guidelines

Process to contract benefits

Standard dental treatment will be covered under the dental benefit.

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

XIV. Revision History

Date	Version	Revision Description	Author
08/01/2003	1.0	Original date	
01/01/2016	2.0	Reviewed Policy	
10/25/2016	3.0	Reviewed Policy	
10/09/2017	4.0	Reviewed and updated	
05/01/2018	5.0	Updated	
10/01/2019	6.0	Updated	Lisa Robinson
10/01/2020	7.0	Reviewed	Lisa Robinson
10/01/2021	8.0	Reviewed and updated	Lisa Robinson
10/01/2022	9.0	Updated dates and denials for veneers	Lisa Robinson
10/06/2023	10.0	Policy reviewed; Minor changes to spelling, spacing and grammar made.	Lisa Robinson
04/03/2024	11.0	Updated to Dearborn format	Eli Lugo
10/01/2024	12.0	Updated new policies for periodontal services	Lisa Robinson
08/20/2025	13.0	Updated new policy for Ortho, Soft Tissue Grafts and Perio age review	Lisa Shropshire Robinson
09/03/2025	14.0	Updated Anesthesia guidelines for OK, AR, IL state laws	Lisa Shropshire Robinson
10/01/2025	15.0	Minor changes to punctuation	Lisa Shropshire Robinson
12/24/2025	16.0	Updated Buildup Guidelines	Lisa Shropshire Robinson
03/06/2026	17.0	Updated Crown guidelines and Scope	Lisa Shropshire Robinson