Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	**Diagnostic**	**Diagnostic**	**D0100-D0999**	**Category of Services**	**DIAGNOSTIC**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	**Diagnostic**	**Clinical Oral Evaluations**	**Multiple**	**Header - Section**	**CLINICAL ORAL EVALUATIONS**	**• The codes in this section 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, which includes diagnosis and treatment planning, is the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	Diagnostic	Clinical Oral Evaluations	_POL.D0100+	Policy - Diagnostic - Clinical Oral Evaluations	Category guideline - Clinical oral evaluations	• Clinical oral evaluations/examinations include, but are not limited to, examination of all hard and soft tissues of the oral cavity, periodontal charting, and oral cancer screening. • Evaluations/examinations coverage and frequency limitations are determined by member's individual/group contract. • Evaluations/examinations must be performed by a licensed dentist to be considered for reimbursement.	
D0100-D0999	Diagnostic	Clinical Oral Evaluations	_POL.D0100+	Policy - Diagnostic - Clinical Oral Evaluations	Category guideline - Teledentistry	•The following services are covered with teledentistry: oD0140 Limited oral evaluation – problem focused oD0145 Oral evaluation for patients under 3 years of age oD0190 Screening of a patient oD0191 Assessment of a patient • The following services are NOT covered with teledentistry: oD0120 Periodic oral evaluation oD0150 Comprehensive oral evaluation – new or established patient oD0160 Detailed and extensive oral evaluation – problem focused, by report oD0170 Re-evaluation – limited, problem focused (established patient; not post-op visit) oD0171 Re-evaluation – post-operative office visit • D9995 and D9996 when performed on the same date as D0120, D0150, D0160, D0170, or D0171 are not billable to the member by an in-network dentist. • Benefit plan deductibles, copayments, and frequency limitations will apply equally to teledentistry and in-person exams. • To qualify as a teledentistry exam, the exam must be conducted by telephone, or other telecommunications system with the dentist using videos, photographs, x-rays, or other diagnostic tools for diagnosis and treatment recommendations. • Teledentistry is not a service, but a means by which to deliver a service when the patient is in one location and the dentist is in another. The means by which teledentistry services are delivered must be in accordance with applicable laws and regulations addressing the privacy and security of patient's protected health information (PHI) and personal information. • The treatment of patients who receive an exam by teledentistry must be properly documented in the patient's record. The clinical treatment notes should specify that a virtual exam was performed. A disclosure that the service will be treated as an exam and charged as such should be communicated to the patient and documented.	See Documentation Requirements of applicable procedure code.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Clinical Oral Evaluations	D0120	Periodic oral evaluation - established patient	An evaluation performed on a patient of record 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, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately.	• Evaluation (exam) coverage and frequency limitations are determined by member's individual/group contract.	The following documentation is required: • Intra-oral photos of any suspicious soft/hard tissues and problem areas or teeth • Review of new or existing x-rays • Clinical treatment (chart) notes should support findings
D0100-D0999	Diagnostic	Clinical Oral Evaluations	D0140	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.	• Patients receiving this type of evaluation typically present with a specific problem and/or dental emergency, trauma, or acute infection. • Evaluation (exam) coverage and frequency limitations are determined by member's individual/group contract.	Clinical treatment (chart) notes must detail the conversation with the patient and include, but are not limited to: • The patient's chief complaint • Specific area or tooth or problem initiating the visit/teledentistry • Symptoms: pain, swelling, cold/hot/biting sensitivity • Problem timeline: when started • Symptom progression: same, worse, better • Treatment rendered: prescriptions, referrals, patient instructions The exam will only qualify as a teledentistry exam if the following is documented in the clinical treatment notes: • A review of existing treatment notes, x-rays and intraoral photos, and/or • A review of the images the patient provided via cell phone, photos, etc. These images should be uploaded into the patient record.
D0100-D0999	Diagnostic	Clinical Oral Evaluations	D0145	Oral evaluation for a patient under 3 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.	• Frequency limitation for evaluations is determined by member's individual/group contract and counts toward contractual evaluation limitations. • D0145 includes any caries susceptibility tests (D0425) or oral hygiene instructions (D1330) on the same date. When performed on the same date as D0145, any fees for D0425 and D1330 are not billable to the member by an in-network dentist. •For members under the age of three, any other comprehensive evaluation code submitted (D0150, D0160, D0180) is payable as D0145. Any fees in excess of D0145 are not billable to the member by an in-network dentist. • Benefits for D0145 for a child over three years of age are considered miscoded and the correct code should be applied.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Clinical Oral Evaluations	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 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,	• Coverage for exams performed by a specialist is determined by member's individual/group contract. • Comprehensive oral evaluation is paid for the first encounter with the dentist/dental office. Subsequent submissions by the same dentist/dental office are paid as periodic oral evaluations per coverage and frequency limitations determined by member's individual/group contract. • If the member has not received any services for 36 months from the same dentist/dental office a comprehensive evaluation may be benefited. • Rationale: Accepted dental standards indicate that an initial visit should involve a comprehensive oral examination. Subsequent visits will be called periodic and are done on a routine basis.	
D0100-D0999	Diagnostic	Clinical Oral Evaluations	D0160	Detailed and extensive oral evaluation - problem focused, by report	A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, sleep related breathing disorders, conditions requiring multi disciplinary consultation, etc.	•Coverage limitations are determined by member's individual/group contract and count toward contractual evaluation limitations.	Clinical treatment (chart) notes must detail the conversation with the patient and include, but are not limited to: • The patient's chief complaint • Specific area or tooth or problem initiating the visit/teledentistry • Symptoms: pain, swelling, cold/hot/biting sensitivity • Problem timeline: when started • Symptom progression: same, worse, better • Treatment rendered: prescriptions, referrals, patient instructions The exam will only qualify as a teledentistry exam if the following is documented in the clinical treatment notes: • A review of existing treatment notes, x-rays and intraoral photos, and/or • A review of the images the patient provided via cell phone, photos, etc. These images should be uploaded into the patient record.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Clinical Oral Evaluations	D0170	Re-evaluation - limited, problem focused (established patient; not post- op 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.	• Denied unless covered by member's individual/group contract.	Clinical treatment (chart) notes must detail the conversation with the patient and include, but are not limited to: • The patient's chief complaint • Specific area or tooth or problem initiating the visit/teledentistry • Symptoms: pain, swelling, cold/hot/biting sensitivity • Problem timeline: when started • Symptom progression: same, worse, better • Treatment rendered: prescriptions, referrals, patient instructions The exam will only qualify as a teledentistry exam if the following is documented in the clinical treatment notes: • A review of existing treatment notes, x-rays and intraoral photos, and/or • A review of the images the patient provided via cell phone, photos, etc. These images should be uploaded into the patient record.
D0100-D0999	Diagnostic	Clinical Oral Evaluations	D0171	Re-evaluation - post-operative office visit		• Considered part of the original procedure and a separate charge is not covered.	Clinical treatment (chart) notes must detail the conversation with the patient and include, but are not limited to: • The patient's chief complaint • Specific area or tooth or problem initiating the visit/teledentistry • Symptoms: pain, swelling, cold/hot/biting sensitivity • Problem timeline: when started • Symptom progression: same, worse, better • Treatment rendered: prescriptions, referrals, patient instructions The exam will only qualify as a teledentistry exam if the following is documented in the clinical treatment notes: • A review of existing treatment notes, x-rays and intraoral photos, and/or • A review of the images the patient provided via cell phone, photos, etc. These images should be uploaded into the patient record.
D0100-D0999	Diagnostic	Clinical Oral Evaluations	D0180	Comprehensive periodontal evaluation - new or established patient	A comprehensive evaluation of periodontal conditions, including full mouth probing and periodontal charting. Indicated for patients exhibiting signs or symptoms of periodontal disease, systemic medical conditions, or patients with social risk factors. It includes an evaluation for oral cancer, an evaluation of the patient's medical history, a general wellness assessment, and includes an evaluation of current dental conditions.	• Coverage and frequency limitations are determined by member's individual/group contract.	Chart notes or narrative, and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting).

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	**Diagnostic**	**Pre-diagnostic Services**	**Multiple**	**Header - Section**	**PRE-DIAGNOSTIC SERVICES**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	Diagnostic	Pre-diagnostic Services	D0190	Screening of a patient	A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.	• Counts toward the exam benefit based on member's individual/group contract. • When reported in conjunction with an evaluation (D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180), the fees for assessments are not billable to the member by an in-network dentist as they are integral to the evaluation. When reported individually, include in the frequency cluster for evaluations.	
D0100-D0999	Diagnostic	Pre-diagnostic Services	D0191	Assessment of a patient	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.	• Counts toward the exam benefit based on member's individual/group contract. •When reported in conjunction with an evaluation (D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180), the fees for assessments are not billable to the member by an in-network dentist as they are integral to the evaluation. When reported individually, include in the frequency cluster for evaluations.	
D0100-D0999	**Diagnostic**	**Diagnostic Imaging**	**Multiple**	**Header - Section**	**DIAGNOSTIC IMAGING**	**• Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	**Diagnostic**	**Diagnostic Imaging - Image Capture with Interpretation**	**Multiple**	**Header - Subsection**	**Image Capture with Interpretation**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0210	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.	•Benefits for intraoral complete series or panoramic radiographic image are determined by member's individual/group contract. •No payment is made for a complete series of radiographic images taken on children under the age of 12 and the fee is not billable to the member by an in-network dentist. To be considered for payment, the dentist must submit a copy of the radiographic images and a narrative stating the reason the images were taken. • When submitted with intraoral complete series image capture only, the fees for D0709 are not billable to the member by the same in-network dentist/dental office.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0220	Intraoral - periapical first radiographic image		• Definition: A diagnostic radiographic image taken prior to a procedure in a limited area of the mouth. • A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit. • Individually listed intraoral radiographic images by the same dentist/dental office are considered an intraoral complete series if the fee for the individual radiographic images equals or exceeds the fee for a complete series done on the same date of service. Any fee in excess of the fee for a full mouth series of radiographic images is not billable to the member by an in-network dentist. • Routine, working and final treatment radiographic images taken for endodontic therapy by the same dentist/dental office are considered a component of the complete treatment procedure and separate fees are not billable to the member by an in-network dentist on the same date of service. • When submitted with intraoral periapical - image capture only, the fees for D0707 are not billable to the member by the same in-network dentist/dental office. • No payment is made for D0220 performed on the same date of service as a crown insertion and the fee is not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0230	Intraoral - periapical each additional radiographic image		• Individually listed intraoral radiographic images by the same dentist/dental office are considered an intraoral complete series if the fee for the individual radiographic images equals or exceeds the fee for a complete series done on the same date of service. Any fee in excess of the fee for a full mouth series of radiographic images is not billable to the member by an in-network dentist. • Routine, working and final treatment radiographic images taken for endodontic therapy by the same dentist/dental office are considered a component of the complete treatment procedure and separate fees are not billable to the member by an in-network dentist on the same date of service. • When submitted with intraoral periapical - image capture only, the fees for D0707 are not billable to the member by the same in-network dentist/dental office. • No payment is made for D0220 performed on the same date of service as a crown insertion and the fee is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0240	Intraoral - occlusal radiographic image		• When submitted with intraoral – occlusal -capture only, the fees for D0706 are not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0250	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.	• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0251	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.	• Denied unless covered by member's individual/group contract. • When submitted with extra-oral posterior image capture only, the fees for D0705 are not billable to the member by the same in-network dentist/dental office.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0270	Bitewing - single radiographic image		• Benefits and coverage for bitewings (2, 3, 4 or vertical) are determined by member's individual/group contract. • If the fee for the bitewing and the occlusal radiographic images is equal to or exceeds the fee for a full mouth series, it would be considered a full mouth series for payment benefit purposes and frequency limitations. Any fee in excess of the fee for the full mouth series is not billable to the member by an in-network dentist on the same date of service. • The fee for any type of bitewings submitted with a full mouth series are considered part of the full mouth series for payment and benefit purposes. Any fee in excess of a full mouth series is not billable to the member by an in-network dentist on the same date of service. • When submitted with intraoral – bitewing image capture only, the fees for D0708 are not billable to the member by the same in-network dentist/dental office.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0272	Bitewings - two radiographic images		• Benefits and coverage for bitewings (2, 3, 4 or vertical) are determined by member's individual/group contract. • If the fee for the bitewing and the occlusal radiographic images is equal to or exceeds the fee for a full mouth series, it would be considered a full mouth series for payment benefit purposes and frequency limitations. Any fee in excess of the fee for the full mouth series is not billable to the member by an in-network dentist on the same date of service. • The fee for any type of bitewings submitted with a full mouth series are considered part of the full mouth series for payment and benefit purposes. Any fee in excess of a full mouth series is not billable to the member by an in-network dentist on the same date of service. • When submitted with intraoral – bitewing image capture only, the fees for D0708 are not billable to the member by the same in-network dentist/dental office.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0273	Bitewings - three radiographic images		• Benefits and coverage for bitewings (2, 3, 4 or vertical) are determined by member's individual/group contract. • If the fee for the bitewing and the occlusal radiographic images is equal to or exceeds the fee for a full mouth series, it would be considered a full mouth series for payment benefit purposes and frequency limitations. Any fee in excess of the fee for the full mouth series is not billable to the member by an in-network dentist on the same date of service. • The fee for any type of bitewings submitted with a full mouth series are considered part of the full mouth series for payment and benefit purposes. Any fee in excess of a full mouth series is not billable to the member by an in-network dentist on the same date of service. • When submitted with intraoral – bitewing image capture only, the fees for D0708 are not billable to the member by the same in-network dentist/dental office.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0274	Bitewings - four radiographic images		• Benefits and coverage for bitewings (2, 3, 4 or vertical) are determined by member's individual/group contract. • If the fee for the bitewing and the occlusal radiographic images is equal to or exceeds the fee for a full mouth series, it would be considered a full mouth series for payment benefit purposes and frequency limitations. Any fee in excess of the fee for the full mouth series is not billable to the member by an in-network dentist on the same date of service. • The fee for any type of bitewings submitted with a full mouth series are considered part of the full mouth series for payment and benefit purposes. Any fee in excess of a full mouth series is not billable to the member by an in-network dentist on the same date of service. • When submitted with intraoral – bitewing image capture only, the fees for D0708 are not billable to the member by the same in-network dentist/dental office.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0277	Vertical bitewings - 7 to 8 radiographic images	This does not constitute a full mouth intraoral radiographic series.	• Vertical bitewings are considered bitewings for benefit purposes, an alternate benefit of D0274 (4 films) is given, and are subject to the frequency limitations for bitewing radiographic images determined by member's individual/group contract. • The difference between D0277 and the alternate benefit of D0274 made for the bitewings and the fees are not billable to the member by an in-network dentist/dental office.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0310	Sialography		•Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0320	Temporomandibular joint arthrogram, including injection		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0321	Other Temporomandibular joint radiographic images, by report		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0322	Tomographic survey		•Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0330	Panoramic radiographic image		• Benefits and coverage for intraoral complete series or panoramic radiographic image are determined by member's individual/group contract. • A panoramic radiographic image, with or without supplemental radiographic images (such as periapical, bitewing and/or occlusal), is considered a complete series for frequency limitations • Benefits for subsequent panoramic radiographic images taken within the contractual frequency (time) limitation for a full mouth series are denied. • When submitted with panoramic image capture only, the fees for D0701 are not billable to the member by the same in-network dentist/dental office. • Dentist criteria notes for exceptions: o When medically necessary for the diagnosis and/or follow-up of oral and maxillofacial pathology and trauma (documentation required). o When medically necessary for the diagnosis and treatment of symptomatic third molars if root formation is incomplete at time of previous panoramic film (documentation may be requested). o Once every 36 months for children who cannot cooperate for intraoral film due to developmental disability or medical condition that does not allow for intraoral film placement.	Chart notes or narrative.
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0340	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.	• Cephalometric radiographic image is payable only in conjunction with orthodontic benefits. • Benefits for a cephalometric radiographic image not taken in conjunction with orthodontic treatment are denied. • When submitted with the 2D cephalometric image capture only, the fees for D0702 are not billable to the member by the same in-network dentist/dental office.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0350	2D oral/facial photographic images obtained intra-orally or extra-orally		• Benefits for oral/facial images may be paid once per case as orthodontic records. Fees for additional oral/facial images by the same dentist/dental office are not billable to the member by an in-network dentist once per lifetime. • Benefits for oral/facial images for other procedures are considered elective and therefore are denied. • When submitted with 2D oral/facial photographic image, the fees for D0703 are not billable to the member by the same in-network dentist/dental office.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0351	3D photographic image	This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure.	**!- CODE DELETED WITH 2023 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** •Denied unless covered by member's individual/group contract. •When submitted with 3D photographic image, the fees for D0703 are not billable to the member by the same in-network dentist/dental office.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw		• Benefits, coverage, and frequency limitations are determined by member's individual/group contract. • When submitted in conjunction with the capture only procedure D0380, the fee for D0380 is not billable to the member by an in-network dentist. • When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		• Denied unless covered by member's individual/group contract. • When submitted in conjunction with the capture only procedure D0381, the fee for D0381 is not billable to the member by an in-network dentist. • When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0366	Cone beam CT capture and interpretation with field of view one full dental arch – maxilla, with or without cranium		• Denied unless covered by member's individual/group contract. • When submitted in conjunction with the capture only procedure D0382, the fee for D0382 is not billable to the member by an in-network dentist. • When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium		• Benefits, coverage, and frequency limitations are determined by member's individual/group contract. • When submitted in conjunction with the capture only procedure D0383, the fee for D0383 is not billable to the member by an in-network dentist. • When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures		• Denied unless covered by member's individual/group contract. • When covered, benefit once per lifetime. • When submitted in conjunction with the capture only procedure D0384, the fee for D0384 is not billable to the member by an in-network dentist. • When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0369	Maxillofacial MRI capture and interpretation		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0370	Maxillofacial ultrasound capture and interpretation		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0371	Sialoendoscopy capture and interpretation		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0372	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 edentulous areas.	•Denied if billed with a full mouth series (FMX), cone beam CT, or panoramic x-rays.	Chart notes or narrative.
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0373	Intraoral tomosynthesis - bitewing radiographic image		• Denied if billed with bitewing x-rays.	Chart notes or narrative.
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0374	Intraoral tomosynthesis - periapical radiographic image		• Denied if billed with periapical x-rays.	Chart notes or narrative.
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0801	3D intraoral surface scan - direct	A surface scan of any aspect of the intraoral anatomy.	• 3D scans are denied as a specialized procedure.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0802	3D dental surface scan - indirect	A surface scan of a diagnostic cast.	•3D scans are denied as a specialized procedure.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0803	3D facial surface scan - direct		• 3D scans are denied as a specialized procedure.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture with Interpretation	D0804	3D facial surface scan - indirect	A surface scan of constructed facial features.	• 3D scans are denied as a specialized procedure.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	**Diagnostic**	**Diagnostic Imaging - Image Capture Only**	**Multiple**	**Header - Subsection**	**Image Capture Only**	**• Capture by a Practitioner not associated with Interpretation and Report. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0380	Cone beam CT image capture with limited field of view - less than one whole jaw		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0381	Cone beam CT image capture with field of view of one full dental arch - mandible		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0382	Cone beam CT image capture with field of view one full dental arch - maxilla, with or without cranium		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0384	Cone beam CT image capture for TMJ series including two or more exposures		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0385	Maxillofacial MRI image capture		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0386	Maxillofacial ultrasound image capture		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0387	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 alveolar bone including edentulous areas.	•Denied if billed with a full mouth series (FMX), cone beam CT, or panoramic x-rays.	Chart notes or narrative.
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		• Denied if billed with bitewing x-rays.	Chart notes or narrative.
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only		• Denied if billed with periapical x-rays.	Chart notes or narrative.
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0701	Panoramic radiographic image - image capture only		• The fee for a panoramic image capture only is considered part of D0330 and is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0702	2D cephalometric radiographic image - image capture only		• The fee for a 2D cephalometric image capture only is considered part of D0340 and is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture only		• The fee for 2D oral/facial photographic image capture only is considered part of D0350 and is not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0704	3D photographic image - image capture only		**!- CODE DELETED WITH 2023 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** • The fee for 3D photographic image - image capture only is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0705	Extra-oral posterior dental radiographic image - image capture only	Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image.	• The fee for the extra-oral posterior image capture only is considered part of D0251 and is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0706	Intraoral - occlusal radiographic image - image capture only		• The fee for the intraoral occlusal image capture only is considered part of D0240 and is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0707	Intraoral - periapical radiographic image - image capture only		• The fee for the intraoral periapical image capture only is considered part of D0220/D0230 and is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0708	Intraoral - bitewing radiographic image - image capture only	Image axis may be horizontal or vertical.	•The fee for the intraoral bitewing image capture only is considered part of D0270, D0272, D0273, D0274 and is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Image Capture Only	D0709	Intraoral - 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 alveolar bone including edentulous areas.	•The fee for intraoral complete series image capture only is considered part of D0210 and is not billable to the member by an in-network dentist.	
D0100-D0999	**Diagnostic**	**Diagnostic Imaging - Interpretation and Report Only**	**Multiple**	**Header - Subsection**	**Interpretation and Report Only**	**•Interpretation and Report by a Practitioner not associated with Image Capture.** **• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	Diagnostic	Diagnostic Imaging - Interpretation and Report Only	D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		• Denied unless covered by member's individual/group contract. • D0391 must include a separate written report from a practitioner not associated with the capture of the image outlining their findings. • When D0391 is submitted on the same date of x-rays by the same dentist/dental office, the interpretation fee is included in the cost of taking the x-rays and the fee is not billable to the member by an in-network dentist. • If the interpreting practitioner is associated with the capture of the image, no payment is made for D0391 and the fee is not billable to the member by an in-network dentist.	Chart notes or report from a practitioner not associated with the capture of the image.
D0100-D0999	**Diagnostic**	**Diagnostic Imaging - Post Processing of Image or Image Sets**	**Multiple**	**Header - Subsection**	**Post Processing of Image or Image Sets**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	Diagnostic	Diagnostic Imaging - Post Processing of Image or Image Sets	D0393	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.	• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Post Processing of Image or Image Sets	D0394	Digital subtraction of two or more images or image volumes of the same modality	To demonstrate changes that have occurred over time.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Diagnostic Imaging - Post Processing of Image or Image Sets	D0395	Fusion of two or more 3D image volumes of one or more modalities		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Diagnostic Imaging - Post Processing of Image or Image Sets	D0396	3D printing of a 3D dental surface scan	3D printing of a 3D dental surface scan to obtain a physical model.	• 3D printing of a surface scan is inclusive of other procedures and is not billable to the member.	
D0100-D0999	**Diagnostic**	**Tests and Examinations**	**Multiple**	**Header - Section**	**TESTS AND EXAMINATIONS**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	Diagnostic	Tests and Examinations	D0411	HbA1c in-office point of service testing		• Denied unless covered by member's individual/group contract. • When D0411 is submitted on the same date/same dentist/dental office as D0412 (blood level glucose level test), no payment is made for the D0412 and the fee is not billable to the member by an in-network dentist.	
D0100-D0999	Diagnostic	Tests and Examinations	D0412	Blood glucose level test - in-office using a glucose meter	This procedure provides an immediate finding of a patient's blood glucose level at the time of sample collection for the point-of-service analysis.	• Denied unless covered by member's individual/group contract. •No payment is made for D0412 and the fee is not billable to the member by an in-network dentist on the same day as D0411 .	
D0100-D0999	Diagnostic	Tests and Examinations	D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0415	Collection of microorganisms for culture and sensitivity		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0416	Viral Culture	A diagnostic test to identify viral organisms, most often herpes virus.	• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0417	Collection and preparation of saliva sample for laboratory analysis		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0418	Analysis of saliva sample – laboratory		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0419	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	• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0422	Collection and preparation of genetic sample material for laboratory analysis and report		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0423	Genetic test for susceptibility to diseases - specimen analysis	Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases.	• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0425	Caries susceptibility tests	Not to be used for carious dentin staining.	•Denied unless covered by member's individual/group contract.	
D4000-D4999	Diagnostic	Tests and Examinations	D0426	Collection, preparation, and analysis of saliva sample – point-of-care		• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Tests and Examinations	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures		• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0460	Pulp vitality tests	Includes multiple teeth and contra lateral comparison(s), as indicated.	• Pulp vitality tests are payable per visit, not per tooth, and only for the diagnosis of emergency conditions. No payment is made, and the fees are not billable to the member by an in-network dentist for pulp tests as it is considered part of any other definitive procedure on the same day by the same dentist/dental office except limited oral evaluation-problem focused (D0140), palliative treatment (D9110), radiographic images (D0210 - D0391), consultation (D9310) and sedative filling (D2940).	
D4000-D4999	Diagnostic	Tests and Examinations	D0461	Testing for cracked tooth	Includes multiple teeth and contra lateral comparison(s), as indicated. Diagnostic aids may include but are not limited to pressure sensitivity testing, transillumination, staining, etc.	• Denied unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0470	Diagnostic casts	Also known as diagnostic models or study models.	• Denied unless covered by member's individual/group contract. • Diagnostic casts are payable only once when performed in conjunction with orthodontic services. Additional casts taken by the same dentist/dental office during or after orthodontic treatment are included in the fee for orthodontics and separate fees are not billable to the member by an in-network dentist. Benefit once per lifetime. • Benefits for diagnostic casts taken in conjunction with any other procedure are denied.	
D0100-D0999	Diagnostic	Tests and Examinations	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum		• No payment is made for D0600 and the fees are not billable to the member by an in-network dentist when submitted with an evaluation. • When submitted separately from an evaluation, diagnostic monitoring benefits are denied. oRationale: ?Non-ionizing diagnostic monitoring of dental tissues is considered part of an oral evaluation and should be included in the evaluation fee. ?Investigational until sufficient longitudinal data is available, unless covered by member's individual/group contract.	
D0100-D0999	Diagnostic	Tests and Examinations	D0601	Caries risk assessment and documentation, with a finding of low risk	Using recognized assessment tools.	•Denied unless covered by member's individual/group contract. • If covered: oNot billable to the member by an in-network dentist when submitted for children under the age of three. oLimited to one risk assessment 12 months. Subsequent risk assessment codes submissions are not billable to the member by an in-network dentist within 12 months. oNot billable to the member by an in-network dentist when submitted with other risk assessment codes on the same date of service by the same dentist/dental office.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Tests and Examinations	D0602	Caries risk assessment and documentation, with a finding of moderate risk	Using recognized assessment tools.	•Denied unless covered by member's individual/group contract. • If covered: oNot billable to the member by an in-network dentist when submitted for children under the age of three. oLimited to one risk assessment every 12 months. Subsequent risk assessment codes submissions are not billable to the member by an in-network dentist within 12 months. oNot billable to the member by an in-network dentist when submitted with other risk assessment codes on the same date of service by the same dentist/dental office.	
D0100-D0999	Diagnostic	Tests and Examinations	D0603	Caries risk assessment and documentation, with a finding of high risk	Using recognized assessment tools.	•Denied unless covered by member's individual/group contract. • If covered: oNot billable to the member by an in-network dentist when submitted for children under the age of three. oLimited to one risk assessment every 12 months. Subsequent risk assessment codes submissions are not billable to the member by an in-network dentist within 12 months. oNot billable to the member by an in-network dentist when submitted with other risk assessment codes on the same date of service by the same dentist/dental office. • If D0601, D0602 or D0603 is covered, the dentist must utilize a recognized caries risk assessment tool to record data and document results. Recognized tools include: PreViser, Cambra, CAT, ADA, Cariogram.	
D0100-D0999	Diagnostic	Tests and Examinations	D0604	Antigen testing for a public health related pathogen, including coronavirus		• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D0100-D0999	Diagnostic	Tests and Examinations	D0605	Antibody testing for a public health related pathogen, including coronavirus		• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D0100-D0999	Diagnostic	Tests and Examinations	D0606	Molecular testing for a public health related pathogen, including coronavirus		• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D0100-D0999	**Diagnostic**	**Oral Pathology Laboratory**	**Multiple**	**Header - Section**	**ORAL PATHOLOGY LABORATORY**	**• These procedures do not include collection of the tissue sample, which is documented separately. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0472	Accession of tissue, gross examination, preparation and transmission of written report	To be used in reporting architecturally intact tissue obtained by invasive means.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	To be used in reporting architecturally intact tissue obtained by invasive means.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	To be used in reporting architecturally intact tissue obtained by invasive means.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	To be used in reporting disaggregated, non-transepithelial cell cytology sample via mild scraping of the oral mucosa.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Analysis, and written report of findings, of cytologic sample of disaggregated transepithelial cells.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0475	Decalcification procedure	Procedure in which hard tissue is processed in order to allow sectioning and subsequent microscopic examination.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0476	Special stains for microorganisms	Procedure in which additional stains are applied to a biopsy or surgical specimen in order to identify microorganisms.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0477	Special stains, not for microorganisms	Procedure in which additional stains are applied to a biopsy or surgical specimen in order to identify such things as melanin, mucin, iron, glycogen, etc.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0478	Immunohistochemical stains	A procedure in which specific antibody-based reagents are applied to tissue samples in order to facilitate diagnosis.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0479	Tissue in-situ hybridization, including interpretation	A procedure that allows for the identification of nucleic acids, DNA and RNA, in the tissue sample in order to aid in the diagnosis of microorganisms and tumors.	• D0472-D0480, D0486 policy : oDenied unless covered by member's individual/group contract. oThese procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, no payment is made and the fee for the procedure is not billable to the member by an in-network dentist. oIf more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0481	Electron microscopy		•D0481-D0483 policy: oDenied unless covered by member's individual/group contract. oPathology reports, procedures D0472, D0473, D0474 and D0480 include preparation of tissue (e.g., sectioning, staining) and gross and microscopic evaluation. The fees for D0475 through D0483 are not billable to the member by an in-network dentist as they are a component of the pathology procedures.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0482	Direct immunofluorescence	A technique used to identify immunoreactants that are localized to the patient's skin or mucous membranes.	• D0481-D0483 policy: oDenied unless covered by member's individual/group contract. oPathology reports, procedures D0472, D0473, D0474 and D0480 include preparation of tissue (e.g., sectioning, staining) and gross and microscopic evaluation. The fees for D0475 through D0483 are not billable to the member by an in-network dentist as they are a component of the pathology procedures.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0483	Indirect immunofluorescence	A technique used to identify circulating immunoreactants.	• D0481-D0483 policy: oDenied unless covered by member's individual/group contract. oPathology reports, procedures D0472, D0473, D0474 and D0480 include preparation of tissue (e.g., sectioning, staining) and gross and microscopic evaluation. The fees for D0475 through D0483 are not billable to the member by an in-network dentist as they are a component of the pathology procedures.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0484	Consultation on slides prepared elsewhere	A service provided in which microscopic slides of a biopsy specimen prepared at another laboratory are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. The findings are delivered by written report.	• D0484 is benefited as D9310 (diagnostic service provided by dentist or physician other than practitioner providing treatment).	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	A service that requires the consulting pathologist to prepare the slides as well as render a written report. The slides are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request.	• Denied unless covered by member's individual/group contract. • D0485 must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report the fee for the procedure is not billable to the member by an in-network dentist. • When billed on the same day, same site by the same dentist/dental office, benefits are allowed for the most inclusive procedure and the less inclusive procedure is not billable to the member by an in-network dentist. • When multiple procedures are submitted in the same area of the mouth, the more complex would be a benefit. The fees for subsequent procedure codes would be not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Oral Pathology Laboratory	D0502	Other oral pathology procedures, by report		• Denied unless covered by member's individual/group contract. • Other oral pathology procedures must be accompanied by a pathology report. The fee for D0502 submitted without the report are not billable to the member by an in-network dentist.	Pathology report.
D0100-D0999	Diagnostic	Unspecified	D0999	Unspecified diagnostic procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	• Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.
D1000-D1999	**Preventive**	**Preventive**	**D1000-D1999**	**Category of Services**	**PREVENTIVE**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D1000-D1999	**Preventive**	**Dental Prophylaxis**	**Multiple**	**Header - Section**	**DENTAL PROPHYLAXIS**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D1000-D1999	Preventive	Dental Prophylaxis	D1110	Prophylaxis - adult	Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.	• Considered an adult prophylaxis age 14 years and older. • Limitation: See member's benefits for details. • A prophylaxis done on the same date by the same dentist/dental office as a periodontal maintenance, D4346, scaling or root planing (D4341), or periodontal surgery is considered to be part of and included in those procedures and the fee is not billable to the member by an in-network dentist. • If a D4342 is performed on the same date as a D1110, D4346 or D4910, the fee for both procedures may be benefited. • When submitted with D4346, no payment is made for D1110 and the fee is not billable to the member by the same in-network dentist/dental office.	
D1000-D1999	Preventive	Dental Prophylaxis	D1120	Prophylaxis - child	Removal of plaque, calculus and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors.	• Considered a child prophylaxis up to, but not including their 14th birthday . • When submitted with D4346, no payment is made for D1120 and the fee is not billable to the member by the same in-network dentist/dental office.	
D1000-D1999	**Preventive**	**Topical Fluoride Treatment (Office Procedure)**	**Multiple**	**Header - Section**	**TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)**	**• Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D1000-D1999	Preventive	Topical Fluoride Treatment (Office Procedure)	_POL.D1000+	Policy - Preventive - Topical Fluoride Treatment	Category guideline - Topical fluoride treatment	• Benefits for fluoride treatments are determined by member's individual/group contract. • Using prophylaxis paste containing fluoride or a fluoride rinse or swish in conjunction with a prophylaxis is considered a prophylaxis only. A separate fee for this type of topical fluoride application is not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D1000-D1999	Preventive	Topical Fluoride Treatment (Office Procedure)	D1206	Topical application of fluoride varnish		•Benefits for topical fluoride treatments are determined by member's individual/group contract. • Fluoride gels, rinses, tablets, and other preparations intended for home application are denied unless covered by member's individual/group contract. • Benefits for D1206 and D1208 topical application of fluoride are interchangeable. For example: If a member has coverage for one fluoride treatment per benefit year, they would be eligible for either one D1208 or one D1206.	
D1000-D1999	Preventive	Topical Fluoride Treatment (Office Procedure)	D1208	Topical application of fluoride - excluding varnish		•Benefits for topical fluoride treatments are determined by member's individual/group contract. • Fluoride gels, rinses, tablets, and other preparations intended for home application are denied unless covered by member's individual/group contract. • Benefits for D1206 and D1208 topical application of fluoride are interchangeable. For example: If a member has coverage for one fluoride treatment per benefit year, they would be eligible for either one D1208 or one D1206.	
D1000-D1999	**Preventive**	**Other Preventive Services**	**Multiple**	**Header - Section**	**OTHER PREVENTIVE SERVICES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D1000-D1999	Preventive	Other Preventive Services	D1301	Immunization counseling	A review of a patient's vaccine and medical history, discussion of the vaccine benefits, risks, and consequences of not obtaining the vaccine. Counseling also includes a discussion of questions and concerns the patient, family, or caregiver may have and suggestions on where the patient can obtain the vaccine.	•Denied unless covered by member's individual/group contract.	
D1000-D1999	Preventive	Other Preventive Services	D1310	Nutritional counseling for control of dental disease	Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries.	• Denied unless covered by member's individual/group contract.	
D1000-D1999	Preventive	Other Preventive Services	D1320	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.	•Denied unless covered by member's individual/group contract.	
D1000-D1999	Preventive	Other Preventive Services	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Counseling services may include patient education about adverse oral, behavioral, and systemic effects associated with high-risk substance use and administration routes. This includes ingesting, injecting, inhaling and vaping. Substances used in a high-risk manner may include but are not limited to alcohol, opioids, nicotine, cannabis, methamphetamine and other pharmaceuticals or chemicals.	• Denied unless covered by member's individual/group contract.	
D1000-D1999	Preventive	Other Preventive Services	D1330	Oral hygiene instructions		•Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D1000-D1999	Preventive	Other Preventive Services	D1351	Sealant - per tooth	Mechanically and/or chemically prepared enamel surface sealed to prevent decay.	• Sealants are a benefit once per tooth on the occlusal surface of permanent molars. • Benefits and coverage for sealants are determined by member's individual/group contract. • Frequency limitations per unrestored tooth are determined by member's individual/group contract and include all necessary repair or replacement. • Benefits for sealants completed on the same date of service and on the same surface as a restoration by the same in-network dentist/dental office are not billable to the member and are considered a component of the restoration. • Benefits for sealants completed on the same date of service and same tooth as D1354 and D1355 by the same in-network dentist/dental office are not billable to the member and are considered a component of the restoration. • Benefits for sealants include repair or replacement within 24 months by the same dentist/dental office. No payment is made for the repair or replacement of a sealant and the fees are not billable to the member by an in-network dentist if performed within 24 months of initial placement by same dentist/dental office.	
D1000-D1999	Preventive	Other Preventive Services	D1353	Sealant repair - per tooth		•Benefits for sealants include repair or replacement within 24 months by the same dentist/dental office. No payment is made for the repair or replacement of a sealant and the fees are not billable to the member by an in-network dentist if performed within 24 months of initial placement by same dentist/dental office. • Benefits for repairing sealants requested 24 months or more following the initial placement are denied unless covered by member's individual/group contract. • Benefits for sealants completed on the same date of service and same tooth as D1354 and D1355 by the same in-network dentist/dental office are not billable to the member and are considered a component of the restoration. • Repairing sealants is considered a component of a restoration and fees for repairing sealants completed on the same date of service and on the same surface as a restoration by the same dentist/dental office are not billable to the member by an in-network dentist. • Benefits to repair sealants are denied when submitted documentation or the member's claims history indicates a restoration on the occlusal surface of the same tooth.	
D1000-D1999	Preventive	Other Preventive Services	D1352	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.	**!- CODE DELETED WITH 2026 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** •Benefits for preventive resin restoration completed on the same date of service and on the same surface as a restoration by the same dentist/dental office are considered a component of the restoration and are not billable to the member by an in-network dentist. • Benefits for sealants completed on the same date of service and same tooth as D1354 and D1355 by the same in-network dentist/dental office are not billable to the member and are considered a component of the restoration. • Benefits for preventive resin restorations are denied when submitted documentation or the member's claim history indicates a restoration on the occlusal surface of the same tooth. • Age limitations for preventive resin restorations are determined by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D1000-D1999	Preventive	Other Preventive Services	D1354	Application of caries arresting medicament - per tooth	Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.	• Covered unless otherwise specified by member's individual/group contract. • Benefits are limited to twice per tooth per benefit year. • Benefits for more than twice per tooth per benefit year are denied. • Fees for D1354 or D1355 on the same date of service as a restoration or sealant are not billable to the member by an in-network dentist. • Benefits for restorations placed within three months of D1354 or D1355 are denied. • D1354 or D1355 does not count toward fluoride frequency. • Dentist Criteria/Notes: oUsed to arrest dentinal and cervical caries. oThis procedure can be used to report both Silver Diamine Fluoride and Silver Nitrate. oNo limit on the number of teeth that can be treated per day.	
D1000-D1999	Preventive	Other Preventive Services	D1355	Caries preventive medicament application - per tooth	For primary prevention or remineralization. Medicaments applied do not include topical fluorides.	• Covered unless otherwise specified by member's individual/group contract. •Benefits are limited to twice per tooth per benefit year. • Benefits for more than twice per tooth per benefit year are denied. • Fees for D1354 or D1355 on the same date of service as a restoration or sealant are not billable to the member by an in-network dentist. • Benefits for restorations placed within three months of D1354 or D1355 are denied. • D1354 or D1355 does not count toward fluoride frequency.	
D1000-D1999	**Preventive**	**Space Maintenance (Passive Appliances)**	**Multiple**	**Header - Section**	**SPACE MAINTENANCE (Passive Appliances)**	**•Passive appliances are designed to prevent tooth movement. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	_POL.D1000+	Policy - Preventive - Space Maintenance (Passive Appliances)	Category guideline - Space maintainers/passive appliances	• Space maintainers/passive appliances are designed to prevent tooth movement. • Space maintainers are used to retain space for the eruption of permanent teeth when the primary teeth are lost prematurely. Most permanent teeth erupt by the age of 14 years old. • A space maintainer will normally perform its function during the time needed without replacement if fitted and cemented correctly. It is the rare case that requires replacement because of oral changes due to growth. Lost, broken or stolen appliances are not a benefit and are the member's responsibility.	
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1510	Space maintainer - fixed, unilateral - per quadrant	Excludes a distal shoe space maintainer.	•Benefits allowed for only one unilateral space maintainer per quadrant per lifetime except under unusual circumstances. Otherwise, benefits are denied.	Indicate quadrant.
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1516	Space maintainer - fixed - bilateral, maxillary		• Space maintainers are a benefit for members up to, but not including their 14th birthday and are payable upon placement. Benefits will be provided for one space maintainer in 60 months in the same area.	
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1517	Space maintainer - fixed - bilateral, mandibular		• Space maintainers are not a benefit on anterior teeth (central and lateral incisors).	
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1520	Space maintainer - removable, unilateral - per quadrant		• Benefits allowed for only one unilateral space maintainer per quadrant per lifetime except under unusual circumstances. Otherwise, benefits are denied.	Indicate quadrant.
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1526	Space maintainer - removable - bilateral, maxillary		• There is no separate benefit for a stainless steel or resin crown when used as part of the space maintainer.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1527	Space maintainer - removable - bilateral, mandibular		• There is no separate benefit for a stainless steel or resin crown when used as part of the space maintainer	
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1551	Re-cement or re- bond bilateral space maintainer - maxillary		• One re-cement or re-bond is allowed per space maintainer per arch. • Benefits for subsequent requests for re-cementation or re-bonding are denied.	
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1552	Re-cement or re- bond bilateral space maintainer - mandibular		• One re-cement or re-bond is allowed per space maintainer per arch. • Benefits for subsequent requests for re-cementation or re-bonding are denied.	
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		• One re-cement or re-bond is allowed per space maintainer per arch. • Benefits for subsequent requests for re-cementation or re-bonding are denied.	Indicate quadrant.
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1556	Removal of fixed unilateral space maintainer - per quadrant		• D1556 is not billable to the member by an in-network dentist when submitted with re-cementation done on the same date of service.	
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1557	Removal of fixed bilateral space maintainer - maxillary		• D1557 is not billable to the member by an in-network dentist when submitted with re-cementation done on the same date of service.	
D1000-D1999	Preventive	Space Maintenance (Passive Appliances)	D1558	Removal of fixed bilateral space maintainer - mandibular		• D1558 not billable to the member by an in-network dentist when submitted with re-cementation done on the same date of service.	
D1000-D1999	**Preventive**	**Space Maintainers**	**Multiple**	**Header - Section**	**SPACE MAINTAINERS**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D1000-D1999	Preventive	Space Maintainers	D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has erupted.	•Limited to children 13 years old and younger. • No payment is made for repairs and adjustments by same dentist/dental office and the fees are not billable to the member by an in-network dentist. • Dentist criteria note: This is limited to guiding eruption of first permanent molars. A follow-up space maintainer, can be considered.	Indicate quadrant.
D1000-D1999	**Preventive**	**Vaccinations**	**Multiple**	**Header - Section**	**VACCINATIONS**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D1000-D1999	Preventive	Vaccinations	D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1703	Moderna Covid-19 vaccine administration - first dose	SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1704	Moderna Covid-19 vaccine administration - second dose	SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1705	AstraZeneca Covid-19 vaccine administration - first dose	SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1.	**!- CODE DELETED WITH 2026 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** •Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D1000-D1999	Preventive	Vaccinations	D1706	AstraZeneca Covid-19 vaccine administration - second dose	SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2.	**!- CODE DELETED WITH 2026 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** • Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1707	Janssen Covid-19 vaccine administration	SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE.	**!- CODE DELETED WITH 2026 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** • Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1708	Pfizer-BioNTech Covid-19 vaccine administration - third dose	SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 3.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1709	Pfizer-BioNTech Covid-19 vaccine administration - booster dose	SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE BOOSTER.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1710	Moderna Covid-19 vaccine administration – third dose	SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 3.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1711	Moderna Covid-19 vaccine administration - booster dose	SARSCOV2 COVID-19 VAC mRNA 50mcg/0.25mL IM DOSE BOOSTER.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1712	Janssen Covid-19 vaccine administration - booster dose	SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM DOSE BOOSTER.	**!- CODE DELETED WITH 2026 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** •Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose	SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 1.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose	SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 2.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1720	Influenza vaccine administration		• Denied unless covered by member's individual/group contract.	
D1000-D1999	Preventive	Vaccinations	D1781	Vaccine administration - human papillomavirus - Dose 1	Gardasil 9 0.5mL intramuscular vaccine injection.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1782	Vaccine administration - human papillomavirus - Dose 2	Gardasil 9 0.5mL intramuscular vaccine injection.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Vaccinations	D1783	Vaccine administration - human papillomavirus - Dose 3	Gardasil 9 0.5mL intramuscular vaccine injection.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	
D1000-D1999	Preventive	Unspecified	D1999	Unspecified preventive procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Restorative	D2000-D2999	Category of Services	RESTORATIVE	• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.	
D2000-D2999	Restorative	Restorative	Multiple	Header - Section	RESTORATIVE	• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.	
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Gingivectomy	• Gingivectomy done on the same day in conjunction with or for the purpose of placement of a restoration/crown is considered part of the procedure and included in the fee for the restoration. A separate charge may not be made to the member. • Exception: Gingivectomy is allowed on the same day in the case of a Class V restoration, e.g., when the tooth is broken below the gumline. A digital photograph is required.	
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Restoration limitation	• Limit of One Restoration Per Surface: Payment is made for one restoration in each tooth surface regardless of the number or combination of restorations placed. A separate charge may not be made to the member by an in-network dentist.	
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Benefit and co-payment allowance	• If an indirectly fabricated restoration is performed by the same dentist/dental office within 24 months of the placement of an amalgam or composite restoration, the benefit and member co-payment allowance for the amalgam or composite restorations will be deducted from an indirectly fabricated restoration benefit.	
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Replacement of amalgam or composite restoration	• No payment will be made for the replacement of amalgam or composite restorations within 24 months (unless different frequency limitations are determined by member's individual/group contract) and the fees are not billable to the member if done by the same dentist/dental office. Benefits may be allowed if done by a different dentist/dental office. Special consideration may be given by report.	
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Restorations for altering occlusion	• Restorations for altering occlusion involving vertical dimension and the replacement of tooth structure lost due to attrition, erosion, abrasion, abfraction, corrosion, or TMD are denied. • Exception - Class V (facial or lingual surface) restorations are allowed when these conditions are present.	
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Restoration placed same day as crown	• An amalgam or resin restoration placed the same day as a crown on the same tooth is considered part of the procedure and is not billable to the member by an in-network dentist. • If the dentist submits for a single surface filling after the crown is placed, pay for the filling. • No payment will be made for a multi-surface filling after the crown is placed and the fee is not billable to the member by an in-network dentist.	
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Restoration of surface previously restored	• Any restoration that involves the replacement of a surface previously restored within 24 months (unless frequency limitation is defined differently under member's individual/group contract) will be adjusted to pay only the new surface involved. • Exception: If endo treatment is performed within the 24 months, another restoration will be allowed regardless of surfaces involved.	
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Multiple restorations	• In cases of multiple restorations involving the proximal and occlusal surfaces of the same tooth, benefits are limited to that of a multi-surface restoration. A separate benefit may be allowed for a non-contiguous restoration on the buccal or lingual surface(s) of the same tooth. Examples include, but are not limited to: oOffice bills for an "M" (D2140), "O" (D2140) and "D" (D2140) on #3. Benefit is limited to a three-surface restoration, "MOD" (D2160). oOffice bills for an "M" (D2140), "O" (D2140), "D" (D2140) and "B" D2140) on #3. Benefit is limited to a three-surface restoration, "MOD" (D2160) and a one-surface restoration, "B" (D2140).	
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Contiguous surfaces	• Any restoration involving two or more contiguous surfaces should be reported using the appropriate multiple surface restoration code.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Restorative	_POL.D2000+	Policy - Restorative - All	Category guideline - Multi-stage restorative procedures	• Multi-stage restorative procedures are reported and benefited upon completion. oThe completion date for removable prosthetic appliances is the date of insertion. oThe completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. oThe completion date for fixed partial dentures and crowns, onlays, and inlays is the cementation date regardless of the type of cement utilized.	
D2000-D2999	**Restorative**	**Amalgam Restorations (Including Polishing)**	**Multiple**	**Header - Section**	**AMALGAM RESTORATIONS (Including Polishing)**	**•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 (see D2951). •See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D2000-D2999	Restorative	Amalgam Restorations (Including Polishing)	D2140	Amalgam - one surface, primary or permanent		• See additional guidelines under Policy - Restorative - All.	
D2000-D2999	Restorative	Amalgam Restorations (Including Polishing)	D2150	Amalgam - two surfaces, primary or permanent		• See additional guidelines under Policy - Restorative - All.	
D2000-D2999	Restorative	Amalgam Restorations (Including Polishing)	D2160	Amalgam - three surfaces, primary or permanent		• See additional guidelines under Policy - Restorative - All.	
D2000-D2999	Restorative	Amalgam Restorations (Including Polishing)	D2161	Amalgam - four or more surfaces, primary or permanent		• See additional guidelines under Policy - Restorative - All.	
D2000-D2999	**Restorative**	**Resin-Based Composite Restorations-Direct**	**Multiple**	**Header - Section**	**RESIN-BASED COMPOSITE RESTORATIONS - DIRECT**	**•Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, base, acid etching, adhesives (including resin bonding agents), polishing, liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951). • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	_POL.D2000+	Policy - Restorative - Resin-Based Composite Restorations - Direct	Category guideline - Resin-based composite restorations	• Benefits for composite resin restorations on permanent premolars (not including the buccal surface) or primary and permanent molars will be based on the corresponding benefit for an amalgam restoration (if alternate benefit is included in member's individual/group contract). • The member is responsible for the balance of the dentist's charge. Benefits for composite resin restorations on both 1st and 2nd bicuspids which include the buccal surface are covered.	
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	D2330	Resin-based composite - one surface, anterior		• In the event an anterior proximal restoration involves a significant portion of the labial or lingual surface, it may be reported as D2331 or D2332, as appropriate, otherwise treat as D2330. • See additional guidelines under Policy - Restorative - All and Policy - Restorative - Resin-Based Composite Restorations - Direct.	
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	D2331	Resin-based composite - two surfaces, anterior		• In the event an anterior proximal restoration involves a significant portion of the labial or lingual surface, it may be reported as D2331 or D2332, as appropriate, otherwise treat as D2330. • See additional guidelines under Policy - Restorative - All and Policy - Restorative - Resin-Based Composite Restorations - Direct.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	D2332	Resin-based composite - three surfaces, anterior		• In the event an anterior proximal restoration involves a significant portion of the labial or lingual surface, it may be reported as D2331 or D2332, as appropriate, otherwise treat as D2330. • See additional guidelines under Policy - Restorative - All and Policy - Restorative - Resin-Based Composite Restorations - Direct.	
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	D2335	Resin-based composite - four or more surfaces (anterior)		• If four or more D2335 involving teeth #6-11 or teeth #22-27 are submitted with the same date of service, copy of treatment chart is required and reviewed for coverage.	
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	D2390	Resin-based composite crown, anterior	Full resin-based composite coverage of tooth.	• Frequency limitations are determined by member's individual/group contract.	
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	D2391	Resin-based composite - one surface, posterior		• See additional guidelines under Policy - Restorative - Resin-Based Composite Restorations - Direct.	
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	D2392	Resin-based composite - two surfaces, posterior		• Benefits should be administered with the same processing policies, system edits as code D2150, or paid as submitted. • See additional guidelines under Policy - Restorative - Resin-Based Composite Restorations - Direct.	
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	D2393	Resin-based composite - three surfaces, posterior		• Benefits should be administered with the same processing policies, system edits as code D2160, or paid as submitted. • See additional guidelines under Policy - Restorative - Resin-Based Composite Restorations - Direct.	
D2000-D2999	Restorative	Resin-Based Composite Restorations-Direct	D2394	Resin-based composite - four or more surfaces, posterior		• Benefits should be administered with the same processing policies, system edits as code D2161, or paid as submitted. • See additional guidelines under Policy - Restorative - Resin-Based Composite Restorations - Direct.	
D2000-D2999	**Restorative**	**Gold Foil Restorations**	**Multiple**	**Header - Section**	**GOLD FOIL RESTORATIONS**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D2000-D2999	Restorative	Gold Foil Restorations	D2410	Gold-foil - one surface			
D2000-D2999	Restorative	Gold Foil Restorations	D2420	Gold-foil - two surfaces			
D2000-D2999	Restorative	Gold Foil Restorations	D2430	Gold-foil - three surfaces			
D2000-D2999	**Restorative**	**Inlay/Onlay Restorations**	**Multiple**	**Header - Section**	**INLAY/ONLAY RESTORATIONS**	**•Inlay: An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips. • Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D2000-D2999	Restorative	Inlay/Onlay Restorations	_POL.D2000+	Policy - Restorative - Inlay/Onlay Restorations	Category guideline - Onlay/inlay restorations	• In some cases, an onlay is reported using both an inlay code and an onlay code, for example, a porcelain onlay on tooth #19 may be reported as tooth #19 code D2610 and tooth #19 code D2643. An onlay, by definition, includes the inlay. When the procedure is "split" into these two codes, combine the submitted fees for the inlay and onlay and process the claim using only the onlay code (D2643).	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Inlay/Onlay Restorations	_POL.D2000+	Policy - Restorative - Inlay/Onlay Restorations	Category guideline - Onlays	•Metallic and Porcelain/Ceramic Onlays (see D2542-D2644): oIf the tooth does not meet the criteria for crown coverage, process as an alternate benefit of an amalgam restoration on posterior teeth, or as a composite restoration on anterior teeth. oIf tooth meets the criteria for crown coverage: Metallic onlay: Approve Porcelain/Ceramic onlay: Unless covered by member's individual/group contract, process as an alternate benefit of a metallic onlay. The member is responsible for the balance of the dentist's charge. • Composite/Resin Onlays: Unless covered by member's individual/group contract, process as an alternate benefit of an amalgam restoration on posterior teeth and as a composite restoration on anterior teeth whether or not the tooth qualifies for full crown coverage. The member is responsible for the balance of the dentist's charge.	
D2000-D2999	Restorative	Inlay/Onlay Restorations	_POL.D2000+	Policy - Restorative - Inlay/Onlay Restorations	Category guideline - Onlay frequency limitation	• Benefits for either one onlay or one crown per tooth generally allowed in a 60-month period; verify the frequency limitations determined by member's individual/group contract.	
D2000-D2999	Restorative	Inlay/Onlay Restorations	_POL.D2000+	Policy - Restorative - Inlay/Onlay Restorations	Category guideline - Inlays	•Metallic Inlays: Unless covered by member's individual/group contract, process as an alternative benefit of an amalgam restoration. • Porcelain/Ceramic, Composite/Resin Inlays: Process as an alternate benefit of a composite restoration. • The member is responsible for the balance of the dentist's charge. • If a buildup is submitted with an inlay, the buildup is wrapped up as part of the inlay procedure. • Rationale: The application of an alternate benefit is in keeping with PacificSource's general policy to pay the least expensive professionally acceptable treatment. Inlays do not protect teeth from cuspal fractures, therefore are no better than amalgams in that respect. If cuspal protection is not needed, amalgams will adequately restore the teeth. PacificSource routinely reimburses the most cost effective benefit when more than one treatment modality can be used.	
D2000-D2999	Restorative	Inlay/Onlay Restorations	D2510	Inlay - metallic - one surface		•An alternate benefit allowance of an amalgam restoration will be made toward the cost of all metallic inlays. The member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations	D2520	Inlay - metallic - two surfaces		• An alternate benefit allowance of an amalgam restoration will be made toward the cost of all metallic inlays. The member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations	D2530	Inlay - metallic - three or more surfaces		• An alternate benefit allowance of an amalgam restoration will be made toward the cost of all metallic inlays. The member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations	D2542	Onlay - metallic - two surfaces		• An allowance for a metallic onlay will be made only if the tooth meets the criteria for crown placement. Otherwise, an alternate benefit allowance of an amalgam restoration will be made and the member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations	D2543	Onlay - metallic - three surfaces		• An allowance for a metallic onlay will be made only if the tooth meets the criteria for crown placement. Otherwise, an alternate benefit allowance of an amalgam restoration will be made and the member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations	D2544	Onlay - metallic - four or more surfaces		• An allowance for a metallic onlay will be made only if the tooth meets the criteria for crown placement. Otherwise, an alternate benefit allowance of an amalgam restoration will be made and the member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	**Restorative**	**Inlay/Onlay Restorations - Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays**	**Multiple**	**Header - Subsection**	**Inlay/Onlay Restorations- Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D2000-D2999	Restorative	Inlay/Onlay Restorations - Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays	D2610	Inlay - porcelain/ceramic - one surface		• An alternate benefit allowance of a composite restoration will be made toward the cost of all porcelain inlays. The member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations - Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays	D2620	Inlay - porcelain/ceramic - two surfaces		• An alternate benefit allowance of a composite restoration will be made toward the cost of all porcelain inlays. The member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations - Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays	D2630	Inlay - porcelain/ceramic - three or more surfaces		• An alternate benefit allowance of a composite restoration will be made toward the cost of all porcelain inlays. The member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations - Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays	D2642	Onlay - porcelain/ceramic - two surfaces		• An allowance for a porcelain onlay will be made only if the tooth meets the criteria for crown placement. Otherwise, an alternate benefit allowance of a composite restoration will be made and the member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Inlay/Onlay Restorations - Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays	D2643	Onlay - porcelain/ceramic - three surfaces		• An allowance for a porcelain onlay will be made only if the tooth meets the criteria for crown placement. Otherwise, an alternate benefit allowance of a composite restoration will be made and the member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations - Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays	D2644	Onlay - porcelain/ceramic - four or more surfaces		• An allowance for a porcelain onlay will be made only if the tooth meets the criteria for crown placement. Otherwise, an alternate benefit allowance of a composite restoration will be made and the member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	**Restorative**	**Inlay/Onlay Restorations - Resin-based composite inlays/onlays must utilize indirect technique**	**Multiple**	**Header - Subsection**	**Inlay/Onlay Restorations- Resin-based composite inlays/onlays must utilize indirect technique**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D2000-D2999	Restorative	Inlay/Onlay Restorations - Resin-based composite inlays/onlays must utilize indirect technique	D2650	Inlay - resin-based composite - one surface		• An alternate benefit allowance of a composite restoration will be made toward the cost of all porcelain inlays. The member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations - Resin-based composite inlays/onlays must utilize indirect technique	D2651	Inlay - resin-based composite - two surfaces		• An alternate benefit allowance of a composite restoration will be made toward the cost of all porcelain inlays. The member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations - Resin-based composite inlays/onlays must utilize indirect technique	D2652	Inlay - resin-based composite - three or more surfaces		• An alternate benefit allowance of a composite restoration will be made toward the cost of all porcelain inlays. The member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Inlay/Onlay Restorations - Resin-based composite inlays/onlays must utilize indirect technique	D2662	Onlay - resin-based composite - two surfaces		• An allowance for a porcelain onlay will be made only if the tooth meets the criteria for crown placement. Otherwise, an alternate benefit allowance of a composite restoration will be made and the member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations - Resin-based composite inlays/onlays must utilize indirect technique	D2663	Onlay - resin-based composite - three surfaces		• An allowance for a porcelain onlay will be made only if the tooth meets the criteria for crown placement. Otherwise, an alternate benefit allowance of a composite restoration will be made and the member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Inlay/Onlay Restorations - Resin-based composite inlays/onlays must utilize indirect technique	D2664	Onlay - resin-based composite - four or more surfaces		• An allowance for a porcelain onlay will be made only if the tooth meets the criteria for crown placement. Otherwise, an alternate benefit allowance of a composite restoration will be made and the member is responsible for the balance of the dentist's charge.	Tooth number, surfaces, and pre-operative periapical x-rays.
D2000-D2999	**Restorative**	**Crowns - Single Restorations Only**	**Multiple**	**Header - Section**	**CROWNS - Single Restorations Only**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D2000-D2999	Restorative	Crowns - Single Restorations Only	_POL.D2000+	Policy - Restorative - Crowns	Category guideline - Restorative crowns	•Cast restorations include all models, temporaries, laboratory fees and material, final radiographic images and other associated procedures. • Benefits are payable when the treatment is complete. For crowns, this is on the seating date of the permanent crown, not the date of preparation. • If a root canal appears to be inadequately filled, incomplete, or unsuccessful in a tooth that is being treated with major restorative procedures, the same in-network dentist who performed the root canal cannot bill the member. Denied for an out-of-network or different dentist. • If a root canal is performed after crown insertion, benefit a one surface restoration for endodontic access closure of a natural tooth. • Limitation: Treatment to restore tooth structure lost due to attrition/erosion/abrasion/abfraction/corrosion, peg laterals, or TMD is not a covered benefit. • Benefits for crowns will be made only for teeth that are in imminent danger of pulpal exposure. The Dental Director will review each case individually and determine imminent pulpal exposure from radiographic images and any information provided by the treating dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Crowns - Single Restorations Only	_POL.D2000+	Policy - Restorative - Crowns	Category guideline - Temporary crown	• Temporary crowns are used after a tooth is prepped and while awaiting the placement of the permanent crown. They are considered part of the procedure for the permanent crown and the charge is included in the fee for the permanent crown. • A separate charge for a temporary crown is not allowed for an in-network dentist. No payment is made and the fee is not billable to the member by an in-network dentist. Denied for an out-of-network dentist. • If a member does not return to the original dentist to have the permanent crown seated, an allowance for the temporary crown may be considered. However, an allowance is only applicable if the permanent crown met the criteria for coverage. If the tooth did not qualify, the temporary is denied for the same reason. If the member then goes to another dentist and the temporary has been paid in history, deduct the amount allowed for the temporary crown from the allowed amount of the permanent crown and the member is responsible for the difference. • If a permanent crown is placed within 60 months of the temporary, same deduction rule applies.	
D2000-D2999	Restorative	Crowns - Single Restorations Only	_POL.D2000+	Policy - Restorative - Crowns	Category guideline - Crown coverage for anterior teeth	• Anterior teeth must exhibit at least two of the following: oThe replacement of any existing restoration must be necessary due to caries, fracture, or missing tooth structure. oAt least 50 percent of the incisal angle must require replacement due to decay or fracture. oThere must be large existing restorations involving mesial and/or distal surfaces, encompassing at least 50% of tooth structure that require replacement due to decay or fracture.	
D2000-D2999	Restorative	Crowns - Single Restorations Only	_POL.D2000+	Policy - Restorative - Crowns	Category guideline - Crown coverage for posterior teeth	• Posterior teeth must meet at least one of the following: oExhibit at least one of the following: ?Large area of decay on additional surface. ?Extensive recurrent decay. ?Must have a restoration encompassing at least two thirds of the occlusal surface leaving very thin buccal/lingual walls; as documented with photograph(s). ?The existing restoration or caries must be within 2mm of the pulp radiographically. oDocumentation must show more than half of the cusp missing (fractured off). Pre-operative radiographic image, clinical treatment notes and/or photograph are necessary for review.	
D2000-D2999	Restorative	Crowns - Single Restorations Only	_POL.D2000+	Policy - Restorative - Crowns	Category guideline - Crown coverage for Cracked Tooth Syndrome	• Cracked Tooth Syndrome: Crowns for teeth with Cracked Tooth Syndrome will be considered on an individual case basis. The patient's documentation and clinical treatment notes must include all of the following: oThe date of onset of symptoms and follow-up reassessment appointments relating to the original diagnosis of cracked tooth syndrome (CTS). oAny conservative treatments attempted to make the tooth asymptomatic. This may include time monitoring the symptoms. Teeth with minimal or no restorations require time monitoring of at least 2-4 weeks. oSensitivity to cold and/or sensitivity to occlusal load. oPre-operative periapical radiographic image. oPre-operative photograph(s) showing crack(s)/fracture lines. oIf relevant, photograph(s) after removal of the existing restoration showing cuspal/pulpal fracture lines.	
D2000-D2999	Restorative	Crowns - Single Restorations Only	_POL.D2000+	Policy - Restorative - Crowns	Category guideline - Crown coverage for replacement	• Replacement: Frequency limitations for crown replacement are determined by member's individual/group contract. If the crown is replaced within the frequency, the fee for the crown is the member's responsibility.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Crowns - Single Restorations Only	_POL.D2000+	Policy - Restorative - Crowns	Category guideline - Crown coverage for periodontally involved tooth	• Periodontally Involved Tooth: As a guideline, any tooth that has only 50% or less of remaining bone should be considered questionable in terms of long-term prognosis. All of the following factors will be considered: oA narrative explaining the patient's periodontal history or an evaluation by a periodontist. oFactors that include but are not limited to the age of the patient, clinical findings such as pocket depths, mobility, the condition of the soft tissues, bone density, vertical vs. horizontal bone loss, the length of the roots and furcation involvement. oIf the supporting documentation is not sufficient to benefit the procedure, the Dental Director will deny the case.	
D2000-D2999	Restorative	Crowns - Single Restorations Only	_POL.D2000+	Policy - Restorative - Crowns	Category guideline - Crown coverage and filling on same day	• A filling placed the same day as a crown on the same tooth is considered part of the procedure and is not billable to the member by an in-network dentist. oIf the dentist submits for a single surface filling after the crown is placed, pay for the filling. oIf the dentist submits for a multi-surface filling after the crown is placed, the fee is not billable to the member by an in-network dentist.	
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2710	Crown - resin-based composite (indirect)			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2712	Crown - ¾ resin-based composite (indirect)	This procedure does not include facial veneers.		Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2720	Crown - resin with high noble metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2721	Crown - resin with predominantly base metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2722	Crown - resin with noble metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2740	Crown - porcelain/ceramic			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2750	Crown - porcelain fused to high noble metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2751	Crown - porcelain fused to predominantly base metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2752	Crown - porcelain fused to noble metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2753	Crown - porcelain fused to titanium and titanium alloys			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2780	Crown - ¾ cast high noble metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2781	Crown - ¾ cast predominantly base metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2782	Crown - ¾ cast noble metal			Tooth number and pre-operative periapical x-ray.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2783	Crown - ¾ porcelain/ceramic	This procedure does not include facial veneers.		Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2790	Crown - full cast high noble metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2791	Crown - full cast predominantly base metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2792	Crown - full cast noble metal			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2794	Crown - titanium and titanium alloys			Tooth number and pre-operative periapical x-ray.
D2000-D2999	Restorative	Crowns - Single Restorations Only	D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	Not to be used as a temporary crown for a routine prosthetic restoration.	•Temporary (interim) or provisional restorations are not separate benefits and should be included in the fee for the permanent restoration. Benefits are not billable to the member by an in-network dentist. • When a temporary (interim) or provisional crown is billed as a therapeutic measure for a fractured tooth, benefits are denied. • Temporary or provisional fixed prostheses by the same dentist/dental office are not separate benefits and should be included in the fee for the permanent prosthesis. Fees are not billable to the member by an in-network dentist .	
D2000-D2999	**Restorative**	**Other Restorative Services**	**Multiple**	**Header - Section**	**OTHER RESTORATIVE SERVICES**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D2000-D2999	Restorative	Other Restorative Services	D2989	Excavation of a tooth resulting in the determination of non-restorability		• D2989 is considered an incomplete service, and the fees are not billable to the member.	Chart notes or narrative, and pre-operative and working periapical x-rays.
D2000-D2999	Restorative	Other Restorative Services	D2990	Resin infiltration of incipient smooth surface lesions	Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion.	• Denied unless covered by member's individual/group contract.	
D2000-D2999	Restorative	Other Restorative Services	D2991	Application of hydroxyapatite regeneration medicament - per tooth	Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration.	• Denied unless covered by member's individual/group contract. • When covered: oBenefits are limited to twice per tooth per benefit year. oBenefits for more than twice per tooth per benefit year are denied. oFees for D2991 on the same tooth and on the same date of service as a restoration [D2000-D2999] are not billable to the member by the same dentist/dental office. oFees for restorations placed within 6 months of D2991 are not billable to the member by the same dentist/dental office. oFees for D1354 on the same tooth and on the same date of service as D2991 are not billable to the member.	
D2000-D2999	Restorative	Other Restorative Services	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		• Fees for the re-cementation or re-bonding by the same dentist/dental office of covered restorations within six months of initial placement are considered part of the fee for the original procedure and are not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Other Restorative Services	D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		•Fees for the re-cement or re-bond of an indirectly fabricated or prefabricated post and core by the same dentist/dental office within six months of initial placement are considered part of the fee for the original procedure and are not billable to the member by an in-network dentist. • Re-cement or re-bond post and core (D2915) and re-cement or re-bond crown (D2920) are not allowed on the same tooth on the same day by the same dentist/dental office. Only D2920 is allowed when D2915 and D2920 are submitted together. The fee for D2915 is not billable to the member by an in-network dentist.	
D2000-D2999	Restorative	Other Restorative Services	D2920	Re-cement or re- bond crown		•Fees for re-cementation or re-bonding of crowns are not billable to the member by an in-network dentist if done within six months of the initial seating date by the same dentist/dental office.	
D2000-D2999	Restorative	Other Restorative Services	D2921	Reattachment of tooth fragment, incisal edge or cusp		•No payment is made for the replacement of amalgam or composite restorations or attachment of a tooth fragment within 24 months and the fees are not billable to the member by an in-network dentist if done by the same dentist/dental office.	
D2000-D2999	Restorative	Other Restorative Services	D2929	Prefabricated porcelain/ceramic crown - primary tooth		•D2929 is benefited once per lifetime.	
D2000-D2999	Restorative	Other Restorative Services	D2928	Prefabricated porcelain/ceramic crown - permanent tooth		•The fee for the replacement of a prefabricated porcelain/ceramic crown by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the member by an in-network dentist. • Benefits for D2928 are denied if done by different dentist/dental office within 24 months.	
D2000-D2999	Restorative	Other Restorative Services	D2930	Prefabricated stainless steel crown - primary tooth		•D2930 is benefited once per lifetime. • The fee for replacement of a stainless steel crown by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the member by an in-network dentist.	
D2000-D2999	Restorative	Other Restorative Services	D2931	Prefabricated stainless steel crown - permanent tooth		•The fee for the replacement of a stainless steel crown by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the member by an in-network dentist.	
D2000-D2999	Restorative	Other Restorative Services	D2932	Prefabricated resin crown		•Allowed on primary anterior teeth once per tooth per lifetime. The fee for the replacement of a resin crown by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the member by an in-network dentist.	
D2000-D2999	Restorative	Other Restorative Services	D2933	Prefabricated stainless steel crown with resin window	Open-face stainless steel crown with aesthetic resin facing or veneer.	•D2933 is benefited once per lifetime on a primary tooth •The fee for the replacement of a stainless steel crown on a permanent tooth by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the member by an in-network dentist.	
D2000-D2999	Restorative	Other Restorative Services	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	Stainless steel primary crown with exterior esthetic coating.	•D2934 is benefited once per lifetime on a primary tooth •The fee for replacement of a stainless steel crown by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the member by an in-network dentist.	
D2000-D2999	Restorative	Other Restorative Services	D2940	Placement of interim direct restoration	Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under restoration.	•A protective restoration is a benefit as long as no other definitive treatment (e.g., filling, RCT) is rendered to the tooth on the same date. Subject to once per lifetime per tooth limitation. •Protective restorations are covered benefits for emergency relief of pain. The fee for a protective restoration filling is not billable to the member by an in-network dentist when performed in conjunction with a definitive restoration by the same dentist/dental office on the same date of service. •Pulp cap - direct (excluding final restoration) (D3110) or pulp cap - indirect (excluding final restoration) (D3120) are not billable to the member by an in-network dentist when billed in conjunction with D2940. • No payment is made for protective restorations and the fees are not billable to the member by an in-network dentist with any restorative codes D2000-D2999, bridge codes D6200 - D6699, D3220-D3330, D3346-D3353, D3410-D3450.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Other Restorative Services	D2941	Interim therapeutic restoration – primary dentition	Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.	**!- CODE DELETED WITH 2025 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** • Allow once per primary tooth. • D2941 is not billable to the member by an in-network dentist when submitted by the same dentist/dental office in conjunction with definitive restoration within 24 months.	
D2000-D2999	Restorative	Other Restorative Services	D2949	Restorative foundation for an indirect restoration	Placement of restorative material to yield a more ideal form, including elimination of undercuts.	• This procedure is a component of the definitive indirect restoration. Fees are not billable to the member by an in-network dentist.	
D2000-D2999	Restorative	Other Restorative Services	D2950	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.	• CDT Code D2950 (Core buildup, including any pins when required) is not covered under the following circumstances: oWhen performed on vital teeth (i.e., no root canal therapy has been completed). oWhen used solely to correct undercuts or irregularities in tooth preparation. oWhen submitted without adequate documentation of completed endodontic treatment and structural loss.	Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Other Restorative Services	D2951	Pin retention - per tooth, in addition to restoration		• Benefits for pin retention are determined by member's individual/group contract. If covered, they are on a per tooth basis only (regardless of the number of pins placed) in conjunction with an amalgam or composite restoration.	
D2000-D2999	Restorative	Other Restorative Services	D2952	Post and core in addition to crown, indirectly fabricated	Post and core are custom fabricated as a single unit.	• An indirectly fabricated post and core in addition to crown is payable only on an endodontically treated tooth. • If the Dental Director determines the endo prognosis remains unfavorable after endo treatment, no payment is made for the claim for the crown, post and core, and/or buildup, and the fee is not billable to the member by an in-network dentist. Denied for an out-of-network dentist. • CDT Code D2952 (Post and core in addition to crown, indirectly fabricated) is not covered under the following circumstances: oWhen performed on vital teeth (i.e., no root canal therapy has been completed). oWhen used solely to enhance retention of a crown without documented structural compromise. oWhen submitted without adequate documentation of completed endodontic treatment and the clinical necessity for post and core placement.	Tooth number and post-operative endo periapical x-ray.
D2000-D2999	Restorative	Other Restorative Services	D2953	Each additional indirectly fabricated post - same tooth	To be used with D2952.	•Considered part of D2952 and a separate charge is not covered.	Tooth number and post-operative endo periapical x-ray.
D2000-D2999	Restorative	Other Restorative Services	D2954	Prefabricated post and core in addition to crown	Core is built around a prefabricated post. This procedure includes the core material.	• A prefabricated post and core in addition to crown is payable only on an endodontically treated tooth. • CDT Code D2954 (Prefabricated post and core in addition to crown) is not covered under the following circumstances: oWhen performed on vital teeth (i.e., no root canal therapy has been completed). oWhen used solely to enhance retention of a crown without documented structural compromise. oWhen submitted without adequate documentation of completed endodontic treatment and the clinical necessity for post placement.	Tooth number and post-operative endo periapical x-ray.
D2000-D2999	Restorative	Other Restorative Services	D2957	Each additional prefabricated post - same tooth	To be used with D2954.	•Considered part of D2954 and a separate charge is not covered.	Tooth number and post-operative endo periapical x-ray.
D2000-D2999	Restorative	Other Restorative Services	D2955	Post removal		•The fee for endodontic retreatment includes the fee for post removal. • A separate fee may not be charged to the member when this procedure is done in conjunction with procedure D3346, D3347 or D3348.	
D2000-D2999	Restorative	Other Restorative Services	D2956	Removal of an indirect restoration on a natural tooth	Not to be used for a temporary or provisional restoration.	• Service is a component of the replacement restoration. No payment is made and the fee is not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Other Restorative Services	D2960	Labial veneers (resin laminate) - direct	Refers to labial/facial direct resin bonded veneers.	• Benefits may be allowed if the tooth qualifies for full crown coverage. No additional restorative procedures (including crowns) will be allowed within the crown frequency (time) limitation determined by member's individual/group contract.	Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Other Restorative Services	D2961	Labial veneer (resin laminate) - indirect	Refers to labial/facial indirect resin bonded veneers.	• Benefits may be allowed if the tooth qualifies for full crown coverage. No additional restorative procedures (including crowns) will be allowed within the crown frequency (time) limitation determined by member's individual/group contract.	Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Other Restorative Services	D2962	Labial veneer (porcelain laminate) - indirect	Refers also to facial veneers that extend interproximally and/or cover the incisal edge. Porcelain/ceramic veneers presently include all ceramic and porcelain veneers.	• Benefits may be allowed if the tooth qualifies for full crown coverage. No additional restorative procedures (including crowns) will be allowed within the crown frequency (time) limitation determined by member's individual/group contract.	Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D2000-D2999	Restorative	Other Restorative Services	D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	This procedure is in addition to the separate crown procedure documented with its own code.	• Denied unless covered by member's individual/group contract.	
D2000-D2999	Restorative	Other Restorative Services	D2975	Coping	A thin covering of the coronal portion of a tooth, usually devoid of anatomic contour, that can be used as a definitive restoration.	• Denied unless covered by member's individual/group contract.	
D2000-D2999	Restorative	Other Restorative Services	D2976	Band stabilization - per tooth	A band, typically cemented around a molar tooth after a multi-surface restoration is placed, to add support and resistance to fracture until a patient is ready for the full cuspal coverage restoration.	• Service is a component of the restoration. No payment is made, and the fee is not billable to the member by an in-network dentist. • When covered: o Benefits are limited to posterior permanent teeth only. o Benefit once per tooth per lifetime.	
D2000-D2999	Restorative	Other Restorative Services	D2980	Crown repair necessitated by restorative material failure		• No payment is made for a crown repair completed on the same date of service as a new crown and the fees are not billable to the member by an in-network dentist. • No payment is made for a crown repair and the fees are not billable to the member by an in-network dentist within 24 months of the original restoration by the same dentist/dental office. • Fees for crown repair are benefited according to member's individual/group contract.	
D2000-D2999	Restorative	Other Restorative Services	D2981	Inlay repair necessitated by restorative material failure		• Denied unless covered by member's individual/group contract. • If covered: o No payment is made for an inlay repair completed on the same date of service as a new inlay and the fees are not billable to the member by an in-network dentist. o No payment is made for an inlay repair and the fees are not billable to the member by an in-network dentist within 24 months of the original restoration by the same dentist/dental office. o Fees for inlay repair are benefited according to member's individual/group contract.	
D2000-D2999	Restorative	Other Restorative Services	D2982	Onlay repair necessitated by restorative material failure		• No payment is made for an onlay repair completed on the same date of service as a new onlay and the fees are not billable to the member by an in-network dentist. • No payment is made for an onlay repair and the fees are not billable to the member by an in-network dentist within 24 months of the original restoration by the same dentist/dental office. • Fees for onlay repair are benefited according to member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D2000-D2999	Restorative	Other Restorative Services	D2983	Veneer repair necessitated by restorative material failure		• No payment is made for a veneer repair completed on the same date of service as a new veneer and the fees are not billable to the member by an in-network dentist. • No payment is made for a veneer repair and the fees are not billable to the member by an in-network dentist within 24 months of the original restoration by the same dentist/dental office. • Fees for veneer repair are benefited according to member's individual/group contract.	
D2000-D2999	Restorative	Unspecified	D2999	Unspecified restorative procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved. • If a member goes to a lab for shade enhancement, the lab charges the dentist for a custom shade. The dentist may submit the procedure "custom shade" D2999 on the same claim with the crown. This is a non-covered benefit and will be denied. It is the member's responsibility, and the dentist may charge the member.	Chart notes or narrative required; additional documentation specific to procedure may be requested.
D2000-D2999	**Restorative**	**Miscellaneous Restorative**	**Multiple**	**Header - Section**	**MISCELLANEOUS RESTORATIVE**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D2000-D2999	Restorative	Miscellaneous Restorative	_POL.D2000+	Policy - Miscellaneous Restorative	Category guideline - Completion date for multi-stage procedures	• Multi-stage procedures are reported when completed. The completion date for crowns, onlays, and bridges is the cementation date, regardless of the type of cement utilized.	
D2000-D2999	Restorative	Miscellaneous Restorative	_POL.D2000+	Policy - Miscellaneous Restorative	Category guideline - Porcelain labial margins	• Porcelain Labial Margins (Porcelain Butt Joints) are not a covered benefit.	
D2000-D2999	Restorative	Miscellaneous Restorative	_POL.D2000+	Policy - Miscellaneous Restorative	Category guideline - Crown on retained deciduous tooth	• A crown on a retained deciduous tooth is allowed as long as it has no successor and has sufficient periodontal support, i.e., no root resorption. The retained deciduous tooth must meet the criteria for a crown.	
D2000-D2999	Restorative	Miscellaneous Restorative	_POL.D2000+	Policy - Miscellaneous Restorative	Category guideline - Crowns for peg laterals	• Crowns for peg laterals are not a covered benefit.	
D2000-D2999	Restorative	Miscellaneous Restorative	_POL.D2000+	Policy - Miscellaneous Restorative	Category guideline - Restoring occlusion	•Restoring Occlusion: Procedures, appliances, or restorations that are necessary to increase vertical dimension, restore occlusion, or replace tooth structure lost by attrition, erosion, abrasion, abfraction, corrosion, or TMD are contractually excluded. Other procedures for correcting congenital or developmental defects placed for aesthetic purposes are contractually excluded and not reimbursable by PacificSource. If performed, the member is responsible for the cost.	
D2000-D2999	Restorative	Miscellaneous Restorative	_POL.D2000+	Policy - Miscellaneous Restorative	Category guideline - Crown on supra-erupted tooth	• A crown on a supra-erupted tooth is not a benefit if being performed to bring an extruded tooth into the proper plane of occlusion. This is a contractual limitation (i.e., altering, restoring, or maintaining occlusion). It is only benefited if the tooth qualifies for a crown.	
D2000-D2999	Restorative	Miscellaneous Restorative	_POL.D2000+	Policy - Miscellaneous Restorative	Category guideline - Crowns for hemisectioned teeth	• Crowns for Hemisectioned Teeth: PacificSource allows only one crown per tooth. The fact that a tooth has been hemisected does not change the policy. The member is responsible for the cost of the additional crown(s).	
D2000-D2999	Restorative	Miscellaneous Restorative	_POL.D2000+	Policy - Miscellaneous Restorative	Category guideline - Teeth splinted with crowns	• Teeth Splinted with Crowns (rather than extracting the teeth and placing a fixed bridge - periodontally involved teeth) are not a covered benefit.	
D3000-D3999	**Endodontics**	**Endodontics**	**D3000-D3999**	**Category of Services**	**ENDODONTICS**	**• Local anesthesia is usually considered to be part of Endodontic procedure • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Endodontics	_POL.D3000+	Policy - Endodontics	Category guideline - Endodontic techniques and instrumentation	• Benefits for techniques, e.g., ultrasonic cleaning, or instrumentation are considered part of the procedure and are not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D3000-D3999	Endodontics	Endodontics	_POL.D3000+	Policy - Endodontics	Category guideline - Surgical Incision - Endontics	• Surgical incision is included in the fee for endodontics, extractions, palliative treatment, or other definitive services done on the same date of service by the same dentist/dental office. • Fees for incision and drainage of abscess are not billable to the member by an in-network dentist when submitted with all oral surgery (D7000-D7999) and endodontic codes (D3000-D3999) and surgical periodontal procedures (D4210-D4285).	
D3000-D3999	**Endodontics**	**Pulp Capping**	**Multiple**	**Header - Section**	**PULP CAPPING**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Pulp Capping	D3110	Pulp cap - direct (excluding final restoration)	Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.	• Fees for a pulp cap performed in conjunction with a protective restoration (D2940) by the same dentist/dental office are not billable to the member by an in-network dentist.	
D3000-D3999	Endodontics	Pulp Capping	D3120	Pulp cap - indirect (excluding final restoration)	Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.	• Denied unless covered by member's individual/group contract.	
D3000-D3999	**Endodontics**	**Pulpotomy**	**Multiple**	**Header - Section**	**PULPOTOMY**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Pulpotomy	D3220	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.	• Denied unless covered by member's individual/group contract.	
D3000-D3999	Endodontics	Pulpotomy	D3221	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.	• The relief of acute pain is benefited as gross pulpal debridement (D3221) for reimbursement purposes. It is not considered a separate procedure when performed by the same dentist/dental office on the same day the root canal is completed.	
D3000-D3999	Endodontics	Pulpotomy	D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy.	• Benefits are based on member's individual/group contract.	
D3000-D3999	**Endodontics**	**Endodontic Therapy on Primary Teeth**	**Multiple**	**Header - Section**	**ENDODONTIC THERAPY ON PRIMARY TEETH**	**•Endodontic therapy on primary teeth with succedaneous teeth and placement of resorbable filling. This includes pulpectomy, cleaning, and filling of canals with resorbable material. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Endodontic Therapy on Primary Teeth	D3230	Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	Primary incisors and cuspids.	•Pulpal therapy on primary teeth is a covered benefit when there is no permanent successor.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D3000-D3999	Endodontics	Endodontic Therapy on Primary Teeth	D3240	Pulpal therapy (resorbable filling) posterior, primary tooth (excluding final restoration)	Primary first and second molars.	•When a pulpectomy or pulpotomy are billed and radiographs reveal insufficient root structure, internal resorption, furcal perforation, or extensive periapical pathosis, the benefit for root canal therapy is denied. • Pulpal therapy on primary teeth is a covered benefit when there is no permanent successor.	
D3000-D3999	**Endodontics**	**Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)**	**Multiple**	**Header - Section**	**ENDODONTIC THERAPY (Including Treatment Plan, Clinical Procedures, and Follow-up Care)**	**•Includes primary teeth without succedaneous teeth and permanent teeth. Complete root canal therapy pulpectomy is part of root canal therapy. • Includes all appointments necessary to complete treatment also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/ diagnostic images. •See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)	_POL.D3000+	Policy - Endodontic Therapy	Category guideline - Endodontic therapy	•Endodontic therapy includes the pulp test, pulpotomy, palliative treatment, and all working and final treatment radiographic images when performed on the same date of service. Final restoration is not included. • Benefits are payable on the completion date/final fill. • A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit. • Any exam performed the same date of service as root canal therapy is benefited for all dentists. • If an extra root canal is found by the dentist who completed the root canal therapy, the additional canal will not be benefited. Payment is on a per tooth basis. • Palliative treatment in conjunction with root canal therapy by the same dentist/dental office on the same date of service is included in the fee for the root canal and is not separately billable.	
D3000-D3999	Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)	D3310	Endodontic therapy, anterior tooth (excluding final restoration)		• Benefits are based on member's individual/group contract. • Root canals on deciduous teeth are not benefits. However, if there is no permanent successor, a root canal will be allowed.	Chart notes or narrative, and x-rays for primary teeth.
D3000-D3999	Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)	D3320	Endodontic therapy, premolar tooth (excluding final restoration)		• Benefits are based on member's individual/group contract. • Root canals on deciduous teeth are not benefits. However, if there is no permanent successor, a root canal will be allowed.	Chart notes or narrative, and x-rays for primary teeth.
D3000-D3999	Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)	D3330	Endodontic therapy, molar tooth (excluding final restoration)		• Benefits are based on member's individual/group contract. • Root canals on deciduous teeth are not benefits. However, if there is no permanent successor, a root canal will be allowed.	Chart notes or narrative, and x-rays for primary teeth.
D3000-D3999	Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)	D3331	Treatment of root canal obstruction; non-surgical access	In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.	• This procedure is considered a component of a root canal. A separate fee for the procedure by the same dentist/dental office is not billable to the member by an in-network dentist on same date of service as the root canal therapy. • The fee for D2955, post removal, is not included as part of treatment of root canal obstruction.	Chart notes or narrative.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D3000-D3999	Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable.	• Not to be confused with an incomplete root canal therapy (D3999). This code is to be used for a tooth that is inoperable, unrestorable or fractured. • Since the tooth is deemed unrestorable, no further treatment will be benefited (except for an extraction).	Chart notes or narrative, and pre-operative and working periapical x-rays.
D3000-D3999	Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)	D3333	Internal root repair of perforation defects	Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by same provider.	• If submitted on a primary tooth, benefits for D3333 are denied. • If submitted on a permanent tooth, fees for D3333 are not billable to the member by an in-network dentist when submitted with apicoectomy on the same date of service.	
D3000-D3999	**Endodontics**	**Endodontic Retreatment**	**Multiple**	**Header - Section**	**ENDODONTIC RETREATMENT**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Endodontic Retreatment	_POL.D3000+	Policy - Endodontic Retreatment	Category guideline - Endodontic retreatment	• Endodontic retreatment may include the removal of a post, pin(s), old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling. This includes complete root canal therapy and separate fees for these procedures by the same dentist/dental office are not billable to the member by an in-network dentist 30 days prior to retreatment as included in the fees for the retreatment. Separate fees for these procedures by a different dentist/dental office are denied.	
D3000-D3999	Endodontics	Endodontic Retreatment	D3346	Retreatment of previous root canal therapy - anterior		• Benefits are based on member's individual/group contract.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Endodontic Retreatment	D3347	Retreatment of previous root canal therapy - premolar		• Benefits are based on member's individual/group contract.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Endodontic Retreatment	D3348	Retreatment of previous root canal therapy - molar		• Benefits are based on member's individual/group contract.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	**Endodontics**	**Apexification/Recalcification**	**Multiple**	**Header - Section**	**APEXIFICATION/RECALCIFICATION**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Apexification/Recalcification	D3351	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.)	• Apexification is only benefited on permanent teeth with incomplete root development or for repair of a perforation.	Chart notes or narrative, and x-rays.
D3000-D3999	Endodontics	Apexification/Recalcification	D3352	Apexification/recalcification - interim medication replacement	For visits in which the intra-canal medication is replaced with new medication Includes any necessary radiographs.	•Apexification treatment is allowed when radiographs show incomplete closure of the tooth apex, or the tooth is being treated for traumatic injuries; D3352 is not to exceed three visits prior to the root canal therapy.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apexification/Recalcification	D3353	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.)	•Apexification treatment is allowed when radiographs show incomplete closure of the tooth apex, or the tooth is being treated for traumatic injuries; D3353 is not to exceed three visits prior to the root canal therapy.	Chart notes or narrative, and pre- and post-operative x-rays.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D3000-D3999	**Endodontics**	**Pulpal Regeneration**	**Multiple**	**Header - Section**	**PULPAL REGENERATION**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Pulpal Regeneration	D3355	Pulpal regeneration - initial visit	Includes opening tooth, preparation of canal spaces, placement of medication.	• Denied unless covered by member's individual/group contract.	
D3000-D3999	Endodontics	Pulpal Regeneration	D3356	Pulpal regeneration - interim medication replacement		• Denied unless covered by member's individual/group contract.	
D3000-D3999	Endodontics	Pulpal Regeneration	D3357	Pulpal regeneration - completion of treatment	Does not include final restoration.	•Denied unless covered by member's individual/group contract.	
D3000-D3999	**Endodontics**	**Apicoectomy/Periradicular Services**	**Multiple**	**Header - Section**	**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. This does not include retrograde filling material placement. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3410	Apicoectomy - anterior	For surgery on root of anterior tooth. Does not include placement of retrograde filling material.	•Procedures include all working and post-operative x-rays, bacteriologic cultures, local anesthesia, and routine follow-up care. Retreatment by the same dentist/dental office within 24 months is considered part of the original procedure and the fee is not billable to the member by an in-network dentist and is denied for an out-of-network dentist. • Any exam performed the same date of service as an apicoectomy is benefited. • A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3421	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.	• Procedures include all working and post-operative x-rays, bacteriologic cultures, local anesthesia, and routine follow-up care. Retreatment by the same dentist/dental office within 24 months is considered part of the original procedure and the fee is not billable to the member by an in-network dentist and is denied for an out-of-network dentist. • Any exam performed the same date of service as an apicoectomy is benefited. • A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3425	Apicoectomy - molar (first root)	For surgery on one root of a molar. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.	• Procedures include all working and post-operative x-rays, bacteriologic cultures, local anesthesia, and routine follow-up care. Retreatment by the same dentist/dental office within 24 months is considered part of the original procedure and the fee is not billable to the member by an in-network dentist and is denied for an out-of-network dentist. • Any exam performed the same date of service as an apicoectomy is benefited. • A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3426	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.	• Maximum benefit up to three roots (follows same logic as retrograde fillings). • Procedures D3501, D3502 and D3503 are not allowed if performed on the same date of service by the same dentist/dental office as procedures D3410-D3426 and D3471-D3473.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3471	Surgical repair of root resorption - anterior	For surgery on root of anterior tooth. Does not include placement of restoration.	•Fees for surgical repair of root resorption are not billable to the member by an in-network dentist when performed on the same tooth by the same dentist/dental office on the same date as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273-D4278, D4283, and D4285.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3472	Surgical repair of root resorption - premolar	For surgery on root of premolar tooth. Does not include placement of restoration.	• Fees for surgical repair of root resorption are not billable to the member by an in-network dentist when performed on the same tooth by the same dentist/dental office on the same date as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273-D4278, D4283, and D4285.	Chart notes or narrative, and pre- and post-operative x-rays.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3473	Surgical repair of root resorption - molar	For surgery on root of molar tooth. Does not include placement of restoration.	• Fees for surgical repair of root resorption are not billable to the member by an in-network dentist when performed on the same tooth by the same dentist/dental office on the same date as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273-D4278, D4283, and D4285.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	• Fees for surgical exposure of root surface are not billable to the member by an in-network dentist when performed on the same tooth by the same dentist/dental office on the same date as D3333, D3410-D3426, D3430, D3450, D4210- D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273-D4278, D4283, and D4285.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	• Fees for surgical exposure of root surface are not billable to the member by an in-network dentist when performed on the same tooth by the same dentist/dental office on the same date as D3333, D3410- D3426, D3430, D3450, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273-D4278, D4283, and D4285.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	• Fees for surgical exposure of root surface are not billable to the member by an in-network dentist when performed on the same tooth by the same dentist/dental office on the same date as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273-D4278, D4283, and D4285.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	Includes non-autogenous graft material.	•Coverage subject to review.	Chart notes or narrative, and x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	Includes non-autogenous graft material.	•Coverage subject to review.	Chart notes or narrative, and x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3430	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.	• If more than one root is filled in a tooth, list each retrograde filling separately. oAllow 1 retro grade filling per anterior tooth. For each additional root, no payment is made and the fee is not billable to the member by an in-network dentist and is denied for an out-of-network dentist. oAllow 2 retro grade fillings per premolar. For each additional root, no payment is made and the fee is not billable to the member by an in-network dentist and is denied for an out-of-network dentist. oAllow 3 retro grade fillings per molar tooth. For each additional root, no payment is made and the fee is not billable to the member by an in-network dentist and is denied for an out-of-network dentist.	Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		•Benefits are available only when billed for natural teeth. Coverage subject to review.	Chart notes or narrative, and x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		•Benefits are available only when billed for natural teeth. Coverage subject to review.	Chart notes or narrative, and x-rays.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3450	Root amputation – per root	Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920.	• Root amputation involves the removal of a root of a multi-rooted tooth without the removal of the corresponding portion of the crown. • Root amputation necessitates root canal treatment of all remaining roots. • Root amputation is indicated for: o"Through and through" periodontal furcation defects oAn untreatable infrabony defect of one root of a multi-rooted tooth oFractures extending into furcation oTeeth where non-surgical endodontic treatment is not possible or unsuccessful for at least one root and periapical surgery is not possible into the furcation oTeeth where a vertical root fracture exists and is confined to the root, which is to be separated oChronic periapical pathology oCases of persistent sinus tract, periradicular inflammation, or periradicular pathosis where non- surgical root canal therapy or periradicular surgery is not possible oInoperable or uncorrectable resorptive defects of the root	Chart notes or narrative, and x-rays.
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3460	Endodontic endosseous implant	Placement of implant material, which extends from a pulpal space into the bone beyond the end of the root.	• Denied unless covered by member's individual/group contract.	
D3000-D3999	Endodontics	Apicoectomy/Periradicular Services	D3470	Intentional re-implantation (including necessary splinting)	For the intentional removal, inspection and treatment of the root and replacement of a tooth into its own socket. This does not include necessary retrograde filling material placement.	•Denied unless covered by member's individual/group contract.	
D3000-D3999	**Endodontics**	**Other Endodontic Procedures**	**Multiple**	**Header - Section**	**OTHER ENDODONTIC PROCEDURES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D3000-D3999	Endodontics	Other Endodontic Procedures	D3910	Surgical procedure for isolation of tooth with rubber dam		• The fee for isolation with a rubber dam is included in the fee for the entire endodontic procedure.	
D3000-D3999	Endodontics	Other Endodontic Procedures	D3911	Intraorifice barrier	Not to be used as a final restoration.	•Denied unless covered by member's individual/group contract.	
D3000-D3999	Endodontics	Other Endodontic Procedures	D3920	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.		Chart notes or narrative, and pre- and post-operative x-rays.
D3000-D3999	Endodontics	Other Endodontic Procedures	D3921	Decoronation or submergence of an erupted tooth	Intentional removal of coronal tooth structure for preservation of root and surrounding bone.	• Denied unless covered by member's individual/group contract.	
D3000-D3999	Endodontics	Other Endodontic Procedures	D3950	Canal preparation and fitting of preformed dowel or post	Should not be reported in conjunction with D2952, D2953, D2954 or D2957 by the same practitioner.	•Denied unless covered by member's individual/group contract.	
D3000-D3999	Endodontics	Unspecified	D3999	Unspecified endodontic procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	**Periodontics**	**Periodontics**	**D4000-D4999**	**Category of Services**	**PERIODONTICS**	**• Local anesthesia is usually considered to be part of Periodontal procedure • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D4000-D4999	Periodontics	Periodontics	_POL.D4000+	Policy - Periodontics	Category guideline - Periodontal charting	• Required periodontal charting and, when required, imaging (e.g., periapical x-rays, full mouth series (FMX)) must be: oDated and include the patient (member) name. oCurrent and no more than 12 months old.	
D4000-D4999	Periodontics	Periodontics	_POL.D4000+	Policy - Periodontics	Category guideline - Periodontal surgical procedures	• For all periodontal surgical procedures: Periodontal surgical procedures include all necessary postoperative care, finishing procedures and evaluations for three months, surgical re-entry for 36 months. • When a surgical procedure is billed within three months of the initial surgical procedure in relation to both natural teeth and implants by the same dentist/dental office, no payment is made for the surgery and the fee is not billable to the member by an in-network dentist. • In the absence of documentation of extraordinary circumstances, no payment is made for additional surgery by the same dentist/dental office for 36 months and the fee is not billable to the member by an in-network dentist. • If extraordinary circumstances are present, the benefits will be denied and fees are billable to the member up to the approved amount for the surgery.	
D4000-D4999	Periodontics	Periodontics	_POL.D4000+	Policy - Periodontics	Category guideline - Multiple periodontal procedures in a quadrant	• Providing more than two D4265, D4266, D4267 (osseous and guided tissue regeneration), D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285 (tissue grafts) or D4263, D4264, D6103 , D6104 and D7953 (osseous grafts) within any given quadrant is highly unusual and additional submissions should only be considered by report basis . Fees for anything more than two sites (teeth) in a quadrant are denied.	
D4000-D4999	Periodontics	Periodontics	_POL.D4000+	Policy - Periodontics	Category guideline - Periodontal surgical procedures and other procedures	• For periodontal surgical services D4210-D4285: oNo payment will be made for frenulectomy (D7961, D7962) when performed in conjunction with other surgical procedures (e.g., D4210-D4285) on the same date and same surgical area by the same dentist/dental office and the fees are not billable to the member by an in-network dentist. oMucogingival grafts are denied on the same date of service as D4210, D4211, D4240, D4241, D4260 and D4261 in the same quadrant.	
D4000-D4999	Periodontics	Periodontics	_POL.D4000+	Policy - Periodontics	Category guideline - Perioscopy	• Perioscopy is a technique not a procedure. No payment is made for Perioscopy, and the fee is not billable to the member by an in-network dentist. • Perioscopy as a standalone procedure is denied as experimental, investigational, or unproven (E/I/U).	
D4000-D4999	**Periodontics**	**Surgical Services (Including Usual Postoperative Care)**	**Multiple**	**Header - Section**	**SURGICAL SERVICES (Including Usual Postoperative Care)**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	_POL.D4000+	Policy - Periodontics	Category guideline - Surgical Incision - Periodontics	•Surgical incision is included in the fee for endodontics, extractions, palliative treatment, or other definitive services done on the same date of service by the same dentist/dental office. • Fees for incision and drainage of abscess are not billable to the member by an in-network dentist when submitted with all oral surgery (D7000-D7999) and endodontic codes (D3000-D3999) and surgical periodontal procedures (D4210-D4285).	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4210	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.	• Count tooth bounded spaces for pocket reduction surgery that includes a flap procedure (D4240, D4260). Do not count tooth bounded spaces for D4210, D4211, D4341, D4342; count only "diseased teeth/periodontium." A tooth bounded space counts as one space regardless of the number of teeth that would normally exist in the space. • If more than two full quadrants of surgery are performed on the same date of service, additional documentation, including a treatment chart and explanation of treatment plan are required. • To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ).	Quadrant or tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	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.	• No payment is made for any surgical re-entry in the same quadrant within three months and the fee is not billable to the member by an in-network dentist. Surgical re-entry includes gingivectomy (D4210 or D4211) and osseous surgery (D4260). •Gingivectomy, when submitted with the same date of service as osseous surgery (D4260), is considered part of the osseous surgery and the fee is not billable to the member by an in-network dentist. Denied for out-of-network dentist. • Gingivectomy performed around an implant may be approved if documentation indicates hyperplastic tissue. • Removal of hyperplastic tissue with a laser for orthodontic reasons is a gingivectomy (D4211) and may be billed separately. Claim must be accompanied by required documentation for benefit determination. A gingivectomy performed prior to or in conjunction with the placement of orthodontic brackets is eligible for coverage only if the tooth is fully erupted and has gingival hyperplasia. A gingivectomy is not covered when performed to facilitate bracket placement on partially erupted teeth to accelerate the orthodontic case. • To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ).	Quadrant or tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		• When performed on the same date as the preparation of a crown or other restoration it is included in the fee for the restoration, and separate fees are not billable to the member by the same dentist/dental office.	Tooth number(s), pre-operative periapical x-rays and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting).
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4230	Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship.	•Not a covered benefit. This procedure is considered primarily cosmetic in nature. If this procedure is being done because of decay or fracture, the proper code to use is D4249.	
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4231	Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship.	•Not a covered benefit. This procedure is considered primarily cosmetic in nature. If this procedure is being done because of decay or fracture, the proper code to use is D4249.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4240	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 or fractured root. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.	•If more than two full quadrants of surgery are performed on the same date of service, additional documentation, including a treatment chart and explanation of treatment plan are required. • To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ).	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4241	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 or fractured root. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes.	•If more than two full quadrants of surgery are performed on the same date of service, additional documentation, including a treatment chart and explanation of treatment plan are required. • To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ). •This procedure facilitates access via resection and retraction of a soft tissue flap. By definition, procedure D4241 includes root planing and therefore would not precede or follow nonsurgical root planing in the same episode of treatment. oCount teeth bounded spaces for pocket reduction surgery that includes a flap procedure (D4240, D4241, D4260, D4261). oDo not count tooth bounded teeth for D4210, D4211, D4341, D4342; count only "diseased natural teeth/periodontium." A tooth bounded space counts as one space regardless of the number of teeth that would normally exist in the space.	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4245	Apically positioned flap	Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis.	• If more than two full quadrants of surgery are performed on the same date of service, additional documentation, including a treatment chart and explanation of treatment plan are required. •To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ).	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.

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D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4249	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.	• Benefits for crown lengthening are determined by member's individual/group contract. • Crown lengthening will be considered only when a crown or deep subgingival restoration is indicated. • Crown lengthening (D4249) performed on the same date of service in conjunction with free soft tissue graft procedures (D4277, D4278) or osseous surgery (D4260) in the same quadrant should not exceed the reimbursement for one quadrant of osseous surgery. If multiple D4249 are performed in the same quadrant on the same date of service, the allowance should not exceed that of a full quadrant of osseous surgery. • No payment is made for crown lengthening performed on the same date of service or within 14 days of a crown cementation and the fee is not billable to the member by an in-network dentist. • Rationale: oCrown lengthening is payable per site and not payable per tooth when adjacent teeth are included. This procedure is carried out to expose sound tooth structure by removal of bone before restorative or prosthodontic procedures. It is not generally provided in the presence of periodontal disease. Sufficient healing time is required prior to final restoration. oThis procedure is a benefit only when bone is removed and sufficient time is allowed for healing.	Tooth number(s), pre-operative periapical x-rays and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting).
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4260	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.	• Osseous surgery is performed in the presence of periodontal disease. The procedure is designed to modify and reshape deformities in the alveolar bone surrounding the teeth and to reduce pocket depths. • If more than two full quadrants of osseous surgery are performed on the same date of service, additional documentation, including a treatment chart and explanation of treatment plan are required. •To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ). • Rationale: oThis procedure modifies and reshapes deformities in the alveolar bone surrounding teeth. This service is commonly provided when treating more involved periodontitis. For dental benefit reporting purposes, a quadrant is defined as four or more contiguous teeth and/or teeth bounded space, per quadrant. Count only teeth with loss of attachment. oThe purpose of osseous surgery (D4260) is to eliminate the pockets by means of eradication or new attachment. The implication in this procedure is that having made a flap entry, the dentist will complete all procedures necessary to achieve that purpose.	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three 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.	• The fee for osseous surgery includes osseous contouring, distal or proximal wedge surgery, frenectomy, curettage or scaling and root planing, soft tissue grafts, gingivectomy, and flap procedures. These procedures are considered part of the osseous surgery and the fee is not billable to the member by an in-network dentist. Denied for an out-of-network dentist. • When crown lengthening is done in the same surgical area and on the same date of service as osseous, the total reimbursement for both procedures should not exceed the reimbursement for one full quadrant of osseous surgery. •Separate benefits may be available for bone replacement grafts, soft tissue grafts, guided tissue regeneration, biologic materials with demonstrated efficacy in aiding periodontal tissue regeneration, exostosis removal, hemisection, extraction, apicoectomy, and root amputations. • A healing period of at least 14 days should be allowed after scaling and root planing (D4341) before osseous surgery can be performed. • If there is a combination of procedures in one quadrant (e.g., buccal flap procedure, gingivectomy on lingual surfaces), then the greater procedure is benefited. • To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ). • Rationale: oThere is no need to count teeth that are not diseased and do not otherwise require the treatment being rendered but are “incidentally” involved in the procedure. oCurrent processing policies provide rationale for definition of diseased teeth. oCounting teeth bounded spaces accounts for flap extension. oTooth bounded space: A space created by one or more missing teeth that has a tooth on each side.	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4263	Bone replacement graft - retain 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, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.	•Bone replacement grafts are not considered covered benefits when done in conjunction with extractions, mucogingival surgery, periradicular surgery, implants or ridge augmentation. • To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ).	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4264	Bone replacement graft - retain natural tooth - each additional 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, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space or an extraction site.	•Bone replacement grafts are not considered covered benefits when done in conjunction with extractions, mucogingival surgery, periradicular surgery, implants or ridge augmentation. • To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ).	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.	• Denied unless covered by member's individual/group contract.	
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth.	•Benefits are available only when billed for natural teeth. • When submitted with D4260 should be considered for separate benefits. • To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ).	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth.	•Benefits are available only when billed for natural teeth. • When submitted with D4260 should be considered for separate benefits. • To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ).	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) with probing depths per tooth or chart notes/narrative describing condition of the tissue.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4286	Removal of non-resorbable barrier		•Denied unless covered by member's individual/group contract.	
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4268	Surgical revision procedure, per tooth	This procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured.		Periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) and chart notes or narrative describing condition of the tissue.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4270	Pedicle soft tissue graft procedure	A pedicle flap of gingiva 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.	•Rationale: oPedicle soft tissue grafts are usually provided to arrest progressive gingival recession or clefting of a single tooth. The procedure is also performed when there is no attached gingiva but there is adequate donor tissue adjacent to the defect eliminating a second surgical procedure from a distant donor site. oThis procedure is performed to increase the zone of attached gingiva, to eliminate the pull of frena or muscle attachments, to extend a vestibular fornix and/or to correct localized progressive gingival recession. It is used where there is not adequate donor tissue adjacent to the defect and thus a separate donor site is necessary. oTwo millimeters or less of attached gingiva normally indicates the need for this procedure and where there is adequate donor tissue adjacent to the defect. • This procedure includes split thickness grafts and is considered to include three months of post-operative care and any surgical re-treatment for 36 months. • Allow up to two teeth or soft tissue grafts per quadrant, same date of service. Fees for anything more than two sites (teeth) in a quadrant are denied. • A tissue graft performed exclusively to repair an extraction site is not a covered benefit. • Subepithelial connective tissue graft procedures are considered to include any frenectomy or frenuloplasty performed in the same area on the same date: oWhen multiple non-adjacent grafts are provided within a single quadrant, allow up to two teeth per quadrant. oBenefits for D4273 are denied if membrane is used as opposed to autografts. • Benefits for guided tissue regeneration (GTR), bone grafts, and/or biologic materials in conjunction with soft tissue grafts in the same surgical area are denied. • Crown lengthening, D4249, performed on the same date of service in conjunction with soft tissue graft procedures in the same quadrant, should not exceed the reimbursement for one quadrant of osseous surgery.	Tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) showing measurements of recession, amount of pre-surgical attached gingiva, and chart notes/narrative.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4273	Autogenous connective tissue graft procedure, (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or oral mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.	• Allowed up to two teeth or soft tissue grafts per quadrant. • Benefits for guided tissue regeneration (GTR) in conjunction with soft tissue grafts in the same surgical area are denied. •Benefits for D4273 are denied if membrane is used as opposed to autografts. • A tissue graft performed exclusively to repair an extraction site is not a covered benefit. • Benefits for a soft tissue graft can be made available if there is an implant present or if the graft is being done for preparation of implant due to lack of keratinized tissue.	Tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) showing measurements of recession, amount of pre-surgical attached gingiva, and chart notes/narrative.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Used in conjunction with D4273.	•Allow up to two teeth or soft tissue grafts per quadrant. Fees for anything more than two sites (teeth) in a quadrant are denied. • Benefits for guided tissue regeneration (GTR) and/or bone grafts in conjunction with soft tissue grafts in the same surgical area are denied. • Fees for a frenulectomy D7961, D7962 or frenuloplasty D7963 are not billable to the member by an in-network dentist when performed in conjunction with soft tissue grafts.	Tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) showing measurements of recession, amount of pre-surgical attached gingiva, and chart notes/narrative.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.	• Allowed up to two teeth or soft tissue grafts per quadrant. • Benefits for guided tissue regeneration (GTR) in conjunction with soft tissue grafts in the same surgical area are denied. • Benefits for D4273 are denied if membrane is used as opposed to autografts. • A tissue graft performed exclusively to repair an extraction site is not a covered benefit. • Benefits for a soft tissue graft can be made available if there is an implant present or if the graft is being done for preparation of implant due to lack of keratinized tissue.	Tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) showing measurements of recession, amount of pre-surgical attached gingiva, and chart notes/narrative.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Used in conjunction with D4275.	•Allow up to two teeth soft tissue grafts per quadrant. Fees for anything more than two sites (teeth) in a quadrant are denied. • Benefits for guided tissue regeneration (GTR) and/or bone grafts in conjunction with soft tissue grafts in the same surgical area are denied. • Fees for a frenulectomy D7961, D7962 or frenuloplasty D7963 are not billable to the member by an in-network dentist when performed in conjunction with soft tissue grafts.	Tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) showing measurements of recession, amount of pre-surgical attached gingiva, and chart notes/narrative.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	This procedure is performed in an edentulous area adjacent to a tooth, allowing removal of a tissue wedge to gain access for debridement, permit close flap adaptation, and reduce pocket depths.	• Not a separate benefit when performed in conjunction with surgical procedures in the same anatomical area. •Procedure is limited to once in a 24-month period on the same tooth. • A healing period of at least 14 days is required before any other definitive treatment at the site is considered. • No payment is made for a distal wedge when submitted in conjunction with other surgical procedures on the same date of service and in the same surgical area, specifically: osseous surgery (D4260/D4261), gingivectomy (D4210/D4211), gingival flap procedures (D4240/D4245) and crown lengthening (D4249). The wedge procedure is considered part of the greater surgical procedure and the fee is not billable to the member by an in-network dentist. Denied for an out-of-network dentist.	Chart notes or narrative, and pre-operative periapical x-rays.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4276	Combined connective tissue and pedicle graft, per tooth	Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.	• To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ).	Tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) showing measurements of recession or probing depths per tooth, amount of pre-surgical attached gingiva, and chart notes/narrative.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		• Pay once for first tooth or edentulous tooth position in graft per quadrant. • Two (2) millimeters or less of attached gingiva normally indicates the need for this procedure. No additional benefits are allowed for harvesting the graft from the donor site. Use of synthetic tissue is not included in the allowance and is billable to the member as a non-covered benefit.	Tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) showing measurements of recession, amount of pre-surgical attached gingiva, and chart notes/narrative.
D4000-D4999	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4278	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.	•Allow up to two teeth per quadrant. • Benefits for guided tissue regeneration (GTR) and/or bone grafts in conjunction with soft tissue grafts in the same surgical area are denied. • No payment is made for a frenulectomy D7961, D7962 or frenuloplasty D7963 and the fees are not billable to the member by an in-network dentist when performed in conjunction with soft tissue grafts. • A tissue graft performed exclusively to repair an extraction site is not a covered benefit. • Benefits for a soft tissue graft can be made available if there is an implant present, or if the graft is being done for preparation of implant due to lack of keratinized tissue. • If the edentulous bounded space is greater than two teeth, consider the bounding teeth being grafted as two separate sites. For in-network dentists, the member cannot be billed for the difference. Facial and lingual surfaces are considered two separate surgical areas. • Crown lengthening, D4249, performed on the same date of service in conjunction with soft tissue graft procedures in the same quadrant, should not exceed the reimbursement for one quadrant of osseous surgery.	Tooth number(s), periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) showing measurements of recession, amount of pre-surgical attached gingiva, and chart notes/narrative.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	**Periodontics**	**Non-Surgical Periodontal Service**	**Multiple**	**Header - Section**	**NON-SURGICAL PERIODONTAL SERVICE**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D4000-D4999	Periodontics	Non-Surgical Periodontal Service	D4320	Provisional splinting - intracoronal	This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.	**!- CODE DELETED WITH 2022 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.**	
D4000-D4999	Periodontics	Non-Surgical Periodontal Service	D4321	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.	**!- CODE DELETED WITH 2022 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.**	
D4000-D4999	Periodontics	Non-Surgical Periodontal Service	D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength.	• Denied unless covered by member's individual/group contract.	
D4000-D4999	Periodontics	Non-Surgical Periodontal Service	D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength.	• Denied unless covered by member's individual/group contract.	
D4000-D4999	Periodontics	Non-Surgical Periodontal Service	D4341	Periodontal scaling and root planing - four or more 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.	•Frequency limitations are determined by member's individual/group contract. •To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ). •No payment is made and the fees are not billable to the member by an in-network dentist in the absence of radiographic documentation of bone loss and documentation of clinical attachment loss. • Do not count teeth bounded spaces for D4210, D4341, or D4342. Count only diseased teeth. •Adult prophylaxis procedures (D1110), full mouth scaling (D4346) or debridement (D4355) are considered a component when submitted on the same date of service as D4341. Fees for the prophylaxis procedure by the same dentist/dental office are not billable to the member by an in-network dentist. • No payment is made for periodontal maintenance (D4910), scaling in presence of generalized moderate or severe gingival inflammation (D4346) or prophylaxis (D1110) when performed on the same day as scaling and root planning (D4341). The fee is not billable to the member by an in-network dentist. • Reporting separately for periodontal root planing is not billable to the member by an in-network dentist on the same date as procedures D4240-D4241, D4249, D4260-4261, D4270-D4285.	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) including probing depths per tooth, indication of furcation involvement, mobility, or bleeding upon probing, and chart notes/narrative.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	Periodontics	Non-Surgical Periodontal Service	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.	•Frequency limitations are determined by member's individual/group contract. •To qualify for benefits the following conditions must exist: oProbing depths must be 5 mm or greater. oRadiographs must show attachment loss with the appearance of reduction of the alveolar crest beyond the 1-1.5 mm proximity to the cemento-enamel junction (CEJ). •Reporting separately for periodontal root planing is not billable to the member by an in-network dentist on the same date as procedures D4240-D4241, D4249, D4260-4261, D4270-D4285.	Full mouth series (FMX) and periodontal charting (see guidelines under Periodontics > Category Guideline - Periodontal Charting) including probing depths per tooth, indication of furcation involvement, mobility, or bleeding upon probing, and chart notes/narrative.
D4000-D4999	Periodontics	Non-Surgical Periodontal Service	D4346	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.	•D4346 is included in frequency for D1110 or D1120. • Benefit for D4346 includes prophylaxis; fees for D1110, D1120, or D4355 are not billable to the member by an in-network dentist when submitted with D4346 by the same dentist/dental office. • No payment is made for D4346 and the fees are not billable to the member by an in-network dentist when submitted with D4910 by the same dentist/dental office.	Chart notes or narrative.
D4000-D4999	Periodontics	Non-Surgical Periodontal Service	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		• Frequency limitations are determined by member's individual/group contract. If adult prophylaxis (D1110), child prophylaxis (D1120), scaling and root planing (D4341/D4342), scaling in presence of generalized moderate or severe gingival inflammation (D4346), full mouth debridement (D4355), or periodontal maintenance (D4910) has been paid within contractual frequency limitation to the same in-network dentist/dental office, apply benefit as D1110 with no member liability (except for co-insurance if applicable). • If the patient has not been to the dentist in several years and the dentist is unable to accomplish effective prophylaxis under normal conditions and do a proper evaluation and diagnosis, then D4355 will be benefited. Rationale: Periodic evaluation (D0120), limited problem focused exam (D0140), or assessment of patient (D0191) is not included because it is not a comprehensive evaluation.	Chart notes or narrative, x-rays, and photos.
D4000-D4999	Periodontics	Non-Surgical Periodontal Service	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.	•Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D4000-D4999	**Periodontics**	**Other Periodontal Services**	**Multiple**	**Header - Section**	**OTHER PERIODONTAL SERVICES**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D4000-D4999	Periodontics	Other Periodontal Services	D4910	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.	• Benefits are allowed if there is evidence of periodontal therapy in history (procedures D4240, D4241, D4260, D4261, D4341, D4342, D4910) or documentation from the treating dentist that active periodontal treatment has been performed. If there is no evidence of periodontal therapy in history, denied for D4910. • If an oral planing (code D4341) and/or osseous surgery (code D4260) on the same pre-treatment form, examination is submitted and benefited on same day as D4910, the evaluation counts toward evaluation frequency limits. • Benefits for D4910 include prophylaxis and scaling and root planing procedures. Fees for these procedures by the same dentist/dental office are not billable to the member by an in-network dentist when billed on the same date of service as the periodontal maintenance. • No payment is made for D4910 when billed within 90 days of periodontal therapy by the same dentist/dental office and the fees are not billable to the member by an in-network dentist.	
D4000-D4999	Periodontics	Other Periodontal Services	D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		• Denied unless covered by member's individual/group contract.	
D4000-D4999	Periodontics	Other Periodontal Services	D4921	Gingival irrigation with a medicinal agent - per quadrant		• Denied unless covered by member's individual/group contract.	
D4000-D4999	Periodontics	Unspecified	D4999	Unspecified periodontal procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved. • Laser assisted new attachment procedure (LANAP) should be submitted as code D4999. LANAP is a non-covered and will be denied: it is the member's responsibility, and the dentist may charge the member. Procedure D4341 performed in conjunction with LANAP may be submitted separately.	Chart notes or narrative required; additional documentation specific to procedure may be requested.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5000-D5899	**Prosthodontics, removable**	**Prosthodontics, removable**	**D5000-D5899**	**Category of Services**	**PROSTHODONTICS, REMOVABLE**	**•Local anesthesia is usually considered to be part of Removable Prosthodontic procedure • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5000-D5899	Prosthodontics, removable	Prosthodontics, removable	_POL.D5000+	Policy - Prosthodontics, removable	Category guideline - Prosthodontics, removable	• Pre-treatment estimate is recommended for all prosthodontic procedures. • Benefits are payable on the date the denture is delivered. • Removable cast partials are not a benefit for members under age 16.	
D5000-D5899	**Prosthodontics, removable**	**Complete Dentures (Including Routine Post-Delivery Care)**	**Multiple**	**Header - Section**	**COMPLETE DENTURES (Including Routine Post-Delivery Care)**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5000-D5899	Prosthodontics, removable	Complete Dentures (Including Routine Post-Delivery Care)	D5110	Complete denture - maxillary		• Dentures are benefited once within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment, or repair required within six months of delivery except in the case of immediate dentures. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Complete Dentures (Including Routine Post-Delivery Care)	D5120	Complete denture - mandibular		• Dentures are benefited once within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment, or repair required within six months of delivery except in the case of immediate dentures. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Complete Dentures (Including Routine Post-Delivery Care)	D5130	Immediate denture - maxillary	Includes limited follow-up care only; does not include required future rebasing/relining procedure(s).	• Dentures are benefited once within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment, or repair required within six months of delivery except in the case of immediate dentures. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Complete Dentures (Including Routine Post-Delivery Care)	D5140	Immediate denture - mandibular	Includes limited follow-up care only; does not include required future rebasing/relining procedure(s).	• Dentures are benefited once within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment, or repair required within six months of delivery except in the case of immediate dentures. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	Multiple	Header - Section	PARTIAL DENTURES (Including Routine Post-Delivery Care)	•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.	
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials rests, and teeth)		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials rests, and teeth)		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)		• To be used for flexible partial dentures. Same limitations as resin or cast partials. • Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5226	Mandibular partial denture - flexible base (including retentive clasping materials, rests and teeth)		• To be used for flexible partial dentures. Same limitations as resin or cast partials. • Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Includes limited follow-up care only; does not include future rebasing/relining procedure(s).	• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Includes limited follow-up care only; does not include future rebasing/relining procedure(s).	• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Includes limited follow-up care only; does not include future rebasing/relining procedure(s).	• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant		• Partial dentures are benefited once per arch within the frequency limitations determined by member's individual/group contract and include any reline/rebase, adjustment or repair required within six months of delivery. Benefit allowance includes frame, clasps, rests, and teeth. • Denture replacement due to loss, theft or breakage within the frequency limitation determined by member's individual/group contract is denied unless otherwise noted under Covered Services in member's individual/group contract. • Tissue conditioning is not a benefit if performed on the same day the denture is delivered.	Full mouth series (FMX) or panoramic x-ray, and chart notes or narrative including prior placement and extraction dates.
D5000-D5899	**Prosthodontics, removable**	**Adjustments to Dentures**	**Multiple**	**Header - Section**	**ADJUSTMENTS TO DENTURES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5000-D5899	Prosthodontics, removable	Adjustments to Dentures	D5410	Adjust complete denture - maxillary		• Full or partial dentures include any adjustments, repairs, rebases and relines within six months of delivery except in the case of immediate dentures. Immediate dentures are exempt from the frequency limitation. One denture/partial repair per 12 months is covered after the first six months following initial placement. Any additional repairs are the member's responsibility. The total benefit allowed for the repair of the denture should not exceed half of the prevailing amount of a new denture.	Chart notes or narrative.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5000-D5899	Prosthodontics, removable	Adjustments to Dentures	D5411	Adjust complete denture - mandibular		• Full or partial dentures include any adjustments, repairs, rebases and relines within six months of delivery except in the case of immediate dentures. Immediate dentures are exempt from the frequency limitation. One denture/partial repair per 12 months is covered after the first six months following initial placement. Any additional repairs are the member's responsibility. The total benefit allowed for the repair of the denture should not exceed half of the prevailing amount of a new denture.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Adjustments to Dentures	D5421	Adjust partial denture - maxillary		• Full or partial dentures include any adjustments, repairs, rebases and relines within six months of delivery except in the case of immediate dentures. Immediate dentures are exempt from the frequency limitation. One denture/partial repair per 12 months is covered after the first six months following initial placement. Any additional repairs are the member's responsibility. The total benefit allowed for the repair of the denture should not exceed half of the prevailing amount of a new denture.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Adjustments to Dentures	D5422	Adjust partial denture - mandibular		• Full or partial dentures include any adjustments, repairs, rebases and relines within six months of delivery except in the case of immediate dentures. Immediate dentures are exempt from the frequency limitation. One denture/partial repair per 12 months is covered after the first six months following initial placement. Any additional repairs are the member's responsibility. The total benefit allowed for the repair of the denture should not exceed half of the prevailing amount of a new denture.	Chart notes or narrative.
D5000-D5899	**Prosthodontics, removable**	**Repairs to Complete Dentures**	**Multiple**	**Header - Section**	**REPAIRS TO COMPLETE DENTURES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5000-D5899	Prosthodontics, removable	Repairs to Complete Dentures	D5511	Repair broken complete denture base, mandibular		• Full or partial dentures include any adjustments, repairs, rebases and relines within six months of delivery except in the case of immediate dentures. Immediate dentures are exempt from the frequency limitation. One denture/partial repair per 12 months is covered after the first six months following initial placement. Any additional repairs are the member's responsibility. The total benefit allowed for the repair of the denture should not exceed half of the prevailing amount of a new denture.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Repairs to Complete Dentures	D5512	Repair broken complete denture base, maxillary			Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Repairs to Complete Dentures	D5520	Replace missing or broken teeth - complete denture - per tooth		• No payment is made for repairs of complete or partial dentures if performed within six months of initial placement by the same dentist / dental office, and the fees are not billable to the member by an in-network dentist.	Chart notes or narrative.
D5000-D5899	**Prosthodontics, removable**	**Repairs to Partial Dentures**	**Multiple**	**Header - Section**	**REPAIRS TO PARTIAL DENTURES**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5611	Repair resin partial denture base, mandibular		• Full or partial dentures include any adjustments, repairs, rebases and relines within six months of delivery except in the case of immediate dentures. Immediate dentures are exempt from the frequency limitation. One denture/partial repair per 12 months is covered after the first six months following initial placement. Any additional repairs are the member's responsibility. The total benefit allowed for the repair of the denture should not exceed half of the prevailing amount of a new denture.	
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5612	Repair resin partial denture base, maxillary			
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5621	Repair cast partial framework, mandibular			
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5622	Repair cast partial framework, maxillary			

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5630	Repair or replace broken retentive/clasping materials - per tooth		• Since special prosthetic devices are not a covered benefit, repairs to these devices are excluded. The member is responsible for the cost.	
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5640	Replace missing or broken teeth - partial denture - per tooth			
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5650	Add tooth to existing partial denture - per tooth			
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5660	Add clasp to existing partial denture - per tooth			
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		• Benefits for D5670 and D5671 are allowed only if the existing partial is over 60-months old. • A new partial submitted within 60 months of procedure code D5760 or D5671 will be denied.	
D5000-D5899	Prosthodontics, removable	Repairs to Partial Dentures	D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		• Benefits for D5670 and D5671 are allowed only if the existing partial is over 60-months old. • A new partial submitted within 60 months of procedure code D5760 or D5671 will be denied.	
D5000-D5899	**Prosthodontics, removable**	**Denture Rebase Procedures**	**Multiple**	**Header - Section**	**DENTURE REBASE PROCEDURES**	**•Rebase - process of refitting a denture by replacing the base material. •See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5000-D5899	Prosthodontics, removable	Denture Rebase Procedures	D5710	Rebase complete maxillary denture		•Rebase includes adjustments and reline required within six months of delivery of the rebased denture. Benefits are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Rebase Procedures	D5711	Rebase complete mandibular denture		•Rebase includes adjustments and reline required within six months of delivery of the rebased denture. Benefits are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Rebase Procedures	D5720	Rebase maxillary partial denture		•Rebase includes adjustments and reline required within six months of delivery of the rebased denture. Benefits are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Rebase Procedures	D5721	Rebase mandibular partial denture		•Rebase includes adjustments and reline required within six months of delivery of the rebased denture. Benefits are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Rebase Procedures	D5725	Rebase hybrid prosthesis	Replacing the base material connected to the framework.	•Rebase includes adjustments and reline required within six months of delivery of the rebased denture. Benefits are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	**Prosthodontics, removable**	**Denture Reline Procedures**	**Multiple**	**Header - Section**	**DENTURE RELINE PROCEDURES**	**•Reline is the process of resurfacing the tissue side of a denture with new base material. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5000-D5899	Prosthodontics, removable	Denture Reline Procedures	D5730	Reline complete maxillary denture (direct)		• Reline includes all adjustments required within six months of delivery of the relined denture. Benefits for reline are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Reline Procedures	D5731	Reline complete mandibular denture (direct)		• Reline includes all adjustments required within six months of delivery of the relined denture. Benefits for reline are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Reline Procedures	D5740	Reline maxillary partial denture (direct)		• Reline includes all adjustments required within six months of delivery of the relined denture. Benefits for reline are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Reline Procedures	D5741	Reline mandibular partial denture (direct)		• Reline includes all adjustments required within six months of delivery of the relined denture. Benefits for reline are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Reline Procedures	D5750	Reline complete maxillary denture (indirect)		• Reline includes all adjustments required within six months of delivery of the relined denture. Benefits for reline are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Reline Procedures	D5751	Reline complete mandibular denture (indirect)		• Reline includes all adjustments required within six months of delivery of the relined denture. Benefits for reline are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Reline Procedures	D5760	Reline maxillary partial denture (indirect)		• Reline includes all adjustments required within six months of delivery of the relined denture. Benefits for reline are allowed once in a 12-month period.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Denture Reline Procedures	D5761	Reline mandibular partial denture (indirect)		• Reline includes all adjustments required within six months of delivery of the relined denture. Benefits for reline are allowed once in a 12-month period.	Chart notes or narrative.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5000-D5899	**Prosthodontics, removable**	**Interim Prosthesis**	**Multiple**	**Header - Section**	**INTERIM PROSTHESIS**	**• A prosthesis designed to use over a limited period of time, after which it is to be replaced by a definitive restoration. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5000-D5899	Prosthodontics, removable	Interim Prosthesis	D5810	Interim complete denture (maxillary)		• Benefits are provided for definitive treatment only.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Interim Prosthesis	D5811	Interim complete denture (mandibular)		• Benefits are provided only for definitive treatment.	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Interim Prosthesis	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		• Temporary partial–stayplate denture is a benefit for missing anterior permanent teeth. • Rationale: Benefits are provided only for definitive treatment .	Chart notes or narrative.
D5000-D5899	Prosthodontics, removable	Interim Prosthesis	D5821	Interim partial denture (including retentive / clasping materials, rests, and teeth), mandibular		• Temporary partial–stayplate denture is a benefit for missing anterior permanent teeth. • Rationale: Benefits are provided only for definitive treatment .	Chart notes or narrative.
D5000-D5899	**Prosthodontics, removable**	**Other Removable Prosthetic Services**	**Multiple**	**Header - Section**	**OTHER REMOVABLE PROSTHETIC SERVICES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5765	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.		Chart notes or narrative, and appropriate imaging.
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5850	Tissue conditioning, maxillary	Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.	•Tissue conditioning is a benefit twice per calendar year. • The fee for tissue conditioning done on the same day the denture is delivered or a reline/rebase is provided by the same dentist/dental office and is not billable to the member by an in-network dentist.	Chart notes or narrative, and appropriate imaging.
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5851	Tissue conditioning, mandibular	Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.	•Tissue conditioning is a benefit twice per calendar year. • The fee for tissue conditioning done on the same day the denture is delivered or a reline/rebase is provided by the same dentist/dental office and is not billable to the member by an in-network dentist.	Chart notes or narrative, and appropriate imaging.
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5862	Precision attachment, by report	Each pair of components is one precision attachment. Describe the type of attachment used.	• Denied unless covered by member's individual/group contract.	Chart notes or narrative, and appropriate imaging.
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5863	Overdenture – complete maxillary – natural tooth borne			Chart notes or narrative, and appropriate imaging.
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5864	Overdenture – partial maxillary – natural tooth borne			Chart notes or narrative, and appropriate imaging.
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5865	Overdenture – complete mandibular – natural tooth borne			Chart notes or narrative, and appropriate imaging.
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5866	Overdenture – partial mandibular – natural tooth borne			Chart notes or narrative, and appropriate imaging.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment		• Denied unless covered by member's individual/group contract.	
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5875	Modification of removable prosthesis following implant surgery	Attachment assemblies are reported using separate codes.	•Prosthesis benefit and frequency limitations are determined by member's individual/group contract.	Chart notes or narrative, and appropriate imaging.
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5876	Add metal substructure to acrylic complete denture – per arch	Use of metal substructure in a removable complete denture for reinforcement, during fabrication or repair.	• Denied unless covered by member's individual/group contract.	
D5000-D5999	Prosthodontics, removable	Other Removable Prosthetic Services	D5877	Duplication of complete denture – maxillary	Does not involve all steps used in initial fabrication.	• Denied unless covered by member's individual/group contract.	
D5000-D5899	Prosthodontics, removable	Other Removable Prosthetic Services	D5878	Duplication of complete denture – mandibular	Does not involve all steps used in initial fabrication.	• Denied unless covered by member's individual/group contract.	
D5000-D5899	Prosthodontics, removable	Unspecified	D5899	Unspecified removable prosthodontic procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.
D5900-D5999	**Maxillofacial Prosthetics**	**Maxillofacial Prosthetics**	**D5900-D5999**	**Category of Services**	**MAXILLOFACIAL PROSTHETICS**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5992	Adjust maxillofacial prosthetic appliance, by report		• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report		• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5914	Auricular prosthesis	Synonymous terminology: artificial ear, ear prosthesis. A removable prosthesis, which artificially restores part or all of the natural ear. Usually, replacement prostheses can be made from the original mold if tissue bed changes have not occurred. Creation of an auricular prosthesis requires fabrication of a mold, from which additional prostheses usually can be made, as needed later (auricular prosthesis, replacement).	•Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5927	Auricular prosthesis, replacement	Synonymous terminology: replacement ear. An artificial ear produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age related topographical variation.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5987	Commissure splint	Synonymous terminology: lip splint. A device placed between the lips, which assists in achieving increased opening between the lips. Use of such devices enhances opening where surgical, chemical or electrical alterations of the lips has resulted in severe restriction or contractures.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5924	Cranial prosthesis	Synonymous terminology: skull plate, cranioplasty prosthesis, cranial implant. A biocompatible, permanently implanted replacement of a portion of the skull bones; an artificial replacement for a portion of the skull bone.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5925	Facial augmentation implant prosthesis	Synonymous terminology: facial implant. An implantable biocompatible material generally onlayed upon an existing bony area beneath the skin tissue to fill in or collectively raise portions of the overlaying facial skin tissues to create acceptable contours. Although some forms of pre-made surgical implants are commercially available, the facial augmentation is usually custom made for surgical implantation for each individual patient due to the irregular or extensive nature of the facial deficit.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5912	Facial moulage (complete)	Synonymous terminology: facial impression, face mask impression. A complete facial moulage impression is a procedure used to record the soft tissue contours of the whole face. The impression is utilized to create a facial moulage and generally is not reusable.	• Denied unless covered by member's individual/group contract.	

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D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5911	Facial moulage (sectional)	A sectional facial moulage impression is a procedure used to record the soft tissue contours of a portion of the face. Occasionally several separate sectional impressions are made, and then reassembled to provide a full facial contour cast. The impression is utilized to create a partial facial moulage and generally is not reusable.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5919	Facial prosthesis	Synonymous terminology: prosthetic dressing. A removable prosthesis, which artificially replaces a portion of the face, lost due to surgery, trauma or congenital absence. Flexion of natural tissues may preclude adaptation and movement of the prosthesis to match the adjacent skin. Salivary leakage, when communicating with the oral cavity, adversely affects retention.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5929	Facial prosthesis, replacement	A replacement facial prosthesis made from the original mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to further surgery or age related topographical variations.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5951	Feeding aid	Synonymous terminology: feeding prosthesis. A prosthesis, which maintains the right and left maxillary segments of an infant cleft palate patient in their proper orientation until surgery is performed to repair the cleft. It closes the oral-nasal cavity defect, thus enhancing sucking and swallowing. Used on an interim basis, this prosthesis achieves separation of the oral and nasal cavities in infants born with wide clefts necessitating delayed closure. It is eliminated if surgical closure can be effected or, alternatively, with eruption of the deciduous dentition a pediatric speech aid may be made to facilitate closure of the defect.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5934	Mandibular guidance prosthesis with guide flange	Synonymous terminology: guidance device, guidance appliance. A prosthesis which guides the remaining portion of the mandible, left after a partial resection, into a more normal relationship with the maxilla. This allows for some tooth-to-tooth or an improved tooth contact. It may also artificially replace missing teeth and thereby increase masticatory efficiency.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5935	Mandibular guidance prosthesis without guide flange	A prosthesis which helps guide the partially resected mandible to a more normal relation with the maxilla allowing for increased tooth contact. It does not have a flange or ramp, however, to assist in directional closure. It may replace missing teeth and thereby increase masticatory efficiency.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5913	Nasal prosthesis	Synonymous terminology: artificial nose. A removable prosthesis attached to the skin, which artificially restores part or all of the nose. Fabrication of a nasal prosthesis requires creation of an original mold. Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time. When a new prosthesis is made from the existing mold, this procedure is termed a nasal prosthesis replacement.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5926	Nasal prosthesis, replacement	Synonymous terminology: replacement nose. An artificial nose produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age related topographical variations.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5922	Nasal septal prosthesis	Synonymous terminology: Septal plug, septal button. Removable prosthesis to occlude (obturate) a hole within the nasal septal wall. Adverse chemical degradation in this moist environment may require frequent replacement. Silicone prostheses are occasionally subject to fungal invasion.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5932	Obturator prosthesis, definitive	Synonymous terminology: obturator. A prosthesis, which artificially replaces part or all of the maxilla and associated teeth, lost due to surgery, trauma or congenital defects. A definitive obturator is made when it is deemed that further tissue changes or recurrence of tumor are unlikely and a more permanent prosthetic rehabilitation can be achieved it is intended for long-term use.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5936	Obturator prosthesis, interim	Synonymous terminology: immediate postoperative obturator. A prosthesis which is made following completion of the initial healing after a surgical resection of a portion or all of one or both the maxillae frequently many or all teeth in the defect area are replaced by this prosthesis. This prosthesis replaces the surgical obturator, which is usually inserted at, or immediately following the resection. Generally, an interim obturator is made to facilitate closure of the resultant defect after initial healing has been completed. Unlike the surgical obturator, which usually is made prior to surgery and frequently revised in the operating room during surgery, the interim obturator is made when the defect margins are clearly defined and further surgical revisions are not planned. It is a provisional prosthesis, which may replace some or all lost teeth, and other lost bone and soft tissue structures. Also, it frequently must be revised (termed an obturator prosthesis modification) during subsequent dental	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5933	Obturator prosthesis, modification	Synonymous terminology: adjustment, denture adjustment, temporary or office reline. Revision or alteration of an existing obturator (surgical, interim, or definitive) possible modifications include relief of the denture base due to tissue compression, augmentation of the seal or peripheral areas to effect adequate sealing or separation between the nasal and oral cavities.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5931	Obturator prosthesis, surgical	Synonymous terminology: Obturator, surgical stayplate, immediate temporary obturator. A temporary prosthesis inserted during or immediately following surgical or traumatic loss of a portion or all of one or both maxillary bones and contiguous alveolar structures (e.g., gingival tissue, teeth). Frequent revisions of surgical obturators are necessary during the ensuing healing phase (approximately six months). Some dentists prefer to replace many or all teeth removed by the surgical procedure in the surgical obturator, while others do not replace any teeth. Further surgical revisions may require fabrication of another surgical obturator (e.g., an initially planned small defect may be revised and greatly enlarged after the final pathology report indicates margins are not free of tumor).	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5916	Ocular prosthesis	Synonymous terminology: artificial eye, glass eye. A prosthesis, which artificially replaces an eye missing as a result of trauma, surgery or congenital absence. The prosthesis does not replace missing eyelids or adjacent skin, mucosa or muscle. Ocular prostheses require semiannual or annual cleaning and polishing. Also, occasional revisions to re-adapt the prosthesis to the tissue bed may be necessary. Glass eyes are rarely made and cannot be re-adapted.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5923	Ocular prosthesis, interim	Synonymous terminology: Eye shell, shell, ocular conformer, conformer. A temporary replacement generally made of clear acrylic resin for an eye lost due to surgery or trauma. No attempt is made to re-establish esthetics. Fabrication of an interim ocular prosthesis generally implies subsequent fabrication of an aesthetic ocular prosthesis.	•Denied unless covered by member's individual/group contract.	

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D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5915	Orbital prosthesis	A prosthesis, which artificially restores the eye, eyelids, and adjacent hard and soft tissue, lost as a result of trauma or surgery. Fabrication of an orbital prosthesis requires creation of an original mold. Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time. When a new prosthesis is made from the existing mold, this procedure is termed an orbital prosthesis replacement.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5928	Orbital prosthesis, replacement	A replacement for a previously made orbital prosthesis. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age related topographical variations.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5954	Palatal augmentation prosthesis	Synonymous terminology: superimposed prosthesis, maxillary glossectomy prosthesis, maxillary speech prosthesis, palatal drop prosthesis. A removable prosthesis which alters the hard and/or soft palate's topographical form adjacent to the tongue.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5955	Palatal lift prosthesis, definitive	A prosthesis which elevates the soft palate superiorly and aids in restoration of soft palate functions which may be lost due to an acquired, congenital or developmental defect. A definitive palatal lift is usually made for patients whose experience with an interim palatal lift has been successful, especially if surgical alterations are deemed unwarranted.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5958	Palatal lift prosthesis, interim	Synonymous terminology: diagnostic palatal lift. A prosthesis which elevates and assists in restoring soft palate function which may be lost due to clefting, surgery, trauma or unknown paralysis. It is intended for interim use to determine its usefulness in achieving palatalpharyngeal competency or enhance swallowing reflexes. This prosthesis is intended for interim use as a diagnostic aid to assess the level of possible improvement in speech intelligibility. Some clinicians believe use of a palatal lift on an interim basis may stimulate an otherwise flaccid soft palate to increase functional activity, subsequently lessening its need.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5959	Palatal lift prosthesis, modification	Synonymous terminology: revision of lift, adjustment. Alterations in the adaptation, contour, form or function of an existing palatal lift necessitated due to tissue impingement, lack of function, poor clasp adaptation or the like.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5985	Radiation cone locator	Synonymous terminology: docking device, cone locator. A prosthesis utilized to direct and reduplicate the path of radiation to an oral tumor during a split course of irradiation.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5984	Radiation shield	Synonymous terminology: radiation stent, tongue protector, lead shield. An intraoral prosthesis designed to shield adjacent tissues from radiation during orthovoltage treatment of malignant lesions of the head and neck region.	•Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5953	Speech aid prosthesis, adult	Synonymous terminology: prosthetic speech appliance, speech aid, speech bulb. A definitive prosthesis, which can improve speech in adult cleft palate patients either by obturating (sealing off) a palatal cleft or fistula, or occasionally by assisting an incompetent soft palate. Both mechanisms are necessary to achieve velopharyngeal competency. Generally, this prosthesis is fabricated when no further growth is anticipated and the objective is to achieve long-term use. Hence, more precise materials and techniques are utilized. Occasionally such procedures are accomplished in conjunction with precision attachments in crown work undertaken on some or all maxillary teeth to achieve improved aesthetics.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5960	Speech aid prosthesis, modification	Synonymous terminology: adjustment, repair, revision. Any revision of a pediatric or adult speech aid not necessitating its replacement. Frequently, revisions of the obturating section of any speech aid are required to facilitate enhanced speech intelligibility. Such revisions or repairs do not require complete remaking of the prosthesis, thus extending its longevity.	• Denied unless covered by member's individual/group contract.	

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D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5952	Speech aid prosthesis, pediatric	Synonymous terminology: nasopharyngeal obturator, speech appliance, obturator, cleft palate appliance, prosthetic speech aid, speech bulb. A temporary or interim prosthesis used to close a defect in the hard and/ or soft palate. It may replace tissue lost due to developmental or surgical alterations. It is necessary for the production of intelligible speech. Normal lateral growth of the palatal bones necessitates occasional replacement of this prosthesis. Intermittent revisions of the obturator section can assist in maintenance of palatalpharyngeal closure (termed a speech aid prosthesis modification). Frequently, such prostheses are not fabricated before the deciduous dentition is fully erupted since clasp retention is often essential.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5988	Surgical splint	Synonymous terminology: Gunning splint, modified Gunning splint, labiolingual splint, fenestrated splint, Kingsley splint, cast metal splint. Splints are designed to utilize existing teeth and/or alveolar processes as points of anchorage to assist in stabilization and immobilization of broken bones during healing. They are used to re-establish, as much as possible, normal occlusal relationships during the process of immobilization. Frequently, existing prostheses (e.g., a patient's complete dentures) can be modified to serve as surgical splints. Frequently, surgical splints have arch bars added to facilitate intermaxillary fixation. Rubber elastics may be used to assist in this process. Circummandibular eyelet hooks can be utilized for enhanced stabilization with wiring to adjacent bone.	•Denied unless covered by member's individual/group contract.	

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D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5982	Surgical stent for soft tissue healing	Synonymous terminology: periodontal stent, skin graft stent, columellar stent. Stents are utilized to apply pressure to soft tissues to facilitate healing and prevent cicatrization or collapse. A surgical stent may be required in surgical and post-surgical revisions to achieve close approximation of tissues. Usually such materials as temporary or interim soft denture liners, gutta percha, or dental modeling impression compound may be used.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Maxillofacial Prosthetics	D5937	Trismus appliance (not for TMD treatment)	Synonymous terminology: occlusal device for mandibular trismus, dynamic bite opener. A prosthesis, which assists the patient in increasing their oral aperture width in order to eat as well as maintain oral hygiene. Several versions and designs are possible, all intending to ease the severe lack of oral opening experienced by many patients immediately following extensive intraoral surgical procedures.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	**Maxillofacial Prosthetics**	**Carriers**	**Multiple**	**Header - Section**	**CARRIERS**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D5900-D5999	Maxillofacial Prosthetics	Carriers	D5986	Fluoride gel carrier	Synonymous terminology: fluoride applicator. A prosthesis, which covers the teeth in either dental arch and is used to apply topical fluoride in close proximity to tooth enamel and dentin for several minutes daily.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Carriers	D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	A custom fabricated, laboratory processed carrier for the maxillary arch that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Carriers	D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	A custom fabricated, laboratory processed carrier for the mandibular arch that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket.	•Denied unless covered by member's individual/group contract.	

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D5900-D5999	Maxillofacial Prosthetics	Carriers	D5983	Radiation carrier	Synonymous terminology: radiotherapy prosthesis, carrier prosthesis, radiation applicator, radium carrier, intracavity carrier, intracavity applicator. A device used to administer radiation to confined areas by means of capsules, beads or needles of radiation emitting materials such as radium or cesium. Its function is to hold the radiation source securely in the same location during the entire period of treatment. Radiation oncologists occasionally request these devices to achieve close approximation and controlled application of radiation to a tumor deemed amiable to eradication.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Carriers	D5991	Vesiculobullous disease medicament carrier	A custom fabricated carrier that covers the teeth and alveolar mucosa, or alveolar mucosa alone, and is used to deliver prescription medicaments for treatment of immunologically mediated vesiculobullous diseases.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5909	Maxillary guidance prosthesis with guide flange	Synonymous terminology: guidance device, guidance appliance. A prosthesis which guides the remaining portion of the mandible, left after a partial resection, into a more normal relationship with the maxilla. This allows for some tooth-to-tooth or an improved tooth contact, it may also artificially replace missing teeth and thereby increase masticatory efficiency.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5930	Maxillary guidance prosthesis without guide flange	A prosthesis which helps guide the partially resected mandible to a more normal relation with the maxilla allowing for increased tooth contact. It does not have a flange or ramp, however, it does assist in directional closure. It may replace missing teeth and thereby increase masticatory efficiency.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5938	Resection prosthesis, maxillary complete removable	A maxillary complete removable resection prosthesis for the maxillary arch in which a portion of the maxilla is resected and reconstructed with hard or soft tissue.	•Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5939	Resection prosthesis, mandibular complete removable	A mandibular complete removable resection prosthesis for the mandibular arch in which a portion of the mandibular is resected and reconstructed with hard or soft tissue. Mandibular continuity is maintained or restored.	• Denied unless covered by member's individual/group contract.	

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D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5940	Resection prosthesis, maxillary partial removable	A maxillary partial removable resection prosthesis for the maxillary arch in which a portion of the maxilla is resected and reconstructed with hard or soft tissue.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5941	Resection prosthesis, mandibular partial removable	A mandibular partial removable resection prosthesis for the mandibular arch in which a portion of the mandibular is resected and reconstructed with hard or soft tissue. Mandibular continuity is maintained or restored.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	A maxillary implant/abutment supported removable resection prosthesis for the edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	A mandibular implant/abutment supported removable resection prosthesis for the edentulous mandibular arch in which a portion of the mandible is resected and reconstructed in which mandibular continuity is maintained or restored.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	A maxillary implant/abutment supported removable resection prosthesis for the partial edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed with hard tissue.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	A mandibular implant/abutment supported removable resection prosthesis for the partial edentulous mandibular arch in which a portion of the mandible is resected and reconstructed.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	A maxillary implant/abutment supported fixed resection prosthesis for the edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	A mandibular implant/abutment supported fixed resection prosthesis for the edentulous mandibular arch in which a portion of the mandible is resected and reconstructed in which mandibular continuity is maintained or restored.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	A maxillary implant/abutment supported fixed resection prosthesis for the partial edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	A mandibular implant/abutment supported fixed resection prosthesis for the partial edentulous mandibular arch in which a portion of the mandible is resected and reconstructed.	• Denied unless covered by member's individual/group contract.	
D5900-D5999	Maxillofacial Prosthetics	Unspecified	D5999	Unspecified maxillofacial prosthesis, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.
D6000-D6199	**Implant Services**	**Implant Services**	**D6000-D6199**	**Category of Services**	**IMPLANT SERVICES**	**• Local anesthesia is usually considered to be part of Implant Services procedures • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Implant Services	_POL.D6000+	Policy - Implant Services	Category guideline - Implants and implant services	• Implants and implant related services are denied unless covered by member's individual/group contract.	
D6000-D6199	Implant Services	Implant Services	_POL.D6000+	Policy - Implant Services	Category guideline - Implant frequency limitation	• Implant frequency limitations are determined by member's individual/group contract.	
D6000-D6199	Implant Services	Implant Services	_POL.D6000+	Policy - Implant Services	Category guideline - Not covered benefits	•Tissue grafts, sinus lifts and nerve repositioning are not covered benefits and are the member's responsibility.	
D6000-D6199	**Implant Services**	**Pre-Surgical Services**	**Multiple**	**Header - Section**	**PRE-SURGICAL SERVICES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Pre-Surgical Services	D6190	Radiographic/surgical implant index, by report	An appliance, designed to relate osteotomy or fixture position to existing anatomic structures, to be utilized during radiographic exposure for treatment planning and/or during osteotomy creation for fixture installation.	• Denied unless covered by member's individual/group contract.	
D6000-D6199	**Implant Services**	**Surgical Services**	**Multiple**	**Header - Section**	**SURGICAL SERVICES**	**•Report surgical implant procedure using codes in this section. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Surgical Services	D6010	Surgical placement of implant body: endosteal implant			Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6011	Surgical access to an implant body (second stage implant surgery)	This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed.	• Considered to be part of D6010, D6012, and D6013 and fees for D6011 are not billable to the member by an in-network dentist. •Benefits for D6011 are denied if done by a different dentist/dental office.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant		• Denied unless covered by member's individual/group contract.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6013	Surgical placement of mini implant		• Frequency limitations are determined by member's individual/group contract.	Chart notes or narrative, and appropriate imaging.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Surgical Services	D6040	Surgical placement: eposteal implant	An eposteal (subperiosteal) framework of a biocompatible material designed and fabricated to fit on the surface of the bone of the mandible or maxilla with permucosal extensions which provide support and attachment of a prosthesis. This may be a complete arch or unilateral appliance. Eposteal implants rest upon the bone and under the periosteum.		Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6050	Surgical placement: transosteal implant	A transosteal (transosseous) biocompatible device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa providing support and attachment for a dental prosthesis. Transosteal implants are placed completely through the bone and into the oral cavity from extraoral or intraoral.		Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6100	Surgical removal of implant body		• When implants are covered by member's individual/group contract: oWhen performed within three months of D6010 or D6013 on the same tooth by the same dentist/dental office, the fee for D6100 is not billable to the member by an in-network dentist. oWhen performed after three months, benefit once per tooth per frequency limitation for implants/prosthetics as determined by member's individual/group contract.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6101	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		• Denied unless covered by member's individual/group contract. • No payment is made for this procedure when performed in the same surgical area by the same dentist/dental office on the same day as D6102 and the fee is not billable to the member by an in-network dentist. • No payment is made when D6101 is billed in conjunction with D4260 or D4261 and the fee is not billable to the member by an in-network dentist.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6102	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		• Denied unless covered by member's individual/group contract. • Any items in the nomenclature (D4240, D4241, D4260 and D4261) listed separately should be billable to the member by an in-network dentist in conjunction with this procedure. • Fees for D6102 are not billable to the member by an in-network dentist when billed in conjunction with D4260 or D4261.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6103	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.		Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6104	Bone graft at time of implant placement	Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.		Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6105	Removal of implant body not requiring bone removal or flap elevation			Chart notes or narrative, and appropriate imaging.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Surgical Services	D6106	Guided tissue regeneration - resorbable barrier, per implant	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement.		Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Surgical Services	D6107	Guided tissue regeneration - non-resorbable barrier, per implant	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement.		Chart notes or narrative, and appropriate imaging.
D6000-D6199	**Implant Services**	**Implant Supported Prosthetics**	**Multiple**	**Header - Section**	**IMPLANT SUPPORTED PROSTHETICS**	**• See additional guidelines in the category of services and Dental Utilization Review General Guidelines policies.**	
D6000-D6199	**Implant Services**	**Implant Supported Prosthetics - Supporting Structures**	**Multiple**	**Header - Subsection**	**Implant Supported Prosthetics-Supporting Structures**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Supporting Structures	_POL.D6000+	Policy - Implant Supported Prosthetics - Supporting Structures	Category guideline - Implant placement	•Benefits for a placement of an implant to a natural tooth bridge are denied for long term prognosis. The risk associated with the placement of a bridge with one abutment on a natural tooth and the second on an implant is substantial.	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Supporting Structures	D6055	Connecting bar - implant supported or abutment supported	Utilized to stabilize and anchor a prosthesis.	• Denied unless covered by member's individual/group contract.	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Supporting Structures	D6056	Prefabricated abutment - includes modification and placemen	Modification of a prefabricated abutment may be necessary.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Supporting Structures	D6057	Custom fabricated abutment - includes placement	Created by a laboratory process, specific for an individual application.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Supporting Structures	D6051	Placement of interim implant abutment	A healing cap is not an interim abutment.	•Temporary and interim fixed prostheses are included in the fee for permanent prostheses and not separately covered benefits. Separate fees by the same dentist/dental office are denied and not billable to the member by an in-network dentist.	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Supporting Structures	D6191	Semi-precision abutment - placement	This procedure is the initial placement, or replacement, of a semi-precision abutment on the implant body.		

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Implant Supported Prosthetics - Supporting Structures	D6192	Semi-precision attachment - placement	This procedure involves the luting of the initial, or replacement, semi-precision attachment to the removable prosthesis.	• Denied unless covered by member's individual/group contract.	
D6000-D6199	**Implant Services**	**Implant Supported Prosthetics - Implant/Abutment Supported Removable Dentures**	**Multiple**	**Header - Subsection**	**Implant Supported Prosthetics-Implant/Abutment Supported Removable Dentures**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Removable Dentures	D6110	Implant/abutment supported removable denture for edentulous arch - maxillary		• An alternate benefit allowance is available for a conventional denture or partial denture. The member is responsible for the balance of the dentist's charge.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Removable Dentures	D6111	Implant/abutment supported removable denture for edentulous arch - mandibular		• An alternate benefit allowance is available for a conventional denture or partial denture. The member is responsible for the balance of the dentist's charge.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Removable Dentures	D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary		• An alternate benefit allowance is available for a conventional denture or partial denture. The member is responsible for the balance of the dentist's charge.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Removable Dentures	D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular		• An alternate benefit allowance is available for a conventional denture or partial denture. The member is responsible for the balance of the dentist's charge.	Chart notes or narrative, and appropriate imaging.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	**Implant Services**	**Implant Supported Prosthetics - Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)**	**Multiple**	**Header - Subsection**	**Implant Supported Prosthetics-Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)	D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary		• An alternate benefit allowance is available for a conventional denture or partial denture. The member is responsible for the balance of the dentist's charge.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)	D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular		• An alternate benefit allowance is available for a conventional denture or partial denture. The member is responsible for the balance of the dentist's charge.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)	D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary		• An alternate benefit allowance is available for a conventional denture or partial denture. The member is responsible for the balance of the dentist's charge.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)	D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular		• An alternate benefit allowance is available for a conventional denture or partial denture. The member is responsible for the balance of the dentist's charge.	Chart notes or narrative, and appropriate imaging.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)	D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular	Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.	• Benefits are provided for definitive treatment only.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Implant Supported Prosthetics - Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)	D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary	Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.	•Benefits are provided for definitive treatment only.	
D6000-D6199	**Implant Services**	**Implant Supported Prosthetics - Single Crowns, Abutment Supported**	**Multiple**	**Header - Subsection**	**Single Crowns, Abutment Supported**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Abutment Supported	D6058	Abutment supported porcelain/ceramic crown	A single crown restoration that is retained, supported and stabilized by an abutment on an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Abutment Supported	D6059	Abutment supported porcelain fused to metal crown (high noble metal)	A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Abutment Supported	D6060	Abutment supported porcelain fused to metal crown (predominately base metal)	A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Abutment Supported	D6061	Abutment supported porcelain fused to metal crown (noble metal)	A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Abutment Supported	D6097	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.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Abutment Supported	D6062	Abutment supported cast metal crown (high noble metal)	A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.		

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Abutment Supported	D6063	Abutment supported cast metal crown (predominately base metal)	A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Abutment Supported	D6064	Abutment supported cast metal crown (noble metal)	A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Abutment Supported	D6094	Abutment supported crown titanium and titanium alloys	A single crown restoration that is retained, supported and stabilized by an abutment on an implant.		
D6000-D6199	**Implant Services**	**Implant Supported Prosthetics - Single Crowns, Implant Supported**	**Multiple**	**Header - Subsection**	**Single Crowns, Implant Supported**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Implant Supported	D6065	Implant supported porcelain/ceramic crown	A single crown restoration that is retained, supported, and stabilized by an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Implant Supported	D6066	Implant supported crown - porcelain fused to high noble alloys	A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Implant Supported	D6082	Implant supported crown - porcelain fused to predominantly base alloys	A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Implant Supported	D6083	Implant supported crown - porcelain fused to noble alloys	A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Implant Supported	D6084	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.		

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Implant Supported	D6067	Implant supported crown - high noble alloys	A single metal crown restoration that is retained, supported and stabilized by an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Implant Supported	D6086	Implant supported crown - predominantly base alloys	A single metal crown restoration that is retained, supported and stabilized by an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Implant Supported	D6087	Implant supported crown - noble alloys	A single metal crown restoration that is retained, supported and stabilized by an implant.		
D6000-D6199	Implant Services	Implant Supported Prosthetics - Single Crowns, Implant Supported	D6088	Implant supported crown - titanium and titanium alloys	A single metal crown restoration that is retained, supported and stabilized by an implant.		
D6000-D6199	**Implant Services**	**Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported**	**Multiple**	**Header - Subsection**	**Fixed Partial Denture (FPD) Retainer, Abutment Supported**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported	D6068	Abutment supported retainer for porcelain/ceramic FPD	A ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported	D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported	D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported	D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported	D6195	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.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported	D6072	Abutment supported retainer for cast metal FPD (high noble metal)	A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported	D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported	D6074	Abutment supported retainer for cast metal FPD (noble metal)	A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Abutment Supported	D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	A retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	**Implant Services**	**Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported**	**Multiple**	**Header - Subsection**	**Fixed Partial Denture (FPD) Retainer, Implant Supported**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported	D6075	Implant supported retainer for ceramic FPD	A ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported	D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported	D6098	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.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported	D6099	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.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported	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.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported	D6077	Implant supported retainer for metal FPD - high noble alloys	A metal retainer for a fixed partial denture that gains retention, support and stability from an implant.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported	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.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported	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.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	Implant Services	Implant Supported Prosthetics - Fixed Partial Denture (FPD) Retainer, Implant Supported	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.		Pre-operative periapical x-ray for pre-treatment, and x-ray showing implant for claim.
D6000-D6199	**Implant Services**	**Other Implant Services**	**Multiple**	**Header - Section**	**OTHER IMPLANT SERVICES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6000-D6199	Implant Services	Other Implant Services	D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	This procedure is not performed in conjunction with D1110, D4910, or D4346.	• Fees for D6049 are not billable to the member by an in-network dentist when performed in the same quadrant by the same dentist/dental office as D4341/D4342 or D4240/D4241, D4260/D4261 or D6101/D6102. • Frequency limitations are determined by member's individual/group contract. No payment is made for retreatment by the same dentist/dental office within 24 months of initial therapy and the fees are not billable to the member by an in-network dentist. Denied if different dentist/dental office. • No payment is made when performed within 12 months of restoration (D6058-D6077, D6085, D6094, D6118, D6119, D6194) placement by same dentist/dental office and the fees are not billable to the member by an in-network dentist . • No payment is made for D6049 and the fees are not billable to the member by an in-network dentist when performed in conjunction with D1110, D4346 or D4910.	Chart Notes or narrative

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Other Implant Services	D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system, including the occlusion and stability of the prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s).	•Frequency limitations are determined by member's individual/group contract.	Chart notes or narrative.
D6000-D6199	Implant Services	Other Implant Services	D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prothesis and abutments	This procedure includes active debriding of the implant(s) and prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s).	•Denied unless covered by member's individual/group contract. • When covered, benefits are limited to once per arch per 24 months. • Fees for retreatment by the same dentist/dental office within 24 months of initial therapy are not billable to the member. If different dentist/dental office then benefits are denied.	
D6000-D6199	Implant Services	Other Implant Services	D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	This procedure is not performed in conjunction with D1110, D4910, or D4346.	• Fees for D6081 are not billable to the member by an in-network dentist when performed in the same quadrant by the same dentist/dental office as D4341/D4342 or D4240/D4241, D4260/D4261 or D6101/D6102. • Frequency limitations are determined by member's individual/group contract. No payment is made for retreatment by the same dentist/dental office within 24 months of initial therapy and the fees are not billable to the member by an in-network dentist. Denied if different dentist/dental office. • No payment is made when performed within 12 months of restoration (D6058-D6077, D6085, D6094, D6118, D6119, D6194) placement by same dentist/dental office and the fees are not billable to the member by an in-network dentist . • No payment is made for D6081 and the fees are not billable to the member by an in-network dentist when performed in conjunction with D1110, D4346 or D4910.	Chart notes or narrative.
D6000-D6199	Implant Services	Other Implant Services	D6085	Interim implant crown	Placed when a period of healing is necessary prior to fabrication and placement of the definitive prosthesis.	• Denied unless covered by member's individual/group contract.	
D6000-D6199	Implant Services	Other Implant Services	D6090	Repair of implant/abutment supported prosthesis		• Repairs are covered once every 60 months.	Chart notes or narrative.
D6000-D6199	Implant Services	Other Implant Services	D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment		• Denied unless covered by member's individual/group contract.	
D6000-D6199	Implant Services	Other Implant Services	D6092	Re-cement or re-bond implant/abutment supported crown		• No payment is made for re-cementation or re-bonding of crowns and the fees are not billable to the member if done within six months of the initial seating date by the same dentist/dental office.	
D6000-D6199	Implant Services	Other Implant Services	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture		• No payment is made for re-cementation or re-bonding of fixed partial dentures and the fees are not billable to the member by an in-network dentist if done within six months of the initial seating date by the same dentist/dental office.	
D6000-D6199	Implant Services	Other Implant Services	D6095	Repair implant abutment, by report	This procedure involves the repair or replacement of any part of the implant abutment.	**!- CODE DELETED WITH 2025 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.**	Chart notes or narrative.
D6000-D6199	Implant Services	Other Implant Services	D6089	Accessing and retorquing loose implant screw - per screw		• Denied unless covered by member's individual/group contract. • When covered: oBenefits are limited to once every 24 months. oFees for D6089 are not billable to the member on the same date of service by same dentist/dental office as D6080 or D6090.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6000-D6199	Implant Services	Other Implant Services	D6096	Remove broken implant retaining screw		• Denied unless covered by member's individual/group contract. • If billed on same day as D6193, no payment is made, and the fee is not billable to the member by an in-network dentist. • Rationale: An implant retaining screw should function properly and should remain in place for the longevity of the implant restoration.	
D6000-D6199	Implant Services	Other Implant Services	D6196	Removal of an indirect restoration on an implant retained abutment	Not to be used for a temporary, provisional, or screw retained restoration.	• Denied unless covered by member's individual/group contract.	
D6000-D6199	Implant Services	Other Implant Services	D6193	Replacement of an implant screw		• Denied unless covered by member's individual/group contract.	
D6000-D6199	Implant Services	Other Implant Services	D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant		• Denied unless covered by member's individual/group contract.	
D6000-D6199	Implant Services	Other Implant Services	D6198	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.	• Denied unless covered by member's individual/group contract.	
D6200-D6999	Implant Services	Other Implant Services	D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch	This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system, including the occlusion and stability of the prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s).	•Frequency limitations are determined by member's individual/group contract.	Chart notes or narrative.
D6000-D6199	Implant Services	Unspecified	D6199	Unspecified implant procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6200-D6999	Prosthodontics, fixed	Prosthodontics, fixed	D6200-D6999	Category of Services	PROSTHODONTICS, FIXED	• Each retainer and each pontic constitutes a unit in a fixed partial denture. • Local anesthesia is usually considered to be part of Fixed Prosthodontic procedures. • The term "fixed partial denture" or FPD is synonymous with fixed bridge or bridgework. • Fixed partial denture prosthetic procedures include routine temporary prosthetics. When indicated, interim or provisional codes should be reported separately. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.	
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	Multiple	Header - Section	FIXED PARTIAL DENTURE PONTICS	• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.	
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6205	Pontic - indirect resin based composite	Not to be used as a temporary or provisional prosthesis.	• Denied unless covered by member's individual/group contract.	
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6210	Pontic - cast high noble metal		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6211	Pontic - cast predominantly base metal		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6212	Pontic - cast noble metal		•Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6214	Pontic - titanium and titanium alloys		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6240	Pontic - porcelain fused to high noble metal		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6241	Pontic - porcelain fused to predominantly base metal		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6242	Pontic - porcelain fused to noble metal		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6243	Pontic - porcelain fused to titanium and titanium alloys		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6245	Pontic - porcelain/ceramic		•Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6250	Pontic - resin with high noble metal		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6251	Pontic - resin with predominantly base metal		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6252	Pontic - resin with noble metal		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Pontics	D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	Not to be used as a temporary pontic for routine prosthetic restoration.	• Temporary and provisional fixed prostheses are not separate benefits and should be included in the fee for the permanent prosthesis. Separate fees by the same dentist/dental office are not billable to the member by an in-network dentist. • If practitioner submits for a temporary bridge because patient never returned for insertion, allow D6253 and D6793.	
D6200-D6999	**Prosthodontics, fixed**	**Fixed Partial Denture Retainers - Inlays/Onlays**	**Multiple**	**Header - Section**	**FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6545	Retainer - cast metal for resin bonded fixed prosthesis		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6549	Resin retainer - for resin bonded fixed prosthesis		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6600	Retainer inlay - porcelain/ceramic, two surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6602	Retainer inlay - cast high noble metal, two surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6603	Retainer inlay - cast high noble metal, three or more surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6604	Retainer inlay - cast predominantly base metal, two surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6606	Retainer inlay - cast noble metal, two surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6607	Retainer inlay - cast noble metal, three or more surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6624	Retainer inlay - titanium		•Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6608	Retainer onlay - porcelain/ceramic, two surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6610	Retainer onlay - cast high noble metal, two surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6611	Retainer onlay - cast high noble metal, three or more surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6612	Retainer onlay - cast predominantly base metal, two surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6613	Retainer onlay - cast predominantly base metal, three or more surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6614	Retainer onlay - cast noble metal, two surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6615	Retainer onlay - cast noble metal, three or more surfaces		• Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6634	Retainer onlay - titanium		•Limitation: Benefits are allowed in accordance with member's individual/group contract. If a new bridge is made with additional units within the benefit time limitation, benefits will be made only for the new units of the bridge.	Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	**Prosthodontics, fixed**	**Fixed Partial Denture Retainers - Crowns**	**Multiple**	**Header - Section**	**FIXED PARTIAL DENTURE RETAINERS - CROWNS**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	_POL.D6200+	Policy - Prosthodontics - Fixed Partial Denture Retainers - Crowns	Category guideline - Fixed partial denture retainers - crowns	• Only one cast restoration per tooth will be covered within the frequency limitations determined by member's individual/group contract. • Cast restorations include all models, temporaries, final x-rays, and other associated procedures. • Benefits are payable on the seating date of the permanent crown, not the date of preparation. • If additional units must be added to a new bridge within the frequency limitation, benefits will only be made for the new units.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6710	Retainer crown - indirect resin based composite	Not to be used as a temporary or provisional prosthesis.		Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6720	Retainer crown - resin with high noble metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6721	Retainer crown - resin with predominantly base metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6722	Retainer crown - resin with noble metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6740	Retainer crown - porcelain/ceramic			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6750	Retainer crown - porcelain fused to high noble metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6751	Retainer crown - porcelain fused to predominantly base metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6752	Retainer crown - porcelain fused to noble metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6753	Retainer crown - porcelain fused to titanium and titanium alloys			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6780	Retainer crown - ¾ cast high noble metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6781	Retainer crown - ¾ cast predominantly base metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6782	Retainer crown - ¾ cast noble metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6783	Retainer crown - ¾ porcelain/ceramic			Tooth number and pre-operative periapical x- rays showing the entire treatment site.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6784	Retainer crown - ¾ titanium and titanium alloys			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6790	Retainer crown - full cast high noble metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6791	Retainer crown - full cast predominantly base metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6792	Retainer crown - full cast noble metal			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6794	Retainer crown - titanium and titanium alloys			Tooth number and pre-operative periapical x- rays showing the entire treatment site.
D6200-D6999	Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	Not to be used as a temporary retainer crown for routine prosthetic restoration.	• Temporary and provisional fixed prostheses are not separate benefits and should be included in the fee for the permanent prosthesis. Separate fees by the same dentist/dental office are not billable to the member by an in-network dentist. • If practitioner submits for a temporary bridge because patient never returned for insertion, allow D6253 and D6793.	
D6200-D6999	**Prosthodontics, fixed**	**Other Fixed Partial Denture Services**	**Multiple**	**Header - Section**	**OTHER FIXED PARTIAL DENTURE SERVICES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D6200-D6999	Prosthodontics, fixed	Other Fixed Partial Denture Services	D6920	Connector bar	A device attached to fixed partial denture retainer or coping which serves to stabilize and anchor a removable overdenture prosthesis.	• Denied unless covered by member's individual/group contract.	
D6200-D6999	Prosthodontics, fixed	Other Fixed Partial Denture Services	D6930	Re-cement or re-bond fixed partial denture		• No payment is made for re-cementation or re-bonding of a fixed partial denture by the same dentist/dental office within six months of the seating date and the fee is not billable to the member by an in-network dentist as a component of the fee for the original procedure. • Benefits may be paid for one re-cementation or re-bonding after six months have elapsed since the initial placement. Subsequent requests for re-cementation or re-bonding by the same dentist/dental office are DENIED. Benefits may be paid when billed by a dentist/dental office other than the one who seated the bridge or performed the previous re-cementation or re-bonding.	
D6200-D6999	Prosthodontics, fixed	Other Fixed Partial Denture Services	D6940	Stress breaker	A non-rigid connector.	•Denied unless covered by member's individual/group contract.	Chart notes or narrative, and pre-operative x-rays.
D6200-D6999	Prosthodontics, fixed	Other Fixed Partial Denture Services	D6950	Precision attachment	A pair of components constitutes one precision attachment that is separate from the prosthesis.	• Denied unless covered by member's individual/group contract.	Tooth number, chart notes or narrative, and pre-operative x-rays.
D6200-D6999	Prosthodontics, fixed	Other Fixed Partial Denture Services	D6980	Fixed partial denture repair necessitated by restorative material failure		• One repair (per unit) is allowed within the frequency (time) limitations determined by member's individual/group contract. Re-cementation is a separate benefit.	
D6200-D6999	Prosthodontics, fixed	Other Fixed Partial Denture Services	D6985	Pediatric partial denture, fixed	This prosthesis is used primarily for aesthetic purposes.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D6200-D6999	Prosthodontics, fixed	Unspecified	D6999	Unspecified fixed prosthodontic procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.
D7000-D7999	**Oral and Maxillofacial Surgery**	**Oral and Maxillofacial Surgery**	**D7000-D7999**	**Category of Services**	**ORAL AND MAXILLOFACIAL SURGERY**	**•Local anesthesia is usually considered to be part of Oral and Maxillofacial Surgical procedures. •For dental benefit reporting purposes a quadrant is defined as four or more contiguous teeth and/or teeth spaces distal to the midline. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Oral and Maxillofacial Surgery	_POL.D7000+	Policy - Oral and Maxillofacial Surgery	Category guideline - Oral and maxillofacial surgery benefit allowance	• Benefit allowance includes local anesthesia, suturing if needed, and routine post-operative care. • Procedures that are an integral part of a primary procedure should not be reported separately.	
D7000-D7999	Oral and Maxillofacial Surgery	Oral and Maxillofacial Surgery	_POL.D7000+	Policy - Oral and Maxillofacial Surgery	Category guideline - Supernumerary teeth	• Supernumerary Teeth: Extraction of supernumerary teeth are a benefit.	
D7000-D7999	Oral and Maxillofacial Surgery	Oral and Maxillofacial Surgery	_POL.D7000+	Policy - Oral and Maxillofacial Surgery	Category guideline - Unsuccessful extractions	• Unsuccessful extractions: A claim should not be filed for an extraction if the entire tooth is not removed. The claim should be filed by the dentist who successfully extracted the tooth.	
D7000-D7999	Oral and Maxillofacial Surgery	Oral and Maxillofacial Surgery	_POL.D7000+	Policy - Oral and Maxillofacial Surgery	Category guideline - Treatment of dry socket	• Treatment of Dry Socket: The fee for an extraction includes up to three post-operative visits (dry socket). Each additional treatment of a dry socket is benefited as a palliative treatment.	
D7000-D7999	Oral and Maxillofacial Surgery	Oral and Maxillofacial Surgery	_POL.D7000+	Policy - Oral and Maxillofacial Surgery	Category guideline - Surgical correction of congenital or developmental malformations	• Surgical Correction of Congenital or Developmental Malformations are denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Oral and Maxillofacial Surgery	_POL.D7000+	Policy - Oral and Maxillofacial Surgery	Category guideline - Treatment of temporomandibular joint disorders	• Treatment of Temporomandibular Joint Disorders are denied unless covered by member's individual/group contract.	
D7000-D7999	**Oral and Maxillofacial Surgery**	**Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)**	**Multiple**	**Header - Section**	**EXTRACTIONS (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	_POL.D7000+	Policy - Extractions	Category guideline - Extractions	•Benefits are allowed based on the anatomical position of the tooth and not on the degree of difficulty.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7111	Extraction, coronal remnants - primary tooth	Removal of soft tissue-retained coronal remnants.		Chart notes or narrative, and x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7140	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.		Chart notes or narrative, and x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7210	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.		Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7220	Removal of impacted tooth - soft tissue	Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.		Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7230	Removal of impacted tooth - partially bony	Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.		Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7240	Removal of impacted tooth - complete bony	Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.		Tooth number, chart notes or narrative, and pre-operative periapical x-rays.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7241	Removal of impacted tooth - complete 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.		Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7250	Removal of residual tooth roots (cutting procedure)	Includes cutting of soft tissue and bone, removal of tooth structure and closure.	• Benefits are not allowed for root recovery in addition to the extraction when performed by the same dentist/dental office.	Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.	• Coronectomy will be considered on an individual case basis and only for documented probable neurovascular complications in proximity to inferior alveolar nerve (IAN) or other vital structures.	Tooth number, chart notes or narrative indicating reason procedure was intentionally performed, and pre- and post-operative periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)	D7252	Partial extraction for immediate implant placement	Sectioning the root of a tooth vertically, then extracting the palatal portion of the root. The buccal section of the root is retained in order to stabilize the buccal plate prior to immediate implant placement. Also known as the Socket Shield Technique.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	**Oral and Maxillofacial Surgery**	**Other Surgical Procedures**	**Multiple**	**Header - Section**	**OTHER SURGICAL PROCEDURES**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7259	Nerve dissection	Involves the separation or isolation of a nerve from surrounding tissues. Performed to gain access to and protect nerves during surgical procedures.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7260	Oroantral fistula closure	Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7261	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.	• Denied unless covered by member's individual/group contract. • Fee includes any associated extraction completed on the same day.	Tooth number, chart notes or narrative, and pre-operative periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Includes splinting and/or stabilization.	• Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan.	Chart notes or narrative, and periapical x-rays.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7280	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.	• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative, and periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	To move/luxate teeth to eliminate ankylosis; not in conjunction with an extraction	• No payment is made for D7282 when performed by the same dentist/dental office in conjunction with other surgery (D7000 oral surgery series, D4210-D4276 periodontal surgery) in the immediate area, and the fee is not billable to the member by an in-network dentist.	Chart notes or narrative, and periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7283	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.	• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative, and periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7284	Excisional biopsy of minor salivary glands		• Denied unless covered by member's individual/group contract. • When covered: A pathology report must be included. • The fee for biopsy of oral tissue is included in the fee for a surgical procedure (e.g., apicoectomy, extractions) and is not billable to the member when performed by the same dentist/dental office in the same surgical area and on the same date of service.	Chart notes or narrative, and periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	For partial removal of lesion. This procedure involves biopsy of osseous or intra-osseous lesions (example cyst, tumor) and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7286	Incisional biopsy of oral tissue - soft	For partial removal of a lesion. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7287	Exfoliative cytology sample collection	For collection of non-transepithelial cytology sample via mild scraping of the oral mucosa.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7288	Brush biopsy - transepithelial sample collection	For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa.	• A pathology report must be included. •The fee for biopsy of oral tissue is included in the fee for a surgical procedure (e.g., apicoectomy, extractions) and is not billable to the member when performed by the same dentist/dental office in the same surgical area and on the same date of service.	Chart notes or narrative, photos, pathology report, and periapical x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7290	Surgical repositioning of teeth	Grafting procedure(s) is/are additional.	•Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7291	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).	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7292	Placement of temporary anchorage device [screw retained plate] requiring flap		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7298	Removal of temporary anchorage device [screw retained plate], requiring flap			
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7293	Placement of temporary anchorage device requiring flap		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7299	Removal of temporary anchorage device requiring flap			
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7294	Placement of temporary anchorage device without flap		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7300	Removal of temporary anchorage device without flap			
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7295	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.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Surgical Procedures	D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	**Oral and Maxillofacial Surgery**	**Alveoloplasty - Preparation of Ridge**	**Multiple**	**Header - Section**	**ALVEOLOPLASTY – PREPARATION OF RIDGE**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Alveoloplasty - Preparation of Ridge	D7310	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.	• Denied unless covered by member's individual/group contract. • Alveoloplasty is included in the fee for extractions (D7140, D7210-D7250). Fees for these procedures are not billable to the member by an in-network dentist if performed by the same dentist/dental office, in the same surgical area on the same date.	Quadrant or treatment site(s), and pre-operative x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Alveoloplasty - Preparation of Ridge	D7311	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.	• Denied unless covered by member's individual/group contract. • Alveoloplasty is included in the fee for extractions (D7140, D7210-D7250). Fees for these procedures are not billable to the member by an in-network dentist if performed by the same dentist/dental office, in the same surgical area on the same date.	Quadrant identification or treatment site(s), and pre-operative x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Alveoloplasty - Preparation of Ridge	D7320	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.	•Denied unless covered by member's individual/group contract. • Includes any associated frenectomy completed on the same day.	Quadrant identification or treatment site(s), and pre-operative x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Alveoloplasty - Preparation of Ridge	D7321	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.	•Denied unless covered by member's individual/group contract. • Includes any associated frenectomy completed on the same day.	Quadrant identification or treatment site(s), and pre-operative x-rays.
D7000-D7999	**Oral and Maxillofacial Surgery**	**Vestibuloplasty**	**Multiple**	**Header - Section**	**VESTIBULOPLASTY**	**• Any of a series of surgical procedures designed to increase relative alveolar ridge height. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Vestibuloplasty	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		• Denied unless covered by member's individual/group contract.	Quadrant or arch identification or treatment site(s), and pre-operative x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Vestibuloplasty	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		• Denied unless covered by member's individual/group contract.	Quadrant or arch identification or treatment site(s), and pre-operative x-rays.
D7000-D7999	**Oral and Maxillofacial Surgery**	**Excision of Soft Tissue Lesions**	**Multiple**	**Header - Section**	**EXCISION OF SOFT TISSUE LESIONS**	**•Includes non-odontogenic cysts. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions	D7410	Excision of benign lesion up to 1.25 cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions	D7411	Excision of benign lesion greater than 1.25 cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions	D7412	Excision of benign lesion, complicated	Requires extensive undermining with advancement or rotational flap closure.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions	D7413	Excision of malignant lesion up to 1.25 cm		• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions	D7414	Excision of malignant lesion greater than 1.25 cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions	D7415	Excision of malignant lesion, complicated	Requires extensive undermining with advancement or rotational flap closure.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions	D7465	Destruction of lesion(s) by physical or chemical method, by report	Examples include using cryo, laser or electro surgery.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	**Oral and Maxillofacial Surgery**	**Excision of Intra-Osseous Lesions**	**Multiple**	**Header - Section**	**EXCISION OF INTRA-OSSEOUS LESIONS**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	**Oral and Maxillofacial Surgery**	**Excision of Bone Tissue**	**Multiple**	**Header - Section**	**EXCISION OF BONE TISSUE**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7471	Removal of lateral exostosis (maxilla or mandible)		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7472	Removal of torus palatinus		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7473	Removal of torus mandibularis		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7485	Reduction of osseous tuberosity		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7490	Radical resection of maxilla or mandible	Partial resection of maxilla or mandible; removal of lesion and defect with margin of normal appearing bone. Reconstruction and bone grafts should be reported separately.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	**Oral and Maxillofacial Surgery**	**Surgical Incision**	**Multiple**	**Header - Section**	**SURGICAL INCISION**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	_POL.D7000+	Policy - Oral and Maxillofacial Surgery	Category guideline - Surgical Incision - Oral and Maxillofacial Surgery	•Surgical incision is included in the fee for endodontics, extractions, palliative treatment, or other definitive services done on the same date of service by the same dentist/dental office. • Fees for incision and drainage of abscess are not billable to the member by an in-network dentist when submitted with all oral surgery (D7000-D7999) and endodontic codes (D3000-D3999) and surgical periodontal procedures (D4210-D4285).	
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	D7509	Marsupialization of odontogenic cyst	Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch.		
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	D7510	Incision and drainage of abscess - intraoral soft tissue	Involves incision through mucosa, including periodontal origins.	• Incision and drainage require incision with a blade and placement of a drain and suture. • Incision and drainage is NOT intended for gingival curettage of a periodontal abscess.	Chart notes or narrative, and pre-operative x-rays or intraoral photographs.
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.	• Fees for D7511 are not billable to the member by an in-network dentist/dental office on the same date of service with all oral surgery (D7000-D7999) and endodontic codes (D3000 - D3999).	Chart notes or narrative, and pre-operative x-rays or intraoral photographs.
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	D7520	Incision and drainage of abscess - extraoral soft	Involves incision through skin.	•Incision and drainage require incision with a blade and placement of a drain and suture.	Chart notes or narrative, and pre-operative x-rays or intraoral photographs.
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Incision is made extraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.	•Denied unless covered by member's individual/group contract. • Coverage may be available under member's medical plan. • Complicated abscess in the extraoral soft tissue (outside the mouth), involves multiple fascial spaces, performed independently, not bundled with another surgical service on the same site or date.	Chart notes or narrative, and pre-operative x-rays or intraoral photographs.
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	D7540	Removal of reaction producing foreign bodies, musculoskeletal system	May include, but is not limited to, removal of splinters, pieces of wire, etc., from muscle and/or bone.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Surgical Incision	D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		• Denied unless covered by member's individual/group contract.	
D7000-D7999	**Oral and Maxillofacial Surgery**	**Treatment of Closed Fractures**	**Multiple**	**Header - Section**	**TREATMENT OF CLOSED FRACTURES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Closed Fractures	D7610	Maxilla - open reduction (teeth immobilized, if present)	Teeth may be wired, banded or splinted together to prevent movement. Incision required for interosseous fixation.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Closed Fractures	D7620	Maxilla - closed reduction (teeth immobilized, if present)	No incision required to reduce fracture. See D7610 if interosseous fixation is applied.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Closed Fractures	D7630	Mandible - open reduction (teeth immobilized, if present)	Teeth may be wired, banded or splinted together to prevent movement. Incision required to reduce fracture.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Closed Fractures	D7640	Mandible - closed reduction (teeth immobilized, if present)	No incision required to reduce fracture. See D7630 if interosseous fixation is applied.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Closed Fractures	D7650	Malar and/or zygomatic arch - open reduction		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Closed Fractures	D7660	Malar and/or zygomatic arch - closed reduction		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Closed Fractures	D7670	Alveolus - closed reduction, may include stabilization of teeth	Teeth may be wired, banded or splinted together to prevent movement.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Closed Fractures	D7671	Alveolus - open reduction, may include stabilization of teeth	Teeth may be wired, banded or splinted together to prevent movement.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Closed Fractures	D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	Facial bones include upper and lower jaw, cheek, and bones around eyes, nose, and ears.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	**Oral and Maxillofacial Surgery**	**Treatment of Open Fractures**	**Multiple**	**Header - Section**	**TREATMENT OF OPEN FRACTURES**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	_POL.D7000+	Policy - Treatment of Open Fractures	Category guideline - Treatment of open fractures	• No payment is made for splinting, wiring, or banding and the fee is not billable to the member by an in-network dentist when performed by the same dentist/dental office rendering the primary procedure.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	D7710	Maxilla - open reduction	Incision required to reduce fracture.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	D7720	Maxilla - closed reduction		•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	D7730	Mandible - open reduction	Incision required to reduce fracture.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	D7740	Mandible - closed reduction		•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	D7750	Malar and/or zygomatic arch - open reduction	Incision required to reduce fracture.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	D7760	Malar and/or zygomatic arch - closed reduction		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	D7770	Alveolus - open reduction stabilization of teeth	Fractured bone(s) are exposed to mouth or outside the face. Incision required to reduce fracture.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	D7771	Alveolus - closed reduction stabilization of teeth	Fractured bone(s) are exposed to mouth or outside the face.	•Denied unless covered by member's individual/group contract.	

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D7000-D7999	Oral and Maxillofacial Surgery	Treatment of Open Fractures	D7780	Facial bones - complicated reduction with fixation and multiple approaches	Incision required to reduce fracture. Facial bones include upper and lower jaw, cheek, and bones around eyes, nose, and ears.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	**Oral and Maxillofacial Surgery**	**Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions**	**Multiple**	**Header - Section**	**REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS**	**• Procedures that are an integral part of a primary procedure should not be reported separately. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7810	Open reduction of dislocation	Access to TMJ via surgical opening.	•Denied unless covered by member's individual/group contract.	Chart notes or narrative, and Panorex or CT.
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7820	Closed reduction of dislocation	Joint manipulated into place; no surgical exposure.	• Denied unless covered by member's individual/group contract.	Chart notes or narrative, and Panorex or CT.
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7830	Manipulation under anesthesia	Usually done under general anesthesia or intravenous sedation.	• Denied unless covered by member's individual/group contract.	Chart notes or narrative, and Panorex or CT.
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7840	Condylectomy	Removal of all or portion of the mandibular condyle (separate procedure).	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7850	Surgical discectomy, with/without implant	Excision of the intra-articular disc of a joint.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7852	Disc repair	Repositioning and/or sculpting of disc; repair of perforated posterior attachment.	• Denied unless covered by member's individual/group contract.	

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D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7854	Synovectomy	Excision of a portion or all of the synovial membrane of a joint.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7856	Myotomy	Cutting of muscle for therapeutic purposes (separate procedure).	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7858	Joint reconstruction	Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7860	Arthrotomy	Cutting into joint (separate procedure).	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7865	Arthroplasty	Reduction of osseous components of the joint to create a pseudarthrosis or eliminate an irregular remodeling pattern (osteophytes).	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7870	Arthrocentesis	Withdrawal of fluid from a joint space by aspiration.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7871	Non-arthroscopic lysis and lavage	Inflow and outflow catheters are placed into the joint space. The joint is lavaged and manipulated as indicated in an effort to release minor adhesions and synovial vacuum phenomenon as well as to remove inflammation products from the joint space.	• Denied unless covered by member's individual/group contract.	Chart notes or narrative, and Panorex or CT.

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D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7872	Arthroscopy - diagnosis, with or without biopsy		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7873	Arthroscopy: lavage and lysis of adhesions	Removal of adhesions using the arthroscope and lavage of the joint cavities.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7874	Arthroscopy: disc repositioning and stabilization	Repositioning and stabilization of disc using arthroscopic techniques.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7875	Arthroscopy: synovectomy	Removal of inflamed and hyperplastic synovium (partial/complete) via an arthroscopic technique.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7876	Arthroscopy: discectomy	Removal of disc and remodeled posterior attachment via the arthroscope.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7877	Arthroscopy: debridement	Removal of pathologic hard and/or soft tissue using the arthroscope.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7880	Occlusal orthotic device, by report	Presently includes splints provided for treatment of temporomandibular joint dysfunction.	• Denied unless covered by member's individual/group contract.	Chart notes or narrative, and Panorex or CT.

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D7000-D7999	Oral and Maxillofacial Surgery	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7881	Occlusal orthotic device adjustment		• Denied unless covered by member's individual/group contract.	Chart notes or narrative.
D7000-D7999	Oral and Maxillofacial Surgery	Unspecified	D7899	Unspecified TMD therapy, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative, and Panorex or CT required; additional documentation specific to procedure may be requested.
D7000-D7999	**Oral and Maxillofacial Surgery**	**Repair of Traumatic Wounds**	**Multiple**	**Header - Section**	**REPAIR OF TRAUMATIC WOUNDS**	**•Excludes closure of surgical incisions. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Repair of Traumatic Wounds	D7910	Suture of recent small wounds up to 5 cm		• Denied unless covered by member's individual/group contract.	
D7000-D7999	**Oral and Maxillofacial Surgery**	**Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)**	**Multiple**	**Header - Section**	**COMPLICATED SUTURING (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)**	**•Excludes closure of surgical incisions. •See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)	D7911	Complicated suture - up to 5 cm		• No payment is made when performed in conjunction with D7000 series and the fee is not billable to the member by an in-network dentist.	
D7000-D7999	Oral and Maxillofacial Surgery	Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)	D7912	Complicated suture - greater than 5 cm		• No payment is made when performed in conjunction with D7000 series and the fee is not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	**Oral and Maxillofacial Surgery**	**Other Repair Procedures**	**Multiple**	**Header - Section**	**OTHER REPAIR PROCEDURES**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7920	Skin graft (identify defect covered, location and type of graft)		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7921	Collection and application of autologous blood concentrate product		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7922	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.	• Denied unless covered by member's individual/group contract. • Placement of an intra-socket biological dressing to aid in hemostasis or clot stabilization is considered part of the extraction and/or post-operative procedure. • A separate fee is not billable to the member by an in-network dentist.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7940	Osteoplasty - for orthognathic deformities	Reconstruction of jaws for correction of congenital, developmental or acquired traumatic or surgical deformity.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	• Benefits are denied as specialized procedure.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7941	Osteotomy - mandibular rami		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7944	Osteotomy - segmented or subapical	Report by range of tooth numbers within segment.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7945	Osteotomy - body of mandible	Sectioning of lower jaw. This includes the exposure, bone cut, fixation, routine wound closure and normal post-operative follow-up care.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7946	LeFort I (maxilla - total)	Sectioning of the upper jaw. This includes exposure, bone cuts, downfracture, repositioning, fixation, routine wound closure and normal post-operative follow-up care.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7947	LeFort I (maxilla - segmented)	When reporting a surgically assisted palatal expansion without downfracture, this code would entail a reduced service and should be “by report.”	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Sectioning of upper jaw. This includes exposure, bone cuts, downfracture, segmentation of maxilla, repositioning, fixation, routine wound closure and normal post-operative follow-up care.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7949	LeFort II or LeFort III - with bone graft	Includes obtaining autografts.	•Denied unless covered by member's individual/group contract.	

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D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	This procedure is for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. It includes obtaining graft material. Placement of a barrier membrane, if used, should be reported separately.	• Denied unless covered by member's individual/group contract. • D7950 denied as a specialized procedure when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery. • Benefits for platelets are denied as experimental, investigational, or unproven (E/I/U). • Coverage may be available under member's medical plan.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.	• Denied unless covered by member's individual/group contract. • D7951 denied as a specialized procedure when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery. • Benefits for platelets are denied as experimental, investigational, or unproven (E/I/U). • Coverage may be available under member's medical plan.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7952	Sinus augmentation via a vertical approach	The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes.	• Denied unless covered by member's individual/group contract. • D7952 denied as a specialized procedure when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery. • Benefits for platelets are denied as experimental, investigational, or unproven (E/I/U). • Coverage may be available under member's medical plan.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7953	Bone replacement graft for ridge preservation - per site	Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.	• Allowed only when performed in conjunction with extraction or implant removal.	Chart notes or narrative, and x-rays.
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7955	Repair of maxillofacial soft and/or hard tissue defect	Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize graft materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches. This procedure does not include edentulous maxilla and mandibular reconstruction for prosthetic considerations.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7961	Buccal/labial frenectomy (frenulectomy)		• No payment is made for frenulectomy and the fee is not billable to the member by an in-network dentist when billed in conjunction with other surgical procedure(s) (D7000-D7877, D7920-D7983, D7991- D7996, D4210- D4285, and D3410-D3470) in the same surgical area by the same dentist.	Chart notes or narrative.
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7962	Lingual frenectomy (frenulectomy)		• No payment is made for frenulectomy and the fee is not billable to the member by an in-network dentist when billed in conjunction with other surgical procedure(s) (D7000-D7877, D7920-D7983, D7991- D7996, D4210- D4285, and D3410-D3470) in the same surgical area by the same dentist.	Chart notes or narrative.
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7963	Frenuloplasty	Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure.	• No payment is made for frenuloplasty and the fee is not billable to the member by an in-network dentist when billed in conjunction with other surgical procedure(s) (D7000-D7877, D7920-D7983, D7991- D7996, D4210-D4285 and D3410-D3470) in the same surgical area by the same dentist/dental office.	Chart notes or narrative.
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7970	Excision of hyperplastic tissue - per arch		• This procedure is included in the fee for other surgical procedures that are performed on the same day in the same area. • No payment is made for excision of hyperplastic tissue per arch and the fee is not billable to the member by an in-network dentist when billed in conjunction with other surgical procedure(s) (D7000 D7877, D7920-D7983, D7991-D7996, D4210-D4285, and D3410-D3470) in the same surgical area by the same dentist/dental office.	Chart notes or narrative.
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7971	Excision of pericoronal gingiva	Removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.	•No payment is made for excision of pericoronal gingival and the fee is not billable to the member by an in-network dentist when billed in conjunction with other surgical procedure(s) (D7000-D7877, D7920-D7983, D7991-D7996, D4210-D4276, and D3410-D3470) in the same surgical area by the same dentist/dental office.	Chart notes or narrative.
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7972	Surgical reduction of fibrous tuberosity		•Denied unless covered by member's individual/group contract.	Chart notes or narrative.
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7979	Non–surgical sialolithotomy	A sialolith is removed from the gland or ductal portion of the gland without surgical incision into the gland or the duct of the gland for example via manual manipulation, ductal dilation, or any other non-surgical method.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7980	Surgical sialolithotomy	Procedure by which a stone within a salivary gland or its duct is removed, either intraorally or extraorally.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7981	Excision of salivary gland, by report		•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7982	Sialodochoplasty	Procedure for the repair of a defect and/or restoration of a portion of a salivary gland duct.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7983	Closure of salivary fistula	Closure of an opening between a salivary duct and/or gland and the cutaneous surface, or an opening into the oral cavity through other than the normal anatomic pathway.	•Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7990	Emergency tracheotomy	Formation of a tracheal opening usually below the cricoid cartilage to allow for respiratory exchange.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7991	Coronoidectomy	Removal of the coronoid process of the mandible.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7993	Surgical placement of craniofacial implant - extra oral	Surgical placement of a craniofacial implant to aid in retention of an auricular, nasal, or orbital prosthesis.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7994	Surgical placement: zygomatic implant	An implant placed in the zygomatic bone and exiting through the maxillary mucosal tissue providing support and attachment of a maxillary dental prosthesis.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7995	Synthetic graft - mandible or facial bones, by report	Includes allogenic material.	•Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar		• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Other Repair Procedures	D7998	Intraoral placement of a fixation device not in conjunction with a fracture	The placement of intermaxillary fixation appliance for documented medically accepted treatments not in association with fractures.	• Denied unless covered by member's individual/group contract.	
D7000-D7999	Oral and Maxillofacial Surgery	Unspecified	D7999	Unspecified oral surgery procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.
D8000-D8999	**Orthodontics**	**Orthodontics**	**D8000-D8999**	**Category of Services**	**ORTHODONTICS**	**• All of the following orthodontic treatment codes may be used more than once for the treatment of a particular patient depending on the particular circumstance. A patient may require more than one limited or comprehensive procedure depending on their particular problems. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D8000-D8999	Orthodontics	Orthodontics	_POL.D8000+	Policy - Orthodontics	Category guideline - Practitioner credentials	• Benefits for orthodontics are only available when performed by a licensed dentist. • Orthodontic treatment must be provided by a licensed dentist. Self-administered (or any type of "do it yourself") orthodontics is denied.	
D8000-D8999	Orthodontics	Orthodontics	_POL.D8000+	Policy - Orthodontics	Category guideline - Orthodontics	• Pre-treatment estimate is recommended for all orthodontic treatment plans. • The fee for orthodontic treatment includes appliances, post-treatment stabilization.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D8000-D8999	Orthodontics	Orthodontics	_POL.D8000+	Policy - Orthodontics	Category guideline - Claims information - Orthodontics	• All orthodontic claims shall contain the following information: oProcedure code oMonths of treatment oTotal case fee oDate of banding oDown payment and monthly amount(s) oPatient ledger (work in progress cases only)	
D8000-D8999	Orthodontics	Orthodontics	_POL.D8000+	Policy - Orthodontics	Category guideline - Post-treatment stabilization	• Post-treatment stabilization (retainers) is not a separately paid benefit. If submitted by the same dental office, it is included in the fee for the comprehensive treatment. If submitted by a different dental office and the member has benefits available in their orthodontic maximum, it may be allowed upon review.	
D8000-D8999	Orthodontics	Orthodontics	_POL.D8000+	Policy - Orthodontics	Category guideline - Custom made orthodontics	• A custom made orthodontic functional appliance (e.g., Cemented, Hedst, MARA, M2M) is not included in the total case fee and can be billed separately. Coverage is subject to member's individual/group contract.	
D8000-D8999	Orthodontics	Orthodontics	_POL.D8000+	Policy - Orthodontics	Category guideline - Orthodontics medically necessary	• Orthodontic benefits are limited to those services that are medically necessary. For medically necessary orthodontic benefit guidelines, see Dental Procedures Covered Under Medical policy (separate document).	
D8000-D8999	**Orthodontics**	**Interceptive Orthodontic Treatment**	**Multiple**	**Header - Section**	INTERCEPTIVE ORTHODONTIC TREATMENT	**!- CODE DELETED WITH 2022 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** • Interceptive treatment is an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient stages 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 conditions may require subsequent comprehensive therapy. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.	
D8000-D8999	Orthodontics	Interceptive Orthodontic Treatment	D8050	Interceptive orthodontic treatment of the primary dentition		**!- CODE DELETED WITH 2022 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.**	
D8000-D8999	Orthodontics	Interceptive Orthodontic Treatment	D8060	Interceptive orthodontic treatment of the transitional dentition		**!- CODE DELETED WITH 2022 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.**	
D8000-D8999	**Orthodontics**	**Limited Orthodontic Treatment**	**Multiple**	**Header - Section**	**LIMITED ORTHODONTIC TREATMENT**	**•Orthodontic treatment utilizing any therapeutic modality with a limited objective or scale of treatment. Treatment may occur in any stage of dental development or dentition.** **• The objective may be limited by:** **oNot involving the entire dentition.** **oNot attempting to address the full scope of the existing or developing orthodontic problem.** **oMitigating an aspect of a greater malocclusion (i.e. crossbite, overjet, overbite, arch length, anterior alignment, one phase of multi-phase treatment, treatment prior to the permanent dentition, etc.).** **oA decision to defer or forego comprehensive treatment.** **• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D8000-D8999	Orthodontics	Limited Orthodontic Treatment	D8010	Limited orthodontic treatment of the primary dentition		• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative, x-rays, photos, members down payment, monthly payment, and length of treatment.
D8000-D8999	Orthodontics	Limited Orthodontic Treatment	D8020	Limited orthodontic treatment of the transitional dentition		• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative, x-rays, photos, members down payment, monthly payment, and length of treatment.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D8000-D8999	Orthodontics	Limited Orthodontic Treatment	D8030	Limited orthodontic treatment of the adolescent dentition		• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative, x-rays, photos, members down payment, monthly payment, and length of treatment.
D8000-D8999	Orthodontics	Limited Orthodontic Treatment	D8040	Limited orthodontic treatment of the adult dentition		• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative, x-rays, photos, members down payment, monthly payment, and length of treatment.
D8000-D8999	**Orthodontics**	**Comprehensive Orthodontic Treatment**	**Multiple**	**Header - Section**	**COMPREHENSIVE ORTHODONTIC TREATMENT**	**•Comprehensive orthodontic care includes a 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 aesthetic 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. Adjunctive procedures to facilitate care may be required. Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D8000-D8999	Orthodontics	Comprehensive Orthodontic Treatment	D8070	Comprehensive orthodontic treatment of the transitional dentition		• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative, x-rays, photos, members down payment, monthly payment, and length of treatment.
D8000-D8999	Orthodontics	Comprehensive Orthodontic Treatment	D8080	Comprehensive orthodontic treatment of the adolescent dentition		• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative, x-rays, photos, members down payment, monthly payment, and length of treatment.
D8000-D8999	Orthodontics	Comprehensive Orthodontic Treatment	D8090	Comprehensive orthodontic treatment of the adult dentition		• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative, x-rays, photos, members down payment, monthly payment, and length of treatment.
D8000-D8999	Orthodontics	Comprehensive Orthodontic Treatment	D8091	Comprehensive orthodontic treatment with orthognathic surgery	Treatment of craniofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment including monitoring growth and development between active phases of treatment.	• Denied unless covered by member's individual/group contract.	
D8000-D8999	**Orthodontics**	**Minor Treatment to Control Harmful Habits**	**Multiple**	**Header - Section**	**MINOR TREATMENT TO CONTROL HARMFUL HABITS**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D8000-D8999	Orthodontics	Minor Treatment to Control Harmful Habits	D8210	Removable appliance therapy	Removable indicates patient can remove appliance; includes appliances for thumb sucking and tongue thrusting.	• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative.
D8000-D8999	Orthodontics	Minor Treatment to Control Harmful Habits	D8220	Fixed appliance therapy	Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting.	• Coverage of orthodontic benefits depends on member's individual/group contract.	Chart notes or narrative.
D8000-D8999	**Orthodontics**	**Other Orthodontic Services**	**Multiple**	**Header - Section**	**OTHER ORTHODONTIC SERVICES**	**•See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8660	Pre-orthodontic treatment examination to monitor growth and development	Periodic observation of patient dentition, at intervals established by the dentist, to determine when orthodontic treatment should begin. Diagnostic procedures are documented separately.	• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8670	Periodic orthodontic treatment visit			

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D8000-D8999	Orthodontics	Other Orthodontic Services	D8671	Periodic orthodontic treatment visit associated with orthognathic surgery		• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		• Replacement or repair of [item] that has been misused, abused, or lost by the member or member's caregiver will be the responsibility of the member.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8681	Removable orthodontic retainer adjustment		• No payment is made for removable orthodontic retainer adjustments and the fees are not billable to the member by an in-network dentist if performed by the same dentist/dental office providing orthodontic treatment. • Benefits are denied if performed by a different dentist/dental office.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8690	Orthodontic treatment (alternative billing to a contract fee)	Services provided by dentist other than original treating dentist. A method of payment between the provider and responsible party for services that reflect an open-ended fee arrangement.	**!- CODE DELETED WITH 2022 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.**	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment		• Benefits are denied for member requested removal of fixed orthodontic appliance(s).	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8696	Repair of orthodontic appliance - maxillary	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.	• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8697	Repair of orthodontic appliance - mandibular	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.	• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8698	Re-cement or re-bond fixed retainer - maxillary		• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8699	Re-cement or re-bond fixed retainer - mandibular		• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8701	Repair of fixed retainer, includes reattachment - maxillary		• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8702	Repair of fixed retainer, includes reattachment - mandibular		• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8703	Replacement of lost or broken retainer - maxillary		• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Other Orthodontic Services	D8704	Replacement of lost or broken retainer - mandibular		• Denied unless covered by member's individual/group contract.	
D8000-D8999	Orthodontics	Unspecified	D8999	Unspecified orthodontic procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	•Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Adjunctive General Services	D9000-D9999	Category of Services	ADJUNCTIVE GENERAL SERVICES	• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.	
D9000-D9999	Adjunctive General Services	Unclassified Treatment	Multiple	Header - Section	UNCLASSIFIED TREATMENT	• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.	
D9000-D9999	Adjunctive General Services	Unclassified Treatment	D9110	Palliative treatment of dental pain - per visit	Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes.	• Benefits are available only if no other service is rendered during the visit except any type of an exam, pulp test and x-rays necessary to diagnose the emergency condition. A separate fee for palliative treatment cannot be charged to the member. Palliative treatment in conjunction with root canal therapy by the same dentist/dental office on the same date of service is included in the fee for the root canal and is not separately billable. Palliative treatment is limited to two (2) occurrences per calendar year. • Rationale: oPalliative treatment is defined as emergency treatment to alleviate pain only. Whenever the procedure performed can be identified by an existing code, the code describing the service performed should be submitted. oEmergency palliative treatment is payable on a per visit basis, once on the same date. All procedures necessary for relief of pain are included in the fee for the D9110. Examination is not considered a relief of pain. oDiagnostic aids are considered a necessary part of treatment in determining and in giving relief of pain.	Chart notes or narrative, and x-rays if applicable.
D9000-D9999	Adjunctive General Services	Unclassified Treatment	D9120	Fixed partial denture sectioning	Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.	• When D9120 is part of the process of removing and/or replacing a fixed prothesis, it is considered part of the comprehensive procedure and is not billable to the member by an in-network dentist. Denied for an out-of-network dentist.	Tooth number, chart notes or narrative, and pre-operative x-rays.
D9000-D9999	Adjunctive General Services	Unclassified Treatment	D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof	The use of low-level laser therapy to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration.	• Denied unless covered under member's individual/group contract. • Coverage may be available under member's medical plan.	
D9000-D9999	Adjunctive General Services	Unclassified Treatment	D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof		• Denied unless covered under member's individual/group contract. • Coverage may be available under member's medical plan.	
D9000-D9999	Adjunctive General Services	Unclassified Treatment	D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	Therapy including but not limited to massage, diathermy, ultrasound, or cold application to provide relief from muscle spasms, inflammation or pain, intending to improve freedom of motion and joint function. This should be reported on a per session basis.	•	Coverage may be available under member's medical plan.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	**Adjunctive General Services**	**Anesthesia**	**Multiple**	**Header - Section**	**ANESTHESIA**	**• Local anesthesia is used to allow the patient more comfort in performing operative and surgical procedures. It has become a basic part of restorative and surgical procedures and should be an integral part of the procedure and not a separate benefit. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D9000-D9999	Adjunctive General Services	Anesthesia	_POL.D9000+	Policy - Adjunctive General Services - Anesthesia	Category guideline - Anesthesia and intravenous sedation	• The difference between general anesthesia and intravenous sedation is that the patient cannot support their own airway while under general anesthesia. Drugs typically used: Fentanyl, Versed or Valium, Sodium Brevital. • General anesthesia or intravenous sedation will be allowed for certain covered surgical procedures and will be paid per tooth/site. Durations exceeding the following on the same date of service will be denied: oOne or two teeth sites: 30 minutes oThree teeth sites: 45 minutes oFour or more teeth sites: Up to 60 minutes • Providing more than 60 minutes of general anesthesia or intravenous (moderate (conscious) or deep sedation) is unusual and additional submissions may be considered on a by report basis. • Anesthesia or intravenous sedation exceeding 60 minutes billed by an in-network dentist that is not approved is not billable to the member.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9210	Local anesthesia not in conjunction with operative or surgical procedures		• No payment is made and the fee is not billable to the member by an in-network dentist with all procedures.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9211	Regional block anesthesia		•No payment is made and the fee is not billable to the member by an in-network dentist with all procedures.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9212	Trigeminal division block anesthesia		• No payment is made and the fee is not billable to the member by an in-network dentist with all procedures.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9215	Local anesthesia in conjunction with operative or surgical procedures		• No payment is made and the fee is not billable to the member by an in-network dentist with all procedures.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		• No payment is made for evaluation for moderate sedation, deep sedation, or general anesthesia and the fees are not billable to the member by an in-network dentist.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	With or without co-administration of nitrous oxide. 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. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.	• Deep sedation/general anesthesia is a benefit only when administered with appropriate monitoring by a properly licensed practitioner who is acting in compliance with applicable Federal and State rules and regulations. • The benefit for deep sedation/general anesthesia is denied when billed by anyone other than an appropriately licensed and qualified practitioner. • See additional guidelines under Policy - Adjunctive General Services - Anesthesia.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Anesthesia	D9223	Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof		• Deep sedation/general anesthesia is a benefit only when administered with appropriate monitoring by a properly licensed practitioner who is acting in compliance with applicable Federal and State rules and regulations. • The benefit for deep sedation/general anesthesia is denied when billed by anyone other than an appropriately licensed and qualified practitioner. • See additional guidelines under Policy - Adjunctive General Services - Anesthesia.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	With or without co-administration of nitrous oxide. 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. This procedure is determined by the provider's documentation of the presence of an advanced airway such as a supraglottic or subglottic airway device, which includes laryngeal tube, esophageal-tracheal tube (Combitube), laryngeal mask airway, or endotracheal tube.	• Deep sedation/general anesthesia is a benefit only when administered with appropriate monitoring by a properly licensed practitioner who is acting in compliance with applicable Federal and State rules and regulations. • The benefit for deep sedation/general anesthesia is denied when billed by anyone other than an appropriately licensed and qualified practitioner. • See additional guidelines under Policy - Adjunctive General Services - Anesthesia.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof		• Deep sedation/general anesthesia is a benefit only when administered with appropriate monitoring by a properly licensed practitioner who is acting in compliance with applicable Federal and State rules and regulations. • The benefit for deep sedation/general anesthesia is denied when billed by anyone other than an appropriately licensed and qualified practitioner. • See additional guidelines under Policy - Adjunctive General Services - Anesthesia.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9230	Administration of nitrous oxide	When nitrous oxide is administered as a single agent.	• Denied unless covered by member's individual/group contract. • If covered, no payment is made for multiple submissions on the same date of service and the fees are not billable to the member by an in-network dentist. • No payment is made in conjunction with IV sedation and general anesthesia and the fee is not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Anesthesia	D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	When moderate sedation is achieved by administration and titration of drug(s) intravenously. With or without co-administration of nitrous oxide. 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. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.	• Intravenous moderate (conscious) sedation/analgesia is a benefit only when administered with appropriate monitoring by a properly licensed practitioner who is acting in compliance with applicable Federal and State rules and regulations. • The benefit for deep sedation/general anesthesia is denied when billed by anyone other than an appropriately licensed and qualified practitioner. • See additional guidelines under Policy - Adjunctive General Services - Anesthesia.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof		• Intravenous moderate (conscious) sedation/analgesia is a benefit only when administered with appropriate monitoring by a properly licensed practitioner who is acting in compliance with applicable Federal and State rules and regulations. • The benefit for deep sedation/general anesthesia is denied when billed by anyone other than an appropriately licensed and qualified practitioner. • See additional guidelines under Policy - Adjunctive General Services - Anesthesia.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9244	In-office administration of minimal sedation – single drug – enteral	In-office administration of a drug, as a single or divided dose, to achieve the desired clinical effect, not to exceed the FDA maximum recommended dose (MRD) for unmonitored home use. The single drug may be administered with or without co-administration of nitrous oxide.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9245	Administration of moderate sedation – enteral	When moderate sedation is achieved by administration of drug(s) by enteral route only. With or without co-administration of nitrous oxide. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Anesthesia	D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	When moderate sedation is achieved by administration of drug(s) by parenteral route, not including intravenous. With or without co-administration of nitrous oxide. 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. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Anesthesia	D9248	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.	**!- CODE DELETED WITH 2026 CDT UPDATES AND WILL BE DENIED AS INVALID...LISTED FOR REFERENCE ONLY.** • Denied unless covered by member's individual/group contract.	
D9000-D9999	**Adjunctive General Services**	**Professional Consultation**	**Multiple**	**Header - Section**	**PROFESSIONAL CONSULTATION**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D9000-D9999	Adjunctive General Services	Professional Consultation	D9310	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.	• Consultation (D9310) fee is included in the evaluation (D0120, D0140, D0145, D0150, D0160, D0170, D0171, and D0180) fee, and a consultation fee is not billable to the member by an in-network dentist when billed in conjunction with an evaluation code by the same dentist/dental office.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Professional Consultation	D9311	Consultation with a medical health care professional	Treating dentist consults with a medical health care professional concerning medical issues that may affect patient's planned dental treatment.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	**Adjunctive General Services**	**Professional Visits**	**Multiple**	**Header - Section**	**PROFESSIONAL VISITS**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D9000-D9999	Adjunctive General Services	Professional Visits	D9410	House/extended care facility call	Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed.	•Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Professional Visits	D9420	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.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Professional Visits	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Professional Visits	D9440	Office visit - after regularly scheduled hours		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Professional Visits	D9450	Case presentation, subsequent to detailed and extensive treatment planning		• Denied unless covered by member's individual/group contract.	
D9000-D9999	**Adjunctive General Services**	**Drugs**	**Multiple**	**Header - Section**	**DRUGS**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D9000-D9999	Adjunctive General Services	Drugs	D9610	Therapeutic parenteral drug, single administration	Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Drugs	D9612	Therapeutic parenteral drug, two or more administrations, different medications	Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. This code should not be used to report administration of sedatives, anesthetic or reversal agents. This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Drugs	D9613	Infiltration of sustained release therapeutic drug, per quadrant	Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Drugs	D9630	Drugs or medicaments dispensed in the office for home use	Includes, but is not limited to oral antibiotics, oral analgesics, and topical fluoride; does not include writing prescriptions.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	**Adjunctive General Services**	**Miscellaneous Services**	**Multiple**	**Header - Section**	**MISCELLANEOUS SERVICES**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9910	Application of desensitizing medicament	Includes in-office treatment for root sensitivity. Typically reported on a "per visit" basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Typically reported on a "per tooth" basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives used under restorations.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	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 if the patient is to be treated within the dental practice.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9913	Administration of neuromodulators		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9914	Administration of dermal fillers		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9920	Behavior management, by report	May be reported in addition to treatment provided. Should be reported in 15-minute increments.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	For example, treatment of a dry socket following extraction or removal of bony sequestrum.	• The service is denied and fee is not billable to the member by an in-network dentist.	Chart notes or narrative.
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9932	Cleaning and inspection of removable complete denture, maxillary	This procedure does not include any adjustments.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9933	Cleaning and inspection of removable complete denture, mandibular	This procedure does not include any adjustments.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9934	Cleaning and inspection of removable partial denture, maxillary	This procedure does not include any adjustments.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9935	Cleaning and inspection of removable partial denture, mandibular	This procedure does not include any adjustments.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9936	Cleaning and inspection of occlusal guard – per appliance	This procedure does not include any adjustments.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9939	Placement of a custom removable clear plastic temporary aesthetic appliance		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9941	Fabrication of athletic mouthguard		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9942	Repair and/or reline of occlusal guard		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9943	Occlusal guard adjustment		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9944	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.	• Coverage of D9944 depends on member's individual/group contract. • Replacements are not covered; all replacement fees are member responsibility.	Chart notes or narrative.
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9945	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.	• Coverage of D9945 depends on member's individual/group contract. • Replacements are not covered; all replacement fees are member responsibility.	Chart notes or narrative.
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9946	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.	• Coverage of D9946 depends on member's individual/group contract. • Replacements are not covered; all replacement fees are member responsibility.	Chart notes or narrative.
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9950	Occlusion analysis - mounted case	Includes, but is not limited to, facebow, interocclusal records tracings, and diagnostic wax-up for diagnostic casts, see D0470.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9951	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.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9952	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.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9970	Enamel microabrasion	The removal of discolored surface enamel defects resulting from altered mineralization or decalcification of the superficial enamel layer. Submit per treatment visit.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9971	Odontoplasty - per tooth	Removal/reshaping of enamel surfaces or projections.	• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9972	External bleaching - per arch - performed in office		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9973	External bleaching - per tooth		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9974	Internal bleaching - per tooth		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Miscellaneous Services	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays		• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	Multiple	Header - Section	NON-CLINICAL PROCEDURES	• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	_POL.D9000+	Policy - Adjunctive General Services - Non-Clinical Procedures	Category guideline - Teledentistry	•The following services are covered with teledentistry: oProcedure code D0120 Periodic oral evaluation oProcedure code D0140 Limited oral evaluation - problem focused oProcedure code D0170 Re-evaluation - limited, problem focused (established patient; not post-op visit) oProcedure code D0171 Re-evaluation - post-operative office visit • Teledentistry codes D9995 or D9996 must be submitted with procedure codes D0120, D0140, D0170, and D0171 when conducted as a teledentistry visit to ensure timely payment. Code D0150 (Comprehensive oral evaluation - new or established patient) when submitted as a teledentistry visit will be changed to an alternate benefit of D0140 and will be paid subject to normal frequency limitations. • Benefit plan deductibles, copayments, and frequency limitations will apply equally to teledentistry and in-person exams. • To qualify as a teledentistry exam, the exam must be conducted by telephone or other telecommunications system with the dentist using videos, photographs, x-rays or other diagnostic tools for diagnosis and treatment recommendations. • Teledentistry is not a service, but a means by which to deliver a service when the patient is in one location and the dentist is in another. The means by which teledentistry services are delivered must be in accordance with applicable laws and regulations addressing the privacy and security of patient's protected health information (PHI) and personal information. • The treatment of patients who receive an exam by teledentistry must be properly documented in the patient's record. The clinical treatment notes should specify that a virtual exam was performed. A disclosure that the service will be treated as an exam and charged as such should be communicated to the patient and documented.	See Documentation Requirements of applicable procedure code.
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9961	Duplicate/copy patient's records		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9985	Sales tax		•Sales/service charges are not a covered benefit and are denied.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9986	Missed appointment		•Missed or cancelled appointment is neither a procedure nor a covered benefit and is denied.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9987	Cancelled appointment		•Missed or cancelled appointment is neither a procedure nor a covered benefit and is denied.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9990	Certified translation or sign-language services - per visit		• Denied unless covered by member's individual/group contract.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9991	Dental case management - addressing appointment compliance barriers	Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers.	• Dental case management is considered part of overall patient management and office operations and not a covered benefit. Dental case management and its individualized care components are denied and not billable to the member by an in-network dentist.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9992	Dental case management - care coordination	Assisting in a patient's decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.	• Dental case management is considered part of overall patient management and office operations and not a covered benefit. Dental case management and its individualized care components are denied and not billable to the member by an in-network dentist.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9993	Dental case management - motivational interviewing	Patient-centered, personalized counseling using methods such as Motivational Interviewing (MI) to identify and modify behaviors interfering with positive oral health outcomes. This is a separate service from traditional nutritional or tobacco counseling.	•Dental case management is considered part of overall patient management and office operations and not a covered benefit. Dental case management and its individualized care components are denied and not billable to the member by an in-network dentist.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9994	Dental case management - patient education to improve oral health literacy	Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.	• Dental case management is considered part of overall patient management and office operations and not a covered benefit. Dental case management and its individualized care components are denied and not billable to the member by an in-network dentist.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9997	Dental case management - patients with special health care needs	Special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made to delivery of treatment to provide customized or comprehensive oral health care services.	• Dental case management is considered part of overall patient management and office operations and not a covered benefit. Dental case management and its individualized care components are denied and not billable to the member by an in-network dentist.	
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9995	Teledentistry - synchronous; real-time encounter	Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.	• Teledentistry is considered part of overall patient management, equivalent to in person care, and not a covered benefit. Teledentistry-synchronous is denied and not billable to the member by an in-network dentist. • See additional guidelines for teledentistry under Diagnostic and Adjunctive General Services categories of services.	See Documentation Requirements of applicable procedure code.
D9000-D9999	Adjunctive General Services	Non-Clinical Procedures	D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.	• Teledentistry is considered part of overall patient management, equivalent to in person care, and not a covered benefit. Teledentistry-asynchronous is denied and not billable to the member by an in-network dentist. • See additional guidelines for teledentistry under Diagnostic and Adjunctive General Services categories of services.	See Documentation Requirements of applicable procedure code.

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9000-D9999	Adjunctive General Services	Unspecified	D9999	Unspecified adjunctive procedure, by report	Use for a procedure that is not adequately described by a code. Describe the procedure.	• Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.
D9947-D9959	**Sleep Related Breathing Disorders and Airway Management Services**	**Sleep Related Breathing Disorders and Airway Management Services**	**D9947-D9957**	**Category of Services**	**SLEEP APNEA SERVICES**	**• See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D9947-D9959	Sleep Related Breathing Disorders and Airway Management Services	Sleep Related Breathing Disorders and Airway Management Services	D9947	Custom sleep apnea appliance fabrication and placement		• Denied unless covered by member's individual/group contract.	
D9947-D9959	Sleep Related Breathing Disorders and Airway Management Services	Sleep Related Breathing Disorders and Airway Management Services	D9948	Adjustment of custom sleep apnea appliance		• Denied unless covered by member's individual/group contract.	
D9947-D9959	Sleep Related Breathing Disorders and Airway Management Services	Sleep Related Breathing Disorders and Airway Management Services	D9949	Repair of custom sleep apnea appliance		• Denied unless covered by member's individual/group contract.	
D9947-D9959	Sleep Related Breathing Disorders and Airway Management Services	Sleep Related Breathing Disorders and Airway Management Services	D9953	Reline custom sleep apnea appliance (indirect)	Resurface dentition side of appliance with new soft or hard base material as required to restore original form and function.	• Denied unless covered by member's individual/group contract.	
D9947-D9959	Sleep Related Breathing Disorders and Airway Management Services	Sleep Related Breathing Disorders and Airway Management Services	D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and occlusal changes.	•Denied unless covered by member's individual/group contract.	
D9947-D9959	Sleep Related Breathing Disorders and Airway Management Services	Sleep Related Breathing Disorders and Airway Management Services	D9955	Oral appliance therapy (OAT) titration visit	Post-delivery visit for titration of a mandibular advancement device and to subsequently evaluate the patient's response to treatment, integrity of the device, and management of side effects.	• Denied unless covered by member's individual/group contract.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D9947-D9959	Sleep Related Breathing Disorders and Airway Management Services	Sleep Related Breathing Disorders and Airway Management Services	D9956	Administration of home sleep apnea test	Sleep apnea test, for patients who are at risk for sleep related breathing disorders and appropriate candidates, as allowed by applicable laws. Also to help the dentist in defining the optimal position of the mandible.	• Denied unless covered by member's individual/group contract.	
D9947-D9959	Sleep Related Breathing Disorders and Airway Management Services	Sleep Related Breathing Disorders and Airway Management Services	D9957	Screening for sleep related breathing disorders	Screening activities, performed alone or in conjunction with another evaluation, to identify signs and symptoms of sleep-related breathing disorders.	•Denied unless covered by member's individual/group contract.	
D9947-D9959	Sleep Related Breathing Disorders and Airway Management Services	Sleep Related Breathing Disorders and Airway Management Services	D9959	Unspecified sleep apnea services procedure, by report		• Denied unless covered by member's individual/group contract. • When contract allows review for coverage, documentation describing and supporting need for procedure required. oInformation submitted will be reviewed and translated to a recognized code if possible. oIf an usual procedure was performed for which there is no code, the Dental Director will review the documentation and submitted charge and determine coverage and, as applicable, a fee based on the most cost-effective procedure considering both the degree of difficulty and the time involved.	Chart notes or narrative required; additional documentation specific to procedure may be requested.
D0100-D9999	**Evidence-Based Dentistry**	**Evidence-Based Dentistry**	**D0100-D9999**	**Category of Services**	**EVIDENCE-BASED DENTISTRY (EBD)**	**• The following procedures are considered evidenced-based dentistry (EBD). A member's benefit may have elected to add one or more of these benefits. See member's individual/group benefit for details. • See additional guidelines under the category of services and in the Dental Utilization Review General Guidelines policy.**	
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple	Policy - EBD - Single Tooth Implants	Single Tooth Implants: Codes D6010, D6013, D6056, and D6057.	• Single tooth implants are covered at 50% once per lifetime per tooth, subject to the calendar year maximum. This benefit includes the surgical placement of the implant body and the prefab or custom abutment. The crown over the implant is benefited once every 84 months. • Note: A member cannot have coverage for a Single Tooth Implant and a separate Implant Rider.	
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple	Policy - EBD - Sealants	Sealants: Code D1351.	•Sealants are covered 100% for dependent children under age 16 for all unrestored permanent molars and premolars once every 24 months. Teeth included: oMolars - 2, 3, 14, 15, 18, 19, 30, and 31. oPremolars - 4, 5, 12, 13, 20, 21, 28, and 29.	
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple	Policy - EBD - Oral Exams	Oral Exams: Code D0120, D0140, D0150, D0160, D0170, and D0180.	• One oral exam is covered every 6 months regardless of specialty.	
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple	Policy - EBD - Topical Fluoride Varnish	Topical Fluoride Varnish: Code D1206.	•Topical Fluoride Varnish is covered 100% once per 12 months for all members over the age of 16 following gingival flap and/or osseous surgery (D4240, D4241, D4260, and D4261).	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple	Policy - EBD - Cleanings	Cleanings: Codes D1110, D4346, and D4910.	• At-Risk Benefit: Members qualify as at-risk with the following conditions: diabetes, organ transplant, HIV/AIDS, chemotherapy for cancer, or pregnancy. oMembers in the "at-risk" population may be eligible for up to four cleanings (D110, D4346) per year; administered as one cleaning every three months. oA diabetic/immuno-suppressed member with no evidence of previous periodontal disease will receive coverage for a 3rd and 4th cleaning (D1110, D4346) per year. oA pregnant member with no evidence of previous periodontal disease will receive coverage for a 3rd cleaning (D1110, D4346) per year; since cleanings are administered as one cleaning per three months, the number of covered cleanings is limited to three cleanings during the 9-month pregnancy. oAll other members who are not deemed "at-risk" are eligible for the standard benefit of one cleaning every six months. • Periodontal Benefit: Members who have undergone osseous surgery (D4260, D4261), scaling and root planing (D4341, D4342), or gingival flap surgery (D4240, D4241) will be eligible for four periodontal maintenance (D4910) procedures per year; administered as one maintenance every three months.	
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple: D0330, D0210	Policy - EBD - X-Rays	X-Rays: Codes D0330 and D0210.	•Panorex and Full Mouth X-Rays will be subject to a 60-month time limitation (5 years). • Single tooth x rays will remain covered as needed. • Bitewing x-rays will be covered once every 12 months (a change from the standard policy of once per calendar year).	
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2954	Policy - EBD - Crowns	Crowns: Codes D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, and D2954.	• Frequency limitations are determined by member's individual/group contract.	
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple: D4210, D4211, D4240, D4241, D4245, D4249, D4260, D4261, D4263, D4264, D4266, D4267, D4268, D4270, D4273, D4274, D4275, D4276, D4277, D4278, D4341, D4342, D4910	Policy - EBD - Periodontal Benefits	Periodontal Benefits: Codes D4210, D4211, D4240, D4241, D4245, D4249, D4260, D4261, D4263, D4264, D4266, D4267, D4268, D4270, D4273, D4274, D4275, D4276, D4277, D4278, D4341, D4342, and D4910.	•Frequency limitations are determined by member's individual/group contract.	
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple: D4263, D4264, D4266, D4267	Policy - EBD - Bone Replacement Graft and Guided Tissue Regeneration	Bone Replacement Graft and Guided Tissue Regeneration: Codes D4263, D4264, D4266, and D4267.	• Coverage for bone grafts at an extraction site along with guided tissue regeneration in preparation for an implant as well as for natural teeth.	

Code Range	Category of Services	Subcategory	Procedure Code	Nomenclature	Descriptor per CDT	Guideline	Documentation Requirements
D0100-D9999	Evidence-Based Dentistry	Evidence-Based Dentistry	Multiple	Policy - Maximum Carryover Provision	Maximum carryover provision	•This provision will permit accounts to allow members to carry over a set dollar amount that can be used in a future year. The following conditions apply: • Member must have coverage for both crowns and prosthodontics. • Member (subscriber and enrolled dependents are eligible) must be enrolled in a plan for the entire previous calendar/policy year. • Member must have had a preventive service (D1120 - child cleaning, D1110 - adult cleaning, D4346 - scaling in presence of generalized moderate or severe gingival inflammation, or D4910 - periodontal maintenance) within the previous calendar/policy year to qualify for a carryover. • Total claim activity cannot exceed the paid claims threshold (group determined) during the calendar year. • Determination of carryover amounts will be calculated in March of the following year. This amount will be made available for members at that time. • The Maximum Carryover Provision only applies to the benefits paid through the calendar year maximum. • The yearly maximum must be $1,000.00 or more. • Claims are processed using the dollars available in the yearly maximum first. • There are additional benefit dollars available (stipend) if the member has had all their work performed by in-network dentists.	

Term	Definition/Description
ADA	Amercian Dental Association
By ADA Listing	To enable sorting codes by how they are listed in non-numerical order within the ADA CDT Book: "Dental procedure codes are not always listed in numeric order. The reason is that existing numeric sequences within a named division often do not have unassigned codes available within the sequence when a CDT code is added." [Per CDT book by ADA]
By CDT Order	To enable sorting codes and their related general policies in numerical order.
Category of Services	Category of Services is ADA term; to enable filtering and sorting by category.
CDT	Current dental terminology (procedure code)
CDT Code Book Notes	For PacificSource use; summary of notes from CDT Code book and its Changes Markup section; to track changes specific to code; listed from newest to oldest.
Code Range	Reflects range of procedure codes applicable to category or subcategory of services; to enable filtering and sorting by applicable range of procedure codes.
Descriptor per CDT	"A written narrative that further defines the nature and intended use of a single Procedure Code, or group of such codes. A Descriptor, when present, follows the applicable Procedure Code and its Nomenclature. Descriptors that apply to a series of Procedure Codes precede that series of codes." [Per CDT book by ADA]
Documentation Requirements	List legend: • Primary (item) oSecondary (sub-item) Tertiary (sub-sub-item)
Entry Type	PacificSource designations to indicate label entry as Category, CDT, Header, or Policy; to enable filtering and sorting by type.
Guideline	List legend: • Primary (item) oSecondary (sub-item) Tertiary (sub-sub-item)
Modification History for Code	For PacificSource use; history of previous wording and year change made; to track changes specific to code; listed from newest to oldest.
Nomenclature	"The written title of a Procedure Code. Nomenclature may be abbreviated when printed on claim forms or other documents that are subject to space limitation. Any such abbreviation does not constitute a change to the Nomenclature." [Per CDT book by ADA]
Procedure Code	"A five-character alphanumeric code beginning with the letter 'D' that identifies a specific dental procedure. A Procedure Code cannot be changed or abbreviated." [Per CDT book by ADA] "POL" added as applicable to indicate a PacificSource general policy for a category.
Subcategory	Subcategory is ADA term; to enable filtering and sorting by subcategory.

Related Policies
• Dental Procedures Covered Under Medical
• Dental Utilization Review General Guideline Policy