



## **DentaQuest of New Mexico, LLC**

Please Refer to Your Participation Agreement for Plans You are Contracted For

### **Presbyterian Centennial Blue Cross Community Centennial**

### **Office Reference Manual**

11100 W. Liberty Drive  
Milwaukee, WI 53224  
855-343-4276  
[www.DentaQuest.com](http://www.DentaQuest.com)

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**DentaQuest of New Mexico, LLC  
Address and Telephone Numbers**

**Provider Services**

11100 W. Liberty Drive  
Milwaukee, WI 53224  
855-343-4276

Fax numbers:

Claims/payment issues: 262.241.7379  
Claims to be processed: 262.834.3589  
All other: 262.834.3450

Claims questions:

[denclaims@dentaquest.com](mailto:denclaims@dentaquest.com)

Eligibility or Benefit Questions:

[denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com)

**Customer Service/Member Services:**

**Presbyterian Customer Service Center**

Hours: Monday - Saturday, 7:00 a.m. - 8:00 p.m.

Phone: (505) 923-5200

Toll-free: 1-888-977-2333

Phone (Navajo/Diné): (505) 923-5157

Toll-free (Navajo/Diné): 1-888-806-8793

Hearing impaired: Relay 711

Email: [info@phs.org](mailto:info@phs.org)

Transportation: (505) 923-6300

Toll Free: 1-855-774-7737

Walk-in hours: Monday – Friday, 8:00 a.m. -  
5:00 p.m.

9521 San Mateo Blvd NE

Albuquerque, NM 87113

**Blue Cross Community Centennial**

6:00 am - 8:00 pm M-F, 8:00 am - 5:00 pm Sat

Toll Free: (866) 689-1523

**Certified Languages International-  
Foreign Language Services:**

**Transportation:**

(888) 725-3467

**TDD (Hearing Impaired)**

(800) 466-7566

**DentaQuest Fraud Hotline:**

(800) 237-9139

**Credentialing:**

11100 W. Liberty Drive

Milwaukee, WI 53224

Credentialing Hotline: 800.233.1468

Fax: (262) 241-4077

**Authorizations should be sent to:**

DENTAQUEST OF NEW MEXICO, LLC

Authorizations

PO Box 2906

Milwaukee, WI 53201-2906

Fax: (262) 241-7150

**Electronic Claims should be sent:**

Via the web - [www.dentaquest.com](http://www.dentaquest.com)

Via Clearinghouse

**Claims should be sent to:**

DENTAQUEST OF NEW MEXICO, LLC-Claims

PO Box 2906

Milwaukee, WI 53201-2906

**Electronic Claims should be sent:**

Direct entry on the web – [www.dentaquest.com](http://www.dentaquest.com)

Or,

Via Clearinghouse – Payer ID CX014

Include address on electronic claims –

DentaQuest, LLC

PO Box 2906

Milwaukee, WI 53201-2906



## DentaQuest of New Mexico, LLC

### Statement of Members Rights and Responsibilities

The mission of DentaQuest is to expand access to high-quality, compassionate healthcare services within the allocated resources. DentaQuest is committed to ensuring that all Members are treated in a manner that respects their rights and acknowledges its expectations of Member's responsibilities. The following is a statement of Member's rights and responsibilities.

1. All Members have a right to receive pertinent written, and up-to-date information about DentaQuest, the managed care services DentaQuest provides, the Participating Providers and dental offices, as well as Member rights and responsibilities.
2. All Members have a right to privacy and to be treated with respect and recognition of their dignity when receiving dental care.
3. All Members have the right to fully participate with caregivers in the decision making process surrounding their health care.
4. All Members have the right to be fully informed about the appropriate or medically necessary treatment options for any condition, regardless of the coverage or cost for the care discussed.
5. All Members have the right to voice a complaint against DentaQuest, or any of its participating dental offices, or any of the care provided by these groups or people, when their performance has not met the Member's expectations.
6. All Members have the right to appeal any decisions related to patient care and treatment. Members may also request an external review or second opinion.
7. All Members have the right to make recommendations regarding DentaQuest's/Plan's members' rights and responsibilities policies.

Likewise:

1. All Members have the responsibility to provide, to the best of their abilities, accurate information that DentaQuest and its participating dentists need in order to provide the highest quality of health care services.
2. All Members have a responsibility to closely follow the treatment plans and home care instructions for the care that they have agreed upon with their health care practitioners.
3. All Members, have the responsibility to participate in understanding their health problems and developing mutually agreed upon treatment goals to the degree possible.



## DentaQuest of New Mexico, LLC

### Statement of Provider Rights and Responsibilities

Providers shall have the right to:

1. Communicate with patients, including Members regarding dental treatment options.
2. Recommend a course of treatment to a Member, even if the course of treatment is not a covered benefit, or approved by Plan/DentaQuest.
3. File an appeal or complaint pursuant to the procedures of Plan/DentaQuest.
4. Supply accurate, relevant, factual information to a Member in connection with an appeal or complaint filed by the Member.
5. Object to policies, procedures, or decisions made by Plan/DentaQuest.
6. If a recommended course of treatment is not covered, e.g., not approved by Plan/DentaQuest, the participating Provider must notify the Member in writing and obtain a signature of waiver if the Provider intends to charge the Member for such a non-compensable service.
7. To be informed of the status of their credentialing or recredentialing application, upon request.
8. Cultural Competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals, that enables them to work effectively in cross cultural situations. Cultural Competency involves the integration and transformation of knowledge, information and data about individuals and groups of people into specific clinical standards, skills, service approaches, techniques and marketing programs that match an individual's culture and increase the quality and appropriateness of the health care and outcomes.

Group and its Represented Physicians shall use best efforts to incorporate Cultural Competence in the delivery of Covered Services to Medicaid Program Participants.

\* \* \*

DentaQuest makes every effort to maintain accurate information in this manual; however will not be held liable for any damages directly or indirectly due to typographical errors. Please contact us should you discover an error.

**Office Reference Manual  
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**1.00 Patient Eligibility Verification Procedures**

**1.01 Plan Eligibility**

Any person who is enrolled in a Plan's program is eligible for benefits under the member handbook.

**1.02 Member Identification Card**

Members receive identification cards from their Plan. Participating Providers are responsible for verifying that Members are eligible at the time services are rendered.

**Sample of Presbyterian Centennial Member I.D. Card:**


**PLAN DESCRIPTION:**

Cent Care Expansion ABP Non-Native B 100

Non-Emergent ER Copay \$ 8.00  
 Brand Name Drug Copay \* \$ 3.00  
 ER \$ 0  
 Hospital \$ 0  
 Office Visit \$ 0  
 RX \$ 0  
 Urgent Care \$ 0

\*Applies only when a generic is available.

FOLD HERE FOR WALLET SIZE

		<b>PRESBYTERIAN</b>	<b>Centennial Care</b>
<b>GROUP</b>	<b>PRODUCT</b>	<b>EFFECTIVE DATE</b>	
IN0M1814	HSH10019	03/01/2014	
<b>PHP MEMBER NUMBER:</b>			
10575719400			
<b>MEMBER NAME:</b> [REDACTED]			
<b>DATE OF BIRTH:</b> 11/29/1980			
<b>MEMBER ID:</b> [REDACTED]			
<b>PRIMARY CARE PROVIDER:</b>			
NEEDED, PCP			

Please present this I.D. card to provider at time of service.

**Centennial Care**

**Presbyterian Customer Service Center**  
 24 hours a day, 7 days a week

Albuquerque: (505) 923-5200  
 Toll free: 1 (888) 977-2333  
 TTY: 1 (888) 872-7568

Contact us for information for physical health, behavioral health or long-term care services.

P.O. Box 27489  
 Albuquerque, NM 87125-7489  
[www.phs.org](http://www.phs.org)




**URGENT CARE:** For non-emergency medical care, call your PCP. If your PCP cannot be reached and your medical need is urgent, go to the nearest urgent care or call our nurse advice line at 1-888-730-2300, 24 hours a day, 7 days a week.

**EMERGENCY CARE:** In the event of an emergency, call 9-1-1 or visit the nearest emergency room if you think your health problem could lead to major health problems, disability or death.

**FOR PHARMACIES ONLY:** 1-866-528-5829  
 RxBin: 610593 RxPCN: PHPCC RxGrp: PHS





Sample of Blue Cross Community Centennial I.D. Cards:

 <p><b>BlueCross BlueShield of New Mexico</b></p>	 <p><b>Blue Cross Community Centennial<sup>SM</sup></b> A Centennial Care Plan</p>
Subscriber Name: <John A Doe>	PCP: <PCP_NAME>
Identification No: <b>YIF&lt;123456789&gt;</b>	<PCP_PHONE#>
Group Number: <XXXX>	OFFICE VISIT \$0
Date of Birth: <MM DD, YYYY>	EMERGENCY ROOM* \$0
Enrollment Effective Date: <MM DD, YYYY>	URGENT CARE \$0
	HOSPITAL \$0
Expansion Alternative Benefit Plan	
RxBin: 011552	
RxPCN: SALUD	
	*You may be billed {dollar amount for applicable FPL} for non emergency use of the ER.
	

bcbsnm.com




 <p><b>BlueCross BlueShield of New Mexico</b></p>	<p>Customer Service 1-866-689-1523 Special Beginnings 1-888-421-7781 24/7 Nurseline 1-877-213-2567 Ride Assist* 1-866-418-9829 ReserveTransport* 1-866-913-4342</p>
For care received in/outside of NM: BCBSNM Claims Dept. PO Box 27838 Albuquerque NM 87125-7838.	
Prior authorization required for some in-network and most out-of-network services.	*Group contracts directly
Special Beginnings* members must call in the first Trimester of pregnancy. For emergencies, call 911 or go to the closest emergency room. After treatment call your PCP.	<b>Blue Cross Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association</b>
	Pharmacy Benefits Manager

 <p><b>BlueCross BlueShield of New Mexico</b></p>	 <p><b>Blue Cross Community Centennial<sup>SM</sup></b> A Centennial Care Plan</p>
Subscriber Name: <John A Doe>	PCP: <PCP_NAME>
Identification No: <b>YIF&lt;123456789&gt;</b>	<PCP_PHONE#>
Group Number: <XXXX>	OFFICE VISIT \$0
Date of Birth: <MM DD, YYYY>	EMERGENCY ROOM* \$0
Enrollment Effective Date: <MM DD, YYYY>	URGENT CARE \$0
	HOSPITAL \$0
Expansion State Plan	
RxBin: 011552	
RxPCN: SALUD	
	*You may be billed {dollar amount for applicable FPL} for non emergency use of the ER.
	

bcbsnm.com



 <p><b>BlueCross BlueShield of New Mexico</b></p>	<p>Customer Service 1-866-689-1523 Special Beginnings 1-888-421-7781 24/7 Nurseline 1-877-213-2567 Ride Assist* 1-866-418-9829 ReserveTransport* 1-866-913-4342</p>
For care received in/outside of NM: BCBSNM Claims Dept. PO Box 27838 Albuquerque NM 87125-7838.	
Prior authorization required for some in-network and most out-of-network services.	*Group contracts directly
Special Beginnings* members must call in the first Trimester of pregnancy. For emergencies, call 911 or go to the closest emergency room. After treatment call your PCP.	<b>Blue Cross Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association</b>
	Pharmacy Benefits Manager

 <p><b>BlueCross BlueShield of New Mexico</b></p>	 <p><b>Blue Cross Community Centennial<sup>SM</sup></b> A Centennial Care Plan</p>
Subscriber Name: <John A Doe>	PCP: <PCP_NAME>
Identification No: <b>YIF&lt;123456789&gt;</b>	<PCP_PHONE#>
Group Number: <XXXX>	OFFICE VISIT \$0
Date of Birth: <MM DD, YYYY>	EMERGENCY ROOM* \$0
Enrollment Effective Date: <MM DD, YYYY>	URGENT CARE \$0
	HOSPITAL \$0
RxBin: 011552	
RxPCN: SALUD	
	*You may be billed {dollar amount for applicable FPL} for non emergency use of the ER.
	

bcbsnm.com



 <p><b>BlueCross BlueShield of New Mexico</b></p>	<p>Customer Service 1-866-689-1523 Special Beginnings 1-888-421-7781 24/7 Nurseline 1-877-213-2567 Ride Assist* 1-866-418-9829 ReserveTransport* 1-866-913-4342</p>
For care received in/outside of NM: BCBSNM Claims Dept. PO Box 27838 Albuquerque NM 87125-7838.	
Prior authorization required for some in-network and most out-of-network services.	*Group contracts directly
Special Beginnings* members must call in the first Trimester of pregnancy. For emergencies, call 911 or go to the closest emergency room. After treatment call your PCP.	<b>Blue Cross Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association</b>
	Pharmacy Benefits Manager

Participating Providers should make a photocopy of the beneficiary's card each time treatment is provided. However, Participating Providers should note that the **card in itself does not indicate that a person is currently enrolled in the health plan.** Many of the identification cards are not dated and are not required to be returned to the health plan after a Member is no longer eligible

**1.03 DentaQuest Eligibility Systems**

**DentaQuest Eligibility Systems**

Participating Providers may access Member eligibility information through DentaQuest's Interactive Voice Response (IVR) system or through the Dentist Portal which can be accessed via [www.dentaquest.com](http://www.dentaquest.com). The eligibility information received from either system will be the same information you would receive by calling DentaQuest's Customer Service department; however, by utilizing either system you can get information 24 hours a day, 7 days a week without having to wait for an available Customer Service Representative.



**Access to eligibility information via the Internet**

DentaQuest's Internet currently allows Providers to verify a Member's eligibility as well as submit claims directly to DentaQuest. You can verify the Member's eligibility on-line by entering the Member's date of birth, the expected date of service and the Member's identification number or the Member's full last name and first initial. To access the eligibility information via DentaQuest's website, simply go to our website at [www.dentaquest.com](http://www.dentaquest.com). Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. DentaQuest should have contacted your office in regards on how to perform Provider Self Registration or contact DentaQuest's Customer Service Department at 855-343-4276. Once logged in, select "Patient" and then "Member Eligibility Search" and from there enter the applicable information for each Member you are inquiring about. You are able to check on an unlimited number of patients and can print off the summary of eligibility given by the system for your records.

**Access to eligibility information via the IVR line**

To access the IVR, simply call DentaQuest's Customer Service department at 855-343-4276 and press 1 for eligibility. The IVR system will be able to answer all of your eligibility questions for as many Members as you wish to check. Once you have completed your eligibility checks, you will have the option to transfer to a Customer Service Representative to answer any additional questions, i.e. Member history, which you may have. Using your telephone keypad, you can request eligibility information on a Medicaid or Medicare Member by entering your 6 digit DentaQuest location number, the Member's recipient identification number and an expected date of service. Specific directions for utilizing the IVR to check eligibility are listed below. After our system analyzes the information, the patient's eligibility for coverage of dental services will be verified. If the system is unable to verify the Member information you entered, you will be transferred to a Customer Service Representative.

**Directions for using DentaQuest's IVR to verify eligibility:**

Entering system with Tax and Location ID's

1. Call DentaQuest Customer Service at 855-343-4276.
2. After the greeting, stay on the line for English or press 1 for Spanish.
3. When prompted, press or say 2 for Eligibility.
4. When prompted, press or say 1 if you know your NPI (National Provider Identification number) and Tax ID number.
5. If you do not have this information, press or say 2. When prompted, enter your User ID (previously referred to as Location ID) and the last 4 digits of your Tax ID number.
6. Does the member's ID have numbers and letters in it? If so, press or say 1. When prompted, enter the member ID.
7. Does the member's ID have only numbers in it? If so, press or say 2. When prompted, enter the member ID.
8. Upon system verification of the Member's eligibility, you will be prompted to repeat the information given, verify the eligibility of another member, get benefit information, get limited claim history on this member, or get fax confirmation of this call.
9. If you choose to verify the eligibility of an additional Member(s), you will be asked to repeat step 5 above for each Member.

**Please note that due to possible eligibility status changes, the information provided by either system does not guarantee payment.**

If you are having difficulty accessing either the IVR or website, please contact the Customer Service Department at 855-343-4276. They will be able to assist you in utilizing either system.

**1.04 State Eligibility System**

New Mexico State Eligibility Verification System:

Outside of Albuquerque 800.820.6901

Albuquerque 505.246.2219

**1.05 Health Plan Eligibility Phone Number**

***Presbyterian Centennial***

Hours: Monday-Saturday, 7:00 a.m. to 8:00 p.m.

Phone: (505) 923-5200

Toll-free: 1-888-977-2333

***Blue Cross Community Centennial***

Toll Free: (800) 820-6901

Albuquerque: (505) 246-2219

Blue Cross: (866) 689-1523

**1.06 Health Plan Facility Authorization Phone Number**

The Provider should submit a request for authorization for the dental services and facility to DentaQuest. DentaQuest will coordinate the facility authorization with the plan and notify the provider, in writing, of the determination of the dental services and facility.

DentaQuest Authorization Fax Number: 262.241.7150

**1.07 Specialist Referral Process**

A patient requiring a referral to a dental specialist can be referred directly to any specialist contracted with DentaQuest without authorization from DentaQuest. The dental specialist is responsible for obtaining prior authorization for services according to Appendix B of this manual. If you are unfamiliar with the DentaQuest contracted specialty network or need assistance locating a certain specialty, please contact DentaQuest's Member Services Department.

## 2.00 Authorization for Treatment

### 2.01 Dental Treatment Requiring Authorization

Authorization is a utilization tool that requires Participating Providers to submit “documentation” associated with certain dental services for a Member. Participating Providers will not be paid if this “documentation” is not provided to DentaQuest. Participating Providers must hold the Member, DentaQuest, Plan and Agency harmless as set forth in the Provider Participation Agreement if coverage is denied for failure to obtain authorization (either before or after service is rendered).

DentaQuest utilizes specific dental utilization criteria as well as an authorization process to manage utilization of services. DentaQuest’s operational focus is to assure compliance with its utilization criteria. The criteria are included in this manual (see section 12). Please review these criteria as well as the Benefits covered to understand the decision making process used to determine payment for services rendered.

**A.** Authorization and documentation submitted before treatment begins (Non-emergency) treatment.

Services that require authorization (non-emergency) should not be started prior to the determination of coverage (approval or denial of the authorization). Non-emergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the Member, the Plan and/or DentaQuest.

Your submission of “documentation” should include:

1. Radiographs, narrative, or other information where requested (See Exhibits for specifics by code)
2. CDT codes on the claim form

Your submission should be sent on an ADA approved claim form. The tables of Covered Services (Exhibits) contain a column marked Authorization Required. A “Yes” in this column indicates that the service listed requires authorization (documentation) to be considered for reimbursement.

After the DentaQuest dental director reviews the documentation, the submitting office shall be provided an authorization number. The authorization number will be provided within two business days from the date the documentation is received. The authorization number will be issued to the submitting office by mail and must be submitted with the other required claim information after the treatment is rendered.

**B.** Authorization and documentation submitted with claim (Emergency treatment)

DentaQuest recognizes that emergency treatment may not permit authorization to be obtained prior to treatment. In these situations services that require authorization, but are rendered under emergency conditions, will require the same “documentation” be provided with the claim when the claim is sent for payment. It is essential that the Participating Provider understand that claims sent without this “documentation” will be denied.

## 2.02 Payment for Non-Covered Services

Participating Providers shall hold Members, DentaQuest, Plan and Agency harmless for the payment of non-Covered Services except as provided in this paragraph. Provider may bill a Member for non-Covered Services if the Provider obtains a written waiver from the Member prior to rendering such service that indicates:

- the services to be provided;
- DentaQuest, Plan and Agency will not pay for or be liable for said services; and
- Member will be financially liable for such services.

## 2.03 Electronic Attachments

**A. FastAttach™** - DentaQuest accepts dental radiographs electronically via **FastAttach™** for authorization requests. DentaQuest, in conjunction with National Electronic Attachment, Inc. (NEA), allows Participating Providers the opportunity to submit all claims electronically, even those that require attachments. This program allows transmissions via secure Internet lines for radiographs, periodontic charts, intraoral pictures, narratives and EOBs.

**FastAttach™** is inexpensive and easy to use, reduces administrative costs, eliminates lost or damaged attachments and accelerates claims and prior authorization processing. It is compatible with most claims clearinghouse or practice management systems.

For more information or to sign up for FastAttach go to [www.nea-fast.com](http://www.nea-fast.com) or call NEA at:

800.782.5150

**B. OrthoCAD™** - DentaQuest accepts orthodontic models electronically via **OrthoCAD™** for authorization requests. DentaQuest allows Participating Providers the opportunity to submit all orthodontic models electronically. This program allows transmissions via secure Internet lines for orthodontic models. **OrthoCAD™** is inexpensive and easy to use, reduces administrative costs, eliminates lost or damaged models and accelerates claims and prior authorization processing. It is compatible with most claims clearinghouse or practice management systems.

For more information or to sign up for **OrthoCAD™** go to [www.orthocad.com](http://www.orthocad.com) or call **OrthoCAD™** at:

800.577.8767

## 2.04 Dispute Resolution /Provider Appeals Procedure

Participating Providers that disagree with determinations made by the DentaQuest dental directors may submit a written Notice of Appeal to DentaQuest that specifies the nature and rationale of the disagreement. This notice *and* additional support information must be sent to DentaQuest within 60 days from the date of the original determination to be reconsidered by DentaQuest's Peer Review Committee.

DentaQuest of New Mexico, LLC  
Attention: Utilization Management/Provider Appeals  
11100 W. Liberty Drive  
Milwaukee, WI 53224

All notices received shall be submitted to DentaQuest's Peer Review Committee for review and reconsideration. The Committee will respond in writing with its decision to the Provider.

## 2.05 Electronic Submission and X-Rays

Electronic submission using National Electronic Attachment (NEA) is recommended. For more information, please visit [www.nea-fast.com](http://www.nea-fast.com) and click the "Learn More" button. To register, click the "Provider Registration" button in the middle of the home page.

- Submission of duplicate radiographs (which we will recycle and not return)
- Submission of original radiographs with a self-addressed stamped envelope (SASE) so that we may return the original radiographs. Note that determinations will be sent separately and any radiographs received without a SASE will not be returned to the sender.

Please note we also require radiographs be mounted when there are 5 or more radiographs submitted at one time. If 5 or more radiographs are submitted and not mounted, they will be returned to you and your request for prior authorization and/or claims will not be processed. You will need to resubmit a copy of the 2012 ADA form that was originally submitted, along with mounted radiographs so that we may process the claim correctly.

Acceptable methods of mounted radiographs are:

- Radiographs duplicated and displayed in proper order on a piece of duplicating film.
- Radiographs mounted in a radiograph holder or mount designed for this purpose.

Unacceptable methods of mounted radiographs are:

- Cut out radiographs taped or stapled together.
- Cut out radiographs placed in a coin envelope.
- Multiple radiographs placed in the same slot of a radiograph holder or mount.

All radiographs should include member's name, identification number and office name to ensure proper handling.

## 3.00 Participating Hospitals

Upon approval, Participating Providers are required to administer services at Plan's participating hospitals. Participating Hospitals may change. Please contact plan for current listing.

**Presbyterian Participating Hospitals**

Alta Vista Regional Hospital	Mimbres Memorial Hospital
Animas Surgical Hospital	Miners Colfax Medical Center
Artesia General Hospital	Mountain View Regional Medical Center
BHC Mesilla Valley Hospital	Nor Lea General Hospital
Carlsbad Medical Center	Plains Regional Medical Center
Cibola General Hospital	Presbyterian Hospital
Dan C. Trigg Memorial Hospital	Presbyterian Kaseman Hospital
Del Sol Medical Center	Presbyterian Rust Medical Center
Eastern New Mexico Medical Center	Providence Memorial Hospital
Espanola Hospital	Rehoboth McKinley Hospital
Gerald Champion Regional Medical Center	Roosevelt General Hospital
Gila Regional Medical Center	San Juan Regional Medical Center
Guadalupe County Hospital	Sierra Medical Center
Holy Cross Hospital	Sierra Providence East
Las Palmas Medical Center	Sierra Vista Hospital
Lea Regional Medical Center	Socorro General Hospital
Lincoln County Medical Center	St. Vincent Hospital
Los Alamos Medical Center	Union County General Hospital
Lovelace Regional Hospital - Roswell	University Medical Center - Lubbock
Memorial Medical Center	University of New Mexico Hospital
Mercy Regional Medical Center	

#### **4.00 Claim Submission Procedures (claim filing options)**

DentaQuest receives dental claims in four possible formats. These formats include:

- Electronic claims via DentaQuest's website ([www.Dentaquest.com](http://www.Dentaquest.com)).
- Electronic submission via clearinghouses.
- HIPAA Compliant 837D File.
- Paper claims.

#### **4.01 Electronic Claim Submission Utilizing DentaQuest's Internet Website**

Participating Providers may submit claims directly to DentaQuest by utilizing the "Dentist" section of our website. Submitting claims via the website is very quick and easy. It is especially easy if you have already accessed the site to check a Member's eligibility prior to providing the service.

To submit claims via the website, simply log on to [www.dentaquest.com](http://www.dentaquest.com). Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. DentaQuest should have contacted your office in regards on how to perform Provider Self Registration or contact DentaQuest's Customer Service Department at 855-343-4276. Once logged in, select "Claims/Pre-Authorizations" and then "Dental Claim Entry." The Dentist Portal allows you to attach electronic files (such as x-rays in jpeg format, reports and charts) to the claim.

If you have questions on submitting claims or accessing the website, please contact our Systems Operations at (800) 417-7140 or via e-mail at: [EDITeam@greatdentalplans.com](mailto:EDITeam@greatdentalplans.com)

#### **4.02 Electronic Authorization Submission Utilizing DentaQuest's Internet Website**

Participating Providers may submit Pre-Authorizations directly to DentaQuest by utilizing the "Dentist" section of our website. Submitting Pre-Authorizations via the website is very quick and easy. It is especially easy if you have already accessed the site to check a Member's eligibility prior to providing the service.

To submit pre-authorizations via the website, simply log on to [www.dentaquest.com](http://www.dentaquest.com). Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. If you have not received instruction on how to complete Provider Self Registration contact DentaQuest's Customer Service Department at 855-343-4276. Once logged in, select "Claims/Pre-Authorizations" and then "Dental Pre-Auth Entry."

The Dentist Portal also allows you to attach electronic files (such as x-rays in jpeg format, reports and charts) to the pre-authorization.

#### **4.03 Electronic Claim Submission via ClearingHouse**

DentaQuest works directly with Emdeon (1-888-255-7293), Tesia 1-800-724-7240, EDI Health Group 1-800-576-6412, Secure EDI 1-877-466-9656 and Mercury Data Exchange 1-866-633-1090, for claim submissions to DentaQuest.

You can contact your software vendor and make certain that they have DentaQuest listed as the payer and claim mailing address on your electronic claim. Your software vendor will be able to provide you with any information you may need to ensure that submitted claims are forwarded to DentaQuest. DentaQuest's Payor ID is CX014.



#### 4.04 HIPAA Compliant 837D File

For Providers who are unable to submit electronically via the Internet or a clearinghouse, DentaQuest will work directly with the Provider to receive their claims electronically via a HIPAA compliant 837D or 837P file from the Provider's practice management system. Please email [EDITeam@greatdentalplans.com](mailto:EDITeam@greatdentalplans.com) to inquire about this option for electronic claim submission.

#### 4.05 NPI Requirements for Submission of Electronic Claims

In accordance with the HIPAA guidelines, DentaQuest has adopted the following NPI standards in order to simplify the submission of claims from all of our providers, conform to industry required standards and increase the accuracy and efficiency of claims administered by DentaQuest.

- Providers must register for the appropriate NPI classification at the following website <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and provide this information to DentaQuest in its entirety.
- All providers must register for an Individual NPI. You may also be required to register for a group NPI (or as part of a group) dependent upon your designation.
- When submitting claims to DentaQuest you must submit all forms of NPI properly and in their entirety for claims to be accepted and processed accurately. If you registered as part of a group, your claims must be submitted with both the Group and Individual NPI's. These numbers are not interchangeable and could cause your claims to be returned to you as non-compliant.
- If you are presently submitting claims to DentaQuest through a clearinghouse or through a direct integration you need to review your integration to assure that it is in compliance with the revised HIPAA compliant 837D format. This information can be found on the 837D Companion Guide located on the Dentist Portal.

#### 4.06 Paper Claim Submission

- Claims must be submitted on ADA approved claim forms or other forms approved in advance by DentaQuest.
- Member name, identification number, and date of birth must be listed on all claims submitted. If the Member identification number is missing or miscoded on the claim form, the patient cannot be identified. This could result in the claim being returned to the submitting Provider office, causing a delay in payment.
- The paper claim must contain an acceptable provider signature.
- The Provider and office location information must be clearly identified on the claim. Frequently, if only the dentist signature is used for identification, the dentist's name cannot be clearly identified. Please include either a typed dentist (practice) name or the DentaQuest Provider identification number.
- The paper claim form must contain a valid provider NPI (National Provider Identification) number. In the event of not having this box on the claim form, the NPI must still be included on the form. The ADA claim form only supplies 2 fields to enter NPI. On paper claims, the Type 2 NPI identifies the payee, and may be submitted in conjunction with a Type 1 NPI to identify the dentist who provided the treatment. For example, on a standard ADA Dental Claim Form, the treating dentist's NPI is entered in field 54 and the billing entity's NPI is entered in field 49.
- The date of service must be provided on the claim form for each service line submitted.
- Approved ADA dental codes as published in the current CDT book or as defined in this manual must be used to define all services.

- List all quadrants, tooth numbers and surfaces for dental codes that necessitate identification (extractions, root canals, amalgams and resin fillings). Missing tooth and surface identification codes can result in the delay or denial of claim payment.
- Affix the proper postage when mailing bulk documentation. DentaQuest does not accept postage due mail. This mail will be returned to the sender and will result in delay of payment.

Claims should be mailed to the following address:

DENTAQUEST OF NEW MEXICO, LLC - Claims  
PO Box 2906  
Milwaukee, WI 53201-2906

#### **4.07 Coordination of Benefits (COB)**

When DentaQuest is the secondary insurance carrier, a copy of the primary carrier's Explanation of Benefits (EOB) must be submitted with the claim. For electronic claim submissions, the payment made by the primary carrier must be indicated in the appropriate COB field. When a primary carrier's payment meets or exceeds a provider's contracted rate or fee schedule, DentaQuest will consider the claim paid in full and no further payment will be made on the claim.

#### **4.08 Filing Limits**

Each provider contract specifies a specific timeframe after the date of service for when a claim must be submitted to DentaQuest. Any claim submitted beyond the (90 day) timely filing limit specified in the contract will be denied for "untimely filing." If a claim is denied for "untimely filing", the provider cannot bill the member. If DentaQuest is the secondary carrier, the timely filing limit begins with the date of payment or denial from the primary carrier.

#### **4.09 Receipt and Audit of Claims**

In order to ensure timely, accurate remittances to each participating Provider, DentaQuest performs an audit of all claims upon receipt. This audit validates Member eligibility, procedure codes and dentist identifying information. A DentaQuest Benefit Analyst analyzes any claim conditions that would result in non-payment. When potential problems are identified, your office may be contacted and asked to assist in resolving this problem. Please contact our Customer Service Department with any questions you may have regarding claim submission or your remittance.

Each DentaQuest Provider office receives an "explanation of benefit" report with their remittance. This report includes patient information and an allowable fee by date of service for each service rendered.

#### 4.10 Direct Deposit

As a benefit to participating Providers, DentaQuest offers Direct Deposit for claims payments. This process improves payment turnaround times as funds are directly deposited into the Provider's banking account.

To receive claims payments through the Direct Deposit Program, Providers must:

- Complete and sign the Direct Deposit Authorization Form found on the website.
- Attach a voided check to the form. *The authorization cannot be processed without a voided check.*
- Return the Direct Deposit Authorization Form and voided check to DentaQuest.
- - Via Fax - 262.241.4077 **or**
  - Via Mail –

DENTAQUEST OF NEW MEXICO, LLC  
PO Box 2906  
Milwaukee, WI 53201-2906 ATTN:  
PDA Department

The Direct Deposit Authorization Form must be legible to prevent delays in processing. Providers should allow up to six weeks for the Direct Deposit Program to be implemented after the receipt of completed paperwork. Providers will receive a bank note one check cycle prior to the first Direct Deposit payment.

Providers enrolled in the Direct Deposit process must notify DentaQuest of any changes to bank accounts such as: changes in routing or account numbers, or a switch to a different bank. All changes must be submitted via the Direct Deposit Authorization Form. Changes to bank accounts or banking information typically take 2 -3 weeks. DentaQuest is not responsible for delays in funding if Providers do not properly notify DentaQuest in writing of any banking changes.

Providers enrolled in the Direct Deposit Program are required to access their remittance statements online and will no longer receive paper remittance statements. Electronic remittance statements are located on DentaQuest's Dentist Portal. Providers may access their remittance statements by following these steps:

1. Go to [www.dentaquest.com](http://www.dentaquest.com)
2. Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go.
3. Log in using your password and ID
4. Once logged in, select "Claims/Pre-Authorizations" and then "Remittance Advice Search."
5. The remittance will display on the screen.

## 5.00 Health Insurance Portability and Accountability Act (HIPAA)

As a healthcare provider, your office is required to comply with all aspects of the HIPAA regulations in effect as indicated in the final publications of the various rules covered by HIPAA.

DentaQuest has implemented various operational policies and procedures to ensure that it is compliant with the Privacy, Administrative Simplification and Security Standards of HIPAA. One aspect of our compliance plan is working cooperatively with our providers to comply with the HIPAA regulations. In relation to the Privacy Standards, DentaQuest has previously modified its provider contracts to reflect the appropriate HIPAA compliance language. These contractual updates include the following in regard to record handling and HIPAA requirements:

- Maintenance of adequate dental/medical, financial and administrative records related to covered dental services rendered by Provider in accordance with federal and state law.
- Safeguarding of all information about Members according to applicable state and federal laws and regulations. All material and information, in particular information relating to Members or potential Members, which is provided to or obtained by or through a Provider, whether verbal, written, tape, or otherwise, shall be reported as confidential information to the extent confidential treatment is provided under state and federal laws.
- Neither DentaQuest nor Provider shall share confidential information with a Member's employer absent the Member's consent for such disclosure.
- Provider agrees to comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") relating to the exchange of information and shall cooperate with DentaQuest in its efforts to ensure compliance with the privacy regulations promulgated under HIPAA and other related privacy laws.

Provider and DentaQuest agree to conduct their respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations.

In relation to the Administrative Simplification Standards, you will note that the benefit tables included in this ORM reflect the most current coding standards (CDT-4) recognized by the ADA. Effective the date of this manual, DentaQuest will require providers to submit all claims with the proper CDT-4 codes listed in this manual. In addition, all paper claims must be submitted on the current approved ADA claim form.

Note: Copies of DentaQuest's HIPAA policies are available upon request by contacting DentaQuest's Customer Service department at 855-343-4276 or via e-mail at [denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com).

## 5.01 HIPAA Companion Guide

To view a copy of the most recent Companion Guide please visit our website at [www.dentaquest.com](http://www.dentaquest.com). Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go. You will then be able to log in using your password and ID. Once you have logged in, click on the link named "Related Documents" (located under the picture on the right hand side of the screen).

## 6.00 Complaints and Grievances (Policies 200 Series)

DentaQuest adheres to State, Federal, and Plan requirements related to processing complaints, and grievances. Unless otherwise required by Agency and Plan, DentaQuest processes such complaints, and grievances consistent with the following:

- A. **Complaint:** A complaint is an expression of dissatisfaction (written or verbal) from a Member, an attorney on behalf of a Member, or a government agency registering a request for review of a prior decision.
- B. **Grievance:** A notice sent by a Member or attorney on behalf of a Member registering a request for formal review of a complaint decision. Issues categorized as grievances have progressed through the complaint levels of the process resulting in a Member's dissatisfaction with the outcome of issue review.
- C. DentaQuest's Complaints/Grievance Coordinator receives Member and Provider inquiries and complaints. The Coordinator investigates the issues, compiles the findings, requests patient records (if applicable), sends the records to the dental consultant for review and determination (if applicable), and obtains a resolution. The appropriate individuals are notified of the resolution (i.e. Plan, Member, and Provider as applicable). The complaint is closed and maintained on file for tracking and trending purposes.
- D. The Complaints/Grievances Coordinator receives Member and Provider grievances. The Coordinator requests appropriate documentation, forwards the documentation to the dental consultant for review and determination, and the decision to uphold or overturn the initial decision is communicated to the appropriate individuals.

**Note:** Copies of DentaQuest policies and procedures can be requested by contacting Customer Service at 855-343-4276. (Policies 200.010, 200.011, 200.012, 200.012A, 200.012B, 200.013, 200.022, 200.023)

## **7.00 Utilization Management Program (Policies 500 Series)**

### **7.01 Introduction**

Reimbursement to dentists for dental treatment rendered can come from any number of sources such as individuals, employers, insurance companies and local, state or federal government. The source of dollars varies depending on the particular program. For example, in traditional insurance, the dentist reimbursement is composed of an insurance payment and a patient coinsurance payment. In State Medical Assistance Dental Programs (Medicaid), the State Legislature annually appropriates or “budgets” the amount of dollars available for reimbursement to the dentists as well as the fees for each procedure. Since there is usually no patient co-payment, these dollars represent all the reimbursement available to the dentist. These “budgeted” dollars, being limited in nature, make the fair and appropriate distribution to the dentists of crucial importance.

### **7.02 Community Practice Patterns**

To do this, DentaQuest has developed a philosophy of Utilization Management that recognizes the fact that there exists, as in all healthcare services, a relationship between the dentist’s treatment planning, treatment costs and treatment outcomes. The dynamics of these relationships, in any region, are reflected by the “community practice patterns” of local dentists and their peers. With this in mind, DentaQuest’s Utilization Management Programs are designed to ensure the fair and appropriate distribution of healthcare dollars as defined by the regionally based community practice patterns of local dentists and their peers.

All utilization management analysis, evaluations and outcomes are related to these patterns. DentaQuest’s Utilization Management Programs recognize that there exists a normal individual dentist variance within these patterns among a community of dentists and accounts for such variance. Also, specialty dentists are evaluated as a separate group, and not with general dentists, since the types and nature of treatment may differ.

### **7.03 Evaluation**

DentaQuest’s Utilization Management Programs evaluate claims submissions in such areas as:

- Diagnostic and preventive treatment;
- Patient treatment planning and sequencing;
- Types of treatment;
- Treatment outcomes; and
- Treatment cost effectiveness.

### **7.04 Results**

Therefore, with the objective of ensuring the fair and appropriate distribution of these “budgeted” Medicaid Assistance Dental Program dollars to dentists, DentaQuest’s Utilization Management Programs will help identify those dentists whose patterns show significant deviation from the normal practice patterns of the community of their peer dentists (typically less than 5% of all dentists). When presented with such information, dentists will implement slight modification of their diagnosis and treatment processes that bring their practices back within the normal range. However, in some isolated instances, it may be necessary to recover reimbursement.

### 7.05 Fraud and Abuse (Policies 700 series)

DentaQuest is committed to detecting, reporting and preventing potential fraud and abuse. Fraud and abuse are defined as:

**Fraud:** Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under federal or state law.

**Member Abuse:** Intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse or sexual assault.

**Provider Fraud:** Provider practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary cost to the program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care may be referred to the appropriate state regulatory agency.

**Member Fraud:** If a Provider suspects a member of ID fraud, drug-seeking behavior, or any other fraudulent behavior should be reported to DentaQuest

### 8.00 Quality Improvement Program (Policies 200 Series)

DentaQuest currently administers a Quality Improvement Program modeled after National Committee for Quality Assurance (NCQA) standards. The NCQA standards are adhered to as the standards apply to dental managed care. The Quality Improvement Program includes, but is not limited to:

- Provider credentialing and recredentialing.
- Member satisfaction surveys.
- Provider satisfaction surveys.
- Random Chart Audits.
- Complaint Monitoring and Trending.
- Peer Review Process.
- Utilization Management and practice patterns.
- Initial Site Reviews and Dental Record Reviews.
- Quarterly Quality Indicator tracking (i.e. complaint rate, appointment waiting time, access to care, etc.)

A copy of DentaQuest's Quality Improvement Program is available upon request by contacting DentaQuest's Customer Service Department at 855-343-4276 or via e-mail at:

[denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com)

### 9.00 Credentialing (Policies 300 Series)

DentaQuest, in conjunction with the Plan, has the sole right to determine which dentists (DDS or DMD); it shall accept and continue as Participating Providers. The purpose of the credentialing plan is to provide a general guide for the acceptance, discipline and termination of Participating Providers. DentaQuest considers each Provider's potential contribution to the objective of providing effective and efficient dental services to Members of the Plan.

DentaQuest's credentialing process adheres to National Committee for Quality Assurance (NCQA) guidelines as the guidelines apply to dentistry.



Nothing in this Credentialing Plan limits DentaQuest's sole discretion to accept and discipline Participating Providers. No portion of this Credentialing Plan limits DentaQuest's right to permit restricted participation by a dental office or DentaQuest's ability to terminate a Provider's participation in accordance with the Participating Provider's written agreement, instead of this Credentialing Plan.

The Plan has the final decision-making power regarding network participation. DentaQuest will notify the Plan of all disciplinary actions enacted upon Participating Providers.

**Appeal of Credentialing Committee Recommendations. (Policy 300.017)**

If the Credentialing Committee recommends acceptance with restrictions or the denial of an application, the Committee will offer the applicant an opportunity to appeal the recommendation.

The applicant must request a reconsideration/appeal in writing and the request must be received by DentaQuest within 30 days of the date the Committee gave notice of its decision to the applicant.

**Discipline of Providers (Policy 300.019)**

**Procedures for Discipline and Termination (Policies 300.017-300.021)**

**Recredentialing (Policy 300.016)**

Network Providers are recredentialled at least every 24 months.

Note: The aforementioned policies are available upon request by contacting DentaQuest's Customer Service Department at 855-343-4276 or via e-mail at:

[denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com).

**10.00 The Patient Record**

**A. Organization**

1. The record must have areas for documentation of the following information:
  - a. Registration data including a complete health history.
  - b. Medical alert predominantly displayed inside chart jacket .
  - c. Initial examination data.
  - d. Radiographs.
  - e. Periodontal and Occlusal status.
  - f. Treatment plan/Alternative treatment plan.
  - g. Progress notes to include diagnosis, preventive services, treatment rendered, and medical/dental consultations.
  - h. Miscellaneous items (correspondence, referrals, and clinical laboratory reports).

2. The design of the record must provide the capability or periodic update, without the loss of documentation of the previous status, of the following information:
  - a. Health history.
  - b. Medical alert.
  - c. Examination/Recall data.
  - d. Periodontal status.
  - e. Treatment plan.
3. The design of the record must ensure that all permanent components of the record are attached or secured within the record.
4. The design of the record must ensure that all components must be readily identified to the patient (i.e., patient name, and identification number on each page).
5. The organization of the record system must require that individual records be assigned to each patient.

**B. Content-The patient record must contain the following:**

1. Adequate documentation of registration information which requires entry of these items:
  - a. Patient's first and last name.
  - b. Date of birth.
  - c. Sex.
  - d. Address.
  - e. Telephone number.
  - f. Name and telephone number of the person to contact in case of emergency.
2. An adequate health history that requires documentation of these items:
  - a. Current medical treatment.
  - b. Significant past illnesses.
  - c. Current medications.
  - d. Drug allergies.
  - e. Hematologic disorders.
  - f. Cardiovascular disorders.
  - g. Respiratory disorders.
  - h. Endocrine disorders.
  - i. Communicable diseases.
  - j. Neurologic disorders.
  - k. Signature and date by patient.
  - l. Signature and date by reviewing dentist.
  - m. History of alcohol and tobacco usage including smokeless tobacco.
3. An adequate update of health history at subsequent recall examinations which requires documentation of these items:
  - a. Significant changes in health status.
  - b. Current medical treatment.
  - c. Current medications.
  - d. Dental problems/concerns.
  - e. Signature and date by reviewing dentist.

4. A conspicuously placed medical alert inside the chart jacket that documents highly significant terms from health history. These items are:
  - a. Health problems which contraindicate certain types of dental treatment.
  - b. Health problems that require precautions or pre-medication prior to dental treatment.
  - c. Current medications that may contraindicate the use of certain types of drugs or dental treatment.
  - d. Drug sensitivities.
  - e. Infectious diseases that may endanger personnel or other patients.
5. Adequate documentation of the initial clinical examination which is dated and requires descriptions of findings in these items:
  - a. Blood pressure. (Recommended)
  - b. Head/neck examination.
  - c. Soft tissue examination.
  - d. Periodontal assessment.
  - e. Occlusal classification.
  - f. Dentition charting.
6. Adequate documentation of the patient's status at subsequent Periodic/Recall examinations which is dated and requires descriptions of changes/new findings in these items:
  - a. Blood pressure. (Recommended)
  - b. Head/neck examination.
  - c. Soft tissue examination.
  - d. Periodontal assessment.
  - e. Dentition charting.
7. Radiographs which are:
  - a. Identified by patient name.
  - b. Dated.
  - c. Designated by patient's left and right side.
  - d. Mounted (if intraoral films).
8. An indication of the patient's clinical problems/diagnosis.
9. Adequate documentation of the treatment plan (including any alternate treatment options) that specifically describes all the services planned for the patient by entry of these items:
  - a. Procedure.
  - b. Localization (area of mouth, tooth number, surface).
10. An adequate documentation of the periodontal status, if necessary, which is dated and requires charting of the location and severity of these items:
  - a. Periodontal pocket depth.
  - b. Furcation involvement.
  - c. Mobility.
  - d. Recession.
  - e. Adequacy of attached gingiva.
  - f. Missing teeth.

11. An adequate documentation of the patient's oral hygiene status and preventive efforts which requires entry of these items:
  - a. Gingival status.
  - b. Amount of plaque.
  - c. Amount of calculus.
  - d. Education provided to the patient.
  - e. Patient receptiveness/compliance.
  - f. Recall interval.
  - g. Date.
12. An adequate documentation of medical and dental consultations within and outside the practice which requires entry of these items:
  - a. Provider to whom consultation is directed.
  - b. Information/services requested.
  - c. Consultant's response.
13. Adequate documentation of treatment rendered which requires entry of these items:
  - a. Date of service/procedure.
  - b. Description of service, procedure and observation. Documentation in treatment record must contain documentation to support the level of American Dental Association Current Dental Terminology code billed as detailed in the nomenclature and descriptors. Documentation must be written on a tooth by tooth basis for a per tooth code, on a quadrant basis for a quadrant code and on a per arch basis for an arch code.
  - c. Type and dosage of anesthetics and medications given or prescribed.
  - d. Localization of procedure/observation. (tooth #, quadrant etc.)
  - e. Signature of the Provider who rendered the service.
14. Adequate documentation of the specialty care performed by another dentist that includes:
  - a. Patient examination.
  - b. Treatment plan.
  - c. Treatment status.

### **C. Compliance**

1. The patient record has one explicitly defined format that is currently in use.
2. There is consistent use of each component of the patient record by all staff.
3. The components of the record that are required for complete documentation of each patient's status and care are present.
4. Entries in the records are legible.
5. Entries of symbols and abbreviations in the records are uniform, easily interpreted and are commonly understood in the practice.

## 11.00 Patient Recall System Requirements

### A. Recall System Requirement

Each participating DentaQuest office is required to maintain and document a formal system for patient recall. The system can utilize either written or phone contact. Any system should encompass routine patient check-ups, cleaning appointments, follow-up treatment appointments, and missed appointments for any Health Plan enrollee that has sought dental treatment.

If a written process is utilized, the following language is suggested for missed appointments:

- “We missed you when you did not come for your dental appointment on month/date. Regular check-ups are needed to keep your teeth healthy.”
- “Please call to reschedule another appointment. Call us ahead of time if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help.”

Dental offices indicate that Medicaid patients sometimes fail to show up for appointments. DentaQuest offers the following suggestions to decrease the “no show” rate.

- Contact the Member by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment.
- If the appointment is made through a government supported screening program, contact staff from these programs to ensure that scheduled appointments are kept.

### B. Office Compliance Verification Procedures

- In conjunction with its office claim audits described in section 4.09, DentaQuest will measure compliance with the requirement to maintain a patient recall system.
- DentaQuest Dentists are expected to meet minimum standards with regards to appointment availability from a member-initiated telephone call.
- Routine symptomatic care within 14 days.
- Urgent care must be available within 24 hours.
- Routine asymptomatic- within 60 days

**Follow-up appointments shall be scheduled consistent with the clinical need.**

## 12.00 Radiology Requirements

**Note:** Please refer to benefit tables for radiograph benefit limitations.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services, Center for Devices and Radiological Health. These guidelines were developed in conjunction with the Food and Drug Administration.

### A. Radiographic Examination of the New Patient

1. Child – primary dentition

The Panel recommends posterior bitewing radiographs for a new patient, with a primary dentition and closed proximal contacts.

2. Child – transitional dentition

The Panel recommends an individualized periapical/occlusal examination with posterior bitewings OR a panoramic radiograph and posterior bitewings, for a new patient with a transitional dentition.

3. Adolescent – permanent dentition prior to the eruption of the third molars

The Panel recommends an individualized radiographic examination consisting of selected periapicals with posterior bitewings for a new adolescent patient.

4. Adult – dentulous

The Panel recommends an individualized radiographic examination consisting of selected periapicals with posterior bitewings for a new dentulous adult patient.

5. Adult – edentulous

The Panel recommends a full-mouth intraoral radiographic survey OR a panoramic radiograph for the new edentulous adult patient.

### B. Radiographic Examination of the Recall Patient

1. Patients with clinical caries or other high – risk factors for caries

a. Child – primary and transitional dentition

The Panel recommends that posterior bitewings be performed at a 6-12 month interval for those children with clinical caries or who are at increased risk for the development of caries in either the primary or transitional dentition.

b. Adolescent

The Panel recommends that posterior bitewings be performed at a 6-12 month interval for adolescents with clinical caries or who are at increased risk for the development of caries.

- c. Adult – dentulous  

The Panel recommends that posterior bitewings be performed at a 6-12 month interval for adults with clinical caries or who are at increased risk for the development of caries.
  - d. Adult – edentulous  

The Panel found that an examination for occult disease in this group cannot be justified on the basis of prevalence, morbidity, mortality, radiation dose and cost. Therefore, the Panel recommends that no radiographs be performed for edentulous recall patients without clinical signs or symptoms.
2. Patients with no clinical caries and no other high risk factors for caries
- a. Child – primary dentition  

The Panel recommends that posterior bitewings be performed at an interval of 12-24 months for children with a primary dentition with closed posterior contacts that show no clinical caries and are not at increased risk for the development of caries.
  - b. Adolescent  

The Panel recommends that posterior bitewings be performed at intervals of 12-24 months for patients with a transitional dentition who show no clinical caries and are not at an increased risk for the development of caries.
  - c. Adult – dentulous  

The Panel recommends that posterior bitewings be performed at intervals of 24-36 months for dentulous adult patients who show no clinical caries and are not at an increased risk for the development of caries.
3. Patients with periodontal disease, or a history of periodontal treatment for child–primary and transitional dentition, adolescent and dentulous adult
- The Panel recommends an individualized radiographic survey consisting of selected periapicals and/or bitewing radiographs of areas with clinical evidence or a history of periodontal disease, (except nonspecific gingivitis).
4. Growth and Development Assessment
- a. Child – Primary Dentition  

The panel recommends that prior to the eruption of the first permanent tooth, no radiographs be performed to assess growth and development at recall visits in the absence of clinical signs or symptoms.



b. Child – Transitional Dentition

The Panel recommends an individualized Periapical/Occlusal series OR a Panoramic Radiograph to assess growth and development at the first recall visit for a child after the eruption of the first permanent tooth.

c. Adolescent

The Panel recommends that for the adolescent (age 16-19 years of age) recall patient, a single set of Periapicals of the wisdom teeth OR a panoramic radiograph.

d. Adult

The Panel recommends that no radiographs be performed on adults to assess growth and development in the absence of clinical signs or symptoms.

13.00 Health Guidelines – Ages 0-18 Years

**NOTE: Please refer to benefit tables for benefits and limitations.**

**Recommendations for Preventive Pediatric Dental Care (AAPD Reference Manual 2002-2003)  
Periodicity and Anticipatory Guidance Recommendations (AAPD/ADA/AAP guidelines)**

PERIODICITY RECOMMENDATIONS					
Age (1)	Infancy 6 – 12 Months	Late Infancy 12 – 24 Months	Preschool 2 – 6 Years	School Aged 6 – 12 Years	Adolescence 12 – 18 Years
Oral Hygiene Counseling (2)	Parents/ guardians/ caregivers	Parents/ guardians/ caregivers	Patient/parents/ guardians/ caregivers	Patient/ parents/ caregivers	Patient
Injury, Prevention Counseling (3)	X	X	X	X	X
Dietary Counseling (4)	X	X	X	X	X
Counseling for non-nutritive habits (5)	X	X	X	X	X
Fluoride Supplementation (6,7)	X	X	X	X	X
Assess oral growth and development (8)	X	X	X	X	X
Clinical oral exam	X	X	X	X	X
Prophylaxis and topical fluoride treatment (9)		X	X	X	X
Radiographic assessment (10)			X	X	X
Pit and Fissure Sealants			If indicated on primary molars	First permanent molars as soon as possible after eruption	Second permanent molars and appropriate premolars as soon as possible after eruption
Treatment of dental disease	X	X	X	X	X
Assessment and treatment of developing malocclusion			X	X	X
Substance abuse counseling				X	X
Assessment and/or removal of third molars					X
Referral for regular periodic dental care					X
Anticipatory guidance (11)	X	X	X	X	X

1. First examination at the eruption of the first tooth and no later than 12 months.
2. Initially, responsibility of parent; as child develops jointly with parents, then when indicated, only by child.
3. Initially play objects, pacifiers, car seats; then when learning to walk; sports, routine playing and intraoral/perioral piercing.
4. At every appointment discuss role of refined carbohydrates; frequency of snacking.
5. At first discuss need for additional sucking; digits vs. pacifiers; then the need to wean from habit before eruption of a permanent incisor.
6. As per American Academy of Pediatrics/American Dental Association guidelines and the water source.
7. Up to at least 16 years.
8. By clinical examination.
9. Especially for children at high risk for caries and periodontal disease.
10. As per AAPD Guideline on Prescribing Dental Radiographs.
11. Appropriate discussion and counseling should be an integral part of each visit for care.

## 14.00 Clinical Criteria

The criteria outlined in DentaQuest's Provider Office Reference Manual are based around procedure codes as defined in the American Dental Association's Code Manuals. Documentation requests for information regarding treatment using these codes are determined by generally accepted dental standards for authorization, such as radiographs, periodontal charting, treatment plans, or descriptive narratives. In some instances, the State legislature will define the requirements for dental procedures.

These criteria were formulated from information gathered from practicing dentists, dental schools, ADA clinical articles and guidelines, insurance companies, as well as other dental related organizations. These criteria and policies must meet and satisfy specific State and Health Plan requirements as well. They are designed as *guidelines* for authorization and payment decisions and *are not intended to be all-inclusive or absolute*. Additional narrative information is appreciated when there may be a special situation.

We hope that the enclosed criteria will provide a better understanding of the decision-making process for reviews. We also recognize that "local community standards of care" may vary from region to region and will continue our goal of incorporating generally accepted criteria that will be consistent with both the concept of local community standards and the current ADA concept of national community standards. Your feedback and input regarding the constant evolution of these criteria is both essential and welcome. DentaQuest shares your commitment and belief to provide quality care to Members and we appreciate your participation in the program.

Please remember these are generalized criteria. Services described may not be covered in your particular program. In addition, there may be additional program specific criteria regarding treatment. Therefore it is essential you review the Benefits Covered Section before providing any treatment.

These clinical criteria will be used for making medical necessity determinations for prior authorizations, post payment review and retrospective review. Failure to submit the required documentation may result in a disallowed request and/or a denied payment of a claim related to that request. Some services require prior authorization and some services require pre-payment review, this is detailed in the Benefits Covered Section(s) in the "Review Required" column.

For all procedures, every Provider in the DentaQuest program is subject to random chart audits. Providers are required to comply with any request for records. These audits may occur in the Provider's office as well as in the office of DentaQuest. The Provider will be notified in writing of the results and findings of the audit.

DentaQuest providers are required to maintain comprehensive treatment records that meet professional standards for risk management. Please refer to the "Patient Record" section for additional detail.

Documentation in the treatment record must justify the need for the procedure performed due to medical necessity, for all procedures rendered. Appropriate diagnostic pre-operative radiographs clearly showing the adjacent and opposing teeth and substantiating any pathology or caries present are required. Post-operative radiographs are required for endodontic procedures and permanent crown placement to confirm quality of care. In the event that radiographs are not available or cannot be obtained, diagnostic quality intraoral photographs must substantiate the need for procedures rendered.

Multistage procedures are reported and may be reimbursed upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted.

The completion date for fixed partial dentures and crowns, onlays, and inlays is the cementation date regardless of the type of cement utilized. The completion date for endodontic treatment is the date the canals are permanently filled.

Failure to provide the required documentation, adverse audit findings, or the failure to maintain acceptable practice standards may result in sanctions including, but not limited to, recoupment of benefits on paid claims, follow-up audits, or removal of the Provider from the DentaQuest Provider Panel.

#### **14.01 Criteria for Dental Extractions**

Not all procedures require authorization.

##### **Documentation needed for authorization procedure:**

- Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered under emergency conditions, when authorization is not possible, requires that appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.
- Narrative demonstrating medical necessity.

##### **Criteria**

The prophylactic removal of asymptomatic teeth (i.e. third molars) or teeth exhibiting no overt clinical pathology (for orthodontics) may be covered subject to consultant review.

- The removal of primary teeth whose exfoliation is imminent does not meet criteria.
- Alveoloplasty (code D7310) in conjunction with three or more extractions in the same quadrant will be covered subject to consultant review.

#### **14.02 Criteria for Cast Crowns**

##### **Documentation needed for authorization of procedure:**

- Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered without necessary authorization will still require that sufficient and appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.

##### **Criteria**

- In general, criteria for crowns will be met only for permanent teeth needing multi-surface restorations where other restorative materials have a poor prognosis.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and two or more cusps.

- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma, and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and must involve four or more surfaces and at least 50% of the incisal edge.

A request for a crown following root canal therapy must meet the following criteria:

- Request should include a dated post-endodontic radiograph.
- Tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
- The filling must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.

To meet criteria, a crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.

- The patient must be free from active and advanced periodontal disease.
- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.
- Cast Crowns on permanent teeth are expected to last, at a minimum, five years.

Authorizations for Crowns will not meet criteria if:

- A lesser means of restoration is possible.
- Tooth has subosseous and/or furcation caries.
- Tooth has advanced periodontal disease.
- Tooth is a primary tooth.
- Crowns are being planned to alter vertical dimension.

#### **14.03 Criteria for Endodontics**

Not all procedures require authorization.

##### **Documentation needed for authorization of procedure:**

- Sufficient and appropriate radiographs clearly showing the adjacent and opposing teeth and a pre-operative radiograph of the tooth to be treated; bitewings, periapicals or panorex. A dated post-operative radiograph must be submitted for review for payment.
- Treatment rendered under emergency conditions, when authorization is not possible, will still require that appropriate radiographs clearly showing the adjacent and opposing teeth, pre-operative radiograph and dated post-operative

radiograph of the tooth treated with the claim for retrospective review for payment. In cases where pathology is not apparent, a written narrative justifying treatment is required.

### Criteria

Root canal therapy is performed in order to maintain teeth that have been damaged through trauma or carious exposure.

Root canal therapy must meet the following criteria:

- Fill should be sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the dentist's ability to fill the canal to the apex.
- Fill must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.

Authorizations for Root Canal therapy will not meet criteria if:

- Gross periapical or periodontal pathosis is demonstrated radiographically (caries subcrestal or to the furcation, deeming the tooth non-restorable).
- The general oral condition does not justify root canal therapy due to loss of arch integrity.
- Root canal therapy is for third molars, unless they are an abutment for a partial denture.
- Tooth does not demonstrate 50% bone support.
- Root canal therapy is in anticipation of placement of an overdenture.
- A filling material not accepted by the Federal Food and Drug Administration (e.g. Sargenti filling material) is used.

### Other Considerations

- Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obliteration of root canal(s), and progress radiographs, including a root canal fill radiograph.
- In cases where the root canal filling does not meet DentaQuest's treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after DentaQuest reviews the circumstances.

#### 14.04 Criteria for Stainless Steel Crowns

In most cases, authorization is not required. Where authorization is required for primary or permanent teeth, the following criteria apply:

**Documentation needed for authorization of procedure:**

- Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered under emergency conditions, when authorization is not possible, will still require that appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.
- Narrative demonstrating medical necessity if radiographs are not available.

**Criteria**

- In general, criteria for stainless steel crowns will be met only for teeth needing multi-surface restorations where amalgams and other materials have a poor prognosis.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and two or more cusps.
- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma, and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and at least 50% of the incisal edge.
- Primary molars must have pathologic destruction to the tooth by caries or trauma, and should involve two or more surfaces or substantial occlusal decay resulting in an enamel shell.

An authorization for a crown on a permanent tooth following root canal therapy must meet the following criteria:

- Request should include a dated post-endodontic radiograph.
- Tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the dentist's ability to fill the canal to the apex.
- The filling must be properly condensed/obtured. Filling material does not extend excessively beyond the apex.

To meet criteria, a crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.

- The patient must be free from active and advanced periodontal disease.
- The permanent tooth must be at least 50% supported in bone.
- Stainless Steel Crowns on permanent teeth are expected to last five years.

Authorization and treatment using Stainless Steel Crowns will not meet criteria if:

- A lesser means of restoration is possible.
- Tooth has subosseous and/or furcation caries.

- Tooth has advanced periodontal disease.
- Tooth is a primary tooth with exfoliation imminent.
- Crowns are being planned to alter vertical dimension.

#### 14.05 Criteria for Authorization of Operating Room (OR) Cases

##### Documentation needed for authorization of procedure:

- Treatment Plan (prior-authorized, if necessary).
- Narrative describing medical necessity for OR.

##### **All Operating Room (OR) Cases Must be Authorized.**

The Provider should submit a request for authorization for the dental services and facility to DentaQuest. DentaQuest will coordinate the facility authorization with the plan and notify the provider, in writing, of the determination of the dental services and facility.

DentaQuest Authorization Fax Number: 262.241.7150

##### Criteria

In most cases, OR will be authorized (for procedures covered by Health Plan) if the following is (are) involved:

- Young children requiring extensive operative procedures such as multiple restorations, treatment of multiple abscesses, and/or oral surgical procedures if authorization documentation indicates that in-office treatment (nitrous oxide or IV sedation) is not appropriate and hospitalization is not solely based upon reducing, avoiding or controlling apprehension, or upon Provider or Member convenience.
- Patients requiring extensive dental procedures and classified as American Society of Anesthesiologists (ASA) class III and ASA class IV (Class III – patients with uncontrolled disease or significant systemic disease; for recent MI, recent stroke, new chest pain, etc. Class IV – patient with severe systemic disease that is a constant threat to life).
- Medically compromised patients whose medical history indicates that the monitoring of vital signs or the availability of resuscitative equipment is necessary during extensive dental procedures.
- Patients requiring extensive dental procedures with a medical history of uncontrolled bleeding, severe cerebral palsy, or other medical condition that renders in-office treatment not medically appropriate.
- Patients requiring extensive dental procedures who have documentation of psychosomatic disorders that require special treatment.



- Cognitively disabled individuals requiring extensive dental procedures whose prior history indicates hospitalization is appropriate.

#### 14.06 Criteria for Removable Prosthodontics (Full and Partial Dentures)

##### Documentation needed for authorization of procedure:

- Treatment plan.
- Appropriate radiographs clearly showing the adjacent and opposing teeth must be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered without necessary authorization will still require appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.

##### Criteria

Prosthetic services are intended to restore oral form and function due to premature loss of permanent teeth that would result in significant occlusal dysfunction.

- A denture is determined to be an initial placement if the patient has never worn a prosthesis. This does not refer to just the time a patient has been receiving treatment from a certain Provider.
- Partial dentures are covered only for recipients with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.
- Radiographs must show no untreated cavities or active periodontal disease in the abutment teeth, and abutments must be at least 50% supported in bone.
- As part of any removable prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis.
- In general, if there is a pre-existing removable prosthesis (includes partial and full dentures), it must be at least 5 years old and unserviceable to qualify for replacement.
- Fabrication of a removable prosthetic includes multiple steps (appointments) these multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation.
- The replacement teeth should be anatomically full sized teeth.

Authorizations for Removable prosthesis will not meet criteria:

- If there is a pre-existing prosthesis which is not at least 5 years old and unserviceable.
- If good oral health and hygiene, good periodontal health, and a favorable prognosis are not present.

- If there are untreated cavities or active periodontal disease in the abutment teeth.
- If abutment teeth are less than 50% supported in bone.
- If the recipient cannot accommodate and properly maintain the prosthesis (i.e., Gag reflex, potential for swallowing the prosthesis, severely handicapped).
- If the recipient has a history or an inability to wear a prosthesis due to psychological or physiological reasons.
- If a partial denture, less than five years old, is converted to a temporary or permanent complete denture.
- If extensive repairs are performed on marginally functional partial dentures, or when a new partial denture would be better for the health of the recipient. However, adding teeth and/or a clasp to a partial denture is a covered benefit if the addition makes the denture functional.

### Criteria

- If there is a pre-existing prosthesis, it must be at least 5 years old and unserviceable to qualify for replacement.
- Adjustments, repairs and relines are included with the denture fee within the first 6 months after insertion. After that time has elapsed:
  - Adjustments will be reimbursed at one per calendar year per denture.
  - Repairs will be reimbursed at two repairs per denture per year, with five total denture repairs per 5 years.
  - Relines will be reimbursed once per denture every 36 months.
  - A new prosthesis will not be reimbursed for within 24 months of reline or repair of the existing prosthesis unless adequate documentation has been presented that all procedures to render the denture serviceable have been exhausted.
  - Replacement of lost, stolen, or broken dentures less than 5 years of age usually will not meet criteria for pre-authorization of a new denture.
- The use of Preformed Dentures with teeth already mounted (that is, teeth set in acrylic before the initial impression) cannot be used for the fabrication of a new denture.
- All prosthetic appliances shall be inserted in the mouth and adjusted before a claim is submitted for payment.
- When billing for partial and complete dentures, dentists must list the date that the dentures or partials were inserted as the date of service. Recipients must be eligible on that date in order for the denture service to be covered.

#### 14.07 Criteria for the Excision of Bone Tissue

To ensure the proper seating of a removable prosthetic (partial or full denture) some treatment plans may require the removal of excess bone tissue prior to the fabrication of the prosthesis. Clinical guidelines have been formulated for the dental consultant to ensure that the removal of tori (mandibular and palatal) is an appropriate course of treatment prior to prosthetic treatment.

Code D7471 (CDT-4) is related to the removal of the lateral exostosis. This code is subject to authorization and may be reimbursed for when submitted in conjunction with a treatment plan that includes removable prosthetics. These determinations will be made by the appropriate dental specialist/consultant.

##### **Documentation needed for authorization of procedure:**

- Appropriate radiographs and/or intraoral photographs/bone scans which clearly identify the lateral exostosis must be submitted for authorization review; bitewings, periapicals or panorex.
- Treatment plan – includes prosthetic plan.
- Narrative of medical necessity, if appropriate.
- Study model or photo clearly identifying the lateral exostosis (es) to be removed

#### 14.08 Criteria for the Determination of a Non-Restorable Tooth

In the application of clinical criteria for benefit determination, dental consultants must consider the overall dental health. A tooth that is determined to be non-restorable may be subject to an alternative treatment plan.

A tooth may be deemed non-restorable if one or more of the following criteria are present:

- The tooth presents with greater than a 75% loss of the clinical crown.
- The tooth has less than 50% bone support.
- The tooth has subosseous and/or furcation caries.
- The tooth is a primary tooth with exfoliation imminent.
- The tooth apex is surrounded by severe pathologic destruction of the bone.
- The overall dental condition (i.e. periodontal) of the patient is such that an alternative treatment plan would be better suited to meet the patient's needs.

#### 14.09 Criteria for General Anesthesia and Intravenous (IV) Sedation

##### **Documentation needed for authorization of procedure:**

- Treatment plan (authorized if necessary).
- Narrative describing medical necessity for General Anesthesia or IV Sedation.
- Treatment rendered under emergency conditions, when authorization is not possible, will still require submission of treatment plan and narrative of medical necessity with the claim for review for payment.

**Criteria**

Requests for general anesthesia or IV sedation will be authorized (for procedures Covered by Health Plan) if any of the following criteria are met:

Extensive or complex oral surgical procedures such as:

- Impacted wisdom teeth.
- Surgical root recovery from maxillary antrum.
- Surgical exposure of impacted or unerupted cuspids.
- Radical excision of lesions in excess of 1.25 cm.

And/or one of the following medical conditions:

- Medical condition(s) which require monitoring (e.g. cardiac problems, severe hypertension).
- Underlying hazardous medical condition (cerebral palsy, epilepsy, mental retardation, including Down's syndrome) which would render patient non-compliant.
- Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective.
- Patients 3 years old and younger with extensive procedures to be accomplished.

**14.10 Criteria for Periodontal Treatment**

**Not all procedures require authorization.**

**Documentation needed for authorization of procedure:**

- Radiographs – periapicals or bitewings preferred.
- Complete periodontal charting with AAP Case Type.
- Treatment plan.

Periodontal scaling and root planing, per quadrant 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 as a part of pre-surgical procedures in others.

It is anticipated that this procedure would be requested in cases of severe periodontal conditions (i.e. late Type II, III, IV periodontitis) where definitive comprehensive root planing requiring local/regional block anesthesia and several appointments would be indicated.

From the American Academy of Periodontology (AAP) Policy on Scaling and Root Planing:

“Periodontal scaling is a treatment procedure involving instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces. It is performed on patients with periodontal disease and is therapeutic, not prophylactic, in nature. Periodontal scaling may precede root planing, which is the definitive, meticulous treatment procedure to remove cementum and/or dentin that is rough and may be permeated by calculus, or contaminated with toxins or microorganisms. Periodontal scaling and root planing are arduous and time consuming. They may need to be repeated and may require local anesthetic.”

#### **Criteria**

- A minimum of four (4) teeth affected in the quadrant.
- Periodontal charting indicating abnormal pocket depths in multiple sites.
- Additionally at least one of the following must be present:
  - 1) Radiographic evidence of root surface calculus.
  - 2) Radiographic evidence of noticeable loss of bone support.

## **APPENDIX A**

### **Attachments**

#### **General Definitions**

The following definitions apply to this Office Reference Manual:

- A. The governing agency of New Mexico is:  
New Mexico Human Services Department  
Medical Assistance Division.  
PO Box 2348,  
Santa Fe, NM 87504-2348.
- B. "Contract" means the document specifying the services provided by DentaQuest to:
- an employer, directly or on behalf of the State of New Mexico, as agreed upon between an employer or Plan and DentaQuest (a "Commercial Contract");
  - a Medicaid beneficiary, directly or on behalf of a Plan, as agreed upon between the State of New Mexico or its regulatory agencies or Plan and DentaQuest (a "Medicaid Contract");
  - a Medicare beneficiary, directly or on behalf of a Plan, as agreed upon between the Centers for Medicare and Medicaid Services ("CMS"- formerly HCFA) or Plan and DentaQuest (a "Medicare Contract").
- C. "Covered Services" is a dental service or supply that satisfies all of the following criteria:
- provided or arranged by a Participating Provider to a Member;
  - authorized by DentaQuest in accordance with the Plan Certificate; and
  - submitted to DentaQuest according to DentaQuest's filing requirements.
- D. "DentaQuest" shall refer to DentaQuest of New Mexico, LLC
- E. "DentaQuest Service Area" shall be defined as the State of New Mexico.
- F. "Medically Necessary" means those Covered Services provided by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law to prevent disease, disability and other adverse health conditions or their progression, or prolong life. In order to be Medically Necessary, the service or supply for medical illness or injury must be determined by Plan or its designee in its judgement to be a Covered Service which is required and appropriate in accordance with the law, regulations, guidelines and accepted standards of medical practice in the community.
- G. "Member" means any individual who is eligible to receive Covered Services pursuant to a Contract and the eligible dependents of such individuals. A Member enrolled pursuant to a Commercial Contract is referred to as a "Commercial Member." A Member enrolled pursuant to a Medicaid Contract is referred to as a "Medicaid Member." A Member enrolled pursuant to a Medicare Contract is referred to as a "Medicare Member."
- H. "Participating Provider" is a dental professional or facility or other entity, including a Provider, that has entered into a written agreement with DentaQuest, directly or through another entity, to provide dental services to selected groups of Members.

- I. "Plan" is an insurer, health maintenance organization or any other entity that is an organized system which combines the delivery and financing of health care and which provides basic health services to enrolled Members for a fixed prepaid fee.
- J. "Plan Certificate" means the document that outlines the benefits available to Members.
- K. "Provider" means the undersigned health professional or any other entity that has entered into a written agreement with DentaQuest to provide certain health services to Members. Each Provider shall have its own distinct tax identification number.
- L. "Provider Dentist" is a Doctor of dentistry, duly licensed and qualified under the applicable laws, who practices as a shareholder, partner, or employee of Provider, and who has executed a Provider Dentist Participation Addendum.

## Additional Resources

Welcome to the DentaQuest provider forms and attachment resource page. The links below providemethods to access and acquire both electronic and printable forms addressed within this document. To view copies please visit our website @ [www.DentaQuest.com](http://www.DentaQuest.com). Once you have entered the website, click on the “Dentist” icon. From there choose your “State” and press go. You will then be able to log in using your password and User ID. Once logged in, select the link “Related Documents” to access the following resources:

- Dental Claim Form
- Instructions for Dental Claim Form
- Handicapping Labio Lingual Deviations and Instructions
- Continuation of Care Form
- OrthoCAD Submission Form
- Initial Clinical Exam Form
- Recall Examination Form
- Authorization for Dental Treatment
- Direct Deposit Form
- Medical and Dental History
- Provider Change Form
- Request for Transfer of Records
- HIPAA Companion Guide

If you do not have internet access, to have a copy mailed, you may also contact DentaQuest Customer Service @ 855-343-4276



First Review \_\_\_\_\_  
 Second Review \_\_\_\_\_

## HANDICAPPING LABIO-LINGUAL DEVIATIONS (The HLD Index No. 4)

You will need this score sheet and a Boley Gauge.

**Procedure:**

1. Occlude patient or models in centric position.
2. Record all measurements in the order given and rounded off to the nearest millimeter.
3. ENTER SCORE "O" IF CONDITION IS ABSENT.
4. Start by measuring OVERJET of the most protruding incisor.
5. Measure OVERBITE from the labio-incisal edge of overlapped front tooth or teeth to point of maximum coverage.
6. Score all other conditions listed.
7. ECTOPIC ERUPTION and ANTERIOR CROWDING<sub>1</sub>: DO NOT DOUBLE SCORE. Record the more serious condition and follow your first impression.
8. The use of a recorder (hygienist, assistant) is recommended.

**PRINT:**

Patient's Name: \_\_\_\_\_ Examiner: \_\_\_\_\_

Recorder: \_\_\_\_\_

Address:

Street \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONDITIONS OBSERVED**

**HLD SCORE**

Cleft Palate	Score "X" _____
Greater than 9 MM Overjet	Score "X" _____
Impacted permanent cuspids and/or permanent incisors	Score "X" _____
Deep Impinging Overbite	Score "X" _____
Crossbite of 3 or more individual anterior teeth causing destruction of soft tissue	Score "X" _____
Severe traumatic deviations	Score 15 _____
Overjet in mm	X1 _____
Overbite in mm	X1 _____
Mandibular protrusion in mm	X5 _____
Open bite in mm	X4 _____
Ectopic eruption, (# of teeth, excluding third molars) <sub>1</sub>	X3 _____
Anterior Crowding <sub>1</sub> : Maxilla: _____ Mandible: _____	X5 ea. _____
Labio-Lingual Spread, in mm	X1 _____
Posterior Unilateral Crossbite	Score 4 _____
	<b>TOTAL:</b> _____

A score of 30 and over constitutes a PHYSICAL HANDICAP.

Diagnosis: \_\_\_\_\_ Authorization No: \_\_\_\_\_

Orthodontic Provider's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Kathie Arena, DDS   David Bogenschutz, DDS   Thomas Gengler, DDS   James Thommes, DDS   Richard Nellen, DDS   Paul Schulze, DDS

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## HANDICAPPING LABIO-LINGUAL DEVIATION INDEX SCORING INSTRUCTIONS

The intent of the HLD Index is to measure the presence or absence, and the degree of the handicap caused by the components of the Index, and not to diagnose "malocclusion". All measurements are made with a Boley Gauge scaled in millimeters. Absence of any conditions must be recorded by entering "0". (Refer to attached scoresheet.) The following information should help clarify the categories on the HLD Index:

1. Cleft Palate Deformities: Indicate an "X" on the scoresheet. (This condition is considered to be handicapping malocclusion.)
2. Overjet in excess of 9 mm---this is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Measure parallel to the occlusal plane. The measurement may apply to only one tooth if it is severely protrusive.
3. Impacted incisors or canines that will not erupt into the arches without orthodontic or surgical intervention. Does not include cases where incisors or canines are going to erupt ectopically or incisors or canines that may be experiencing a delayed eruption. Request should occur 2-3 years after normal eruption has passed for tooth or teeth in question.
4. Deep Impinging Overbite: Indicate an "X" on the scoresheet when lower incisors are destroying the soft tissue of the palate. (This condition is considered to be handicapping malocclusion.)
5. Crossbite of Individual Anterior Teeth: Indicate an "X" on the scoresheet when destruction of soft tissue is present and involves more than two teeth in cross bite. (This condition is considered to be handicapping malocclusion.)
6. Severe Traumatic Deviations: Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. The presence of severe traumatic deviations is indicated by a score of 15 of the scoresheet.
7. Overjet in Millimeters: This is recorded with the patient in the centric relationship and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the scoresheet.
8. Overbite in Millimeters: A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the scoresheet. "Reverse" overbite may exist in certain conditions and should be measured and recorded.
9. Mandibular Protrusion in Millimeters: Score exactly as measured from the labial of the lower incisor to the labial of the upper incisor. The measurement in millimeters is entered on the scoresheet and multiplied by 5. A reverse overbite, if present, should be shown under "overbite".
10. Open Bite in Millimeters: This condition is defined as the absence of occlusal contact in the anterior region. It is measured from edge to edge, in millimeters. This measurement is entered on the scoresheet and multiplied by 11. In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.
12. Ectopic Eruption: Count each tooth, excluding third molars. Enter the number of teeth on the scoresheet and multiply by 3. If condition No. 10, anterior crowding, is also present, with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.
13. Anterior Crowding: Arch length insufficiency must exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter 5 points for maxillary and mandibular anterior crowding. If condition No. 9, ectopic eruption, is also present in the anterior portion of the mouth, score the most severe condition. Do not score both conditions.
14. Labio-Lingual Spread: The Boley Gauge is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured. The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the index.
15. Posterior Unilateral Crossbite: This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of 4 on the scoresheet.

## **APPENDIX B**

### **Covered Benefits (See Exhibits)**

This section identifies covered benefits, provides specific criteria for coverage and defines individual age and benefit limitations for Members under age 21. **Providers with benefit questions should contact DentaQuest's Customer Service Department directly at:**

**855-343-4276, press option 2**

Dental offices are not allowed to charge Members for missed appointments. Plan Members are to be allowed the same access to dental treatment, as any other patient in the dental practice. Private reimbursement arrangements may be made only for non-covered services.

DentaQuest recognizes tooth letters "A" through "T" for primary teeth and tooth numbers "1" to "32" for permanent teeth. Supernumerary teeth should be designated by "AS" through "TS" for primary teeth and tooth numbers "51" to "82" for permanent teeth. These codes must be referenced in the patient's file for record retention and review. **All dental services performed must be recorded in the patient record, which must be available as required by your Participating Provider Agreement.**

For reimbursement, DentaQuest Providers should bill only per unique surface regardless of location. For example, when a dentist places separate fillings in both occlusal pits on an upper permanent first molar, the billing should state a **one** surface occlusal amalgam ADA code D2140. Furthermore, DentaQuest will reimburse for the total number of surfaces restored per tooth, per day; (i.e. a separate occlusal and buccal restoration on tooth 30 will be reimbursed as 1 (OB) two surface restoration).

The DentaQuest claim system can only recognize dental services described using the current American Dental Association CDT code list or those as defined as a Covered Benefit. All other service codes not contained in the following tables will be rejected when submitted for payment. A complete, copy of the CDT book can be purchased from the American Dental Association at the following address:

American Dental Association  
211 East Chicago Avenue  
Chicago, IL 60611  
800.947.4746

Furthermore, DentaQuest subscribes to the definition of services performed as described in the CDT manual.

The benefit tables (Exhibits) are all inclusive for covered services. Each category of service is contained in a separate table and lists:

1. the ADA approved service code to submit when billing,
2. brief description of the covered service,
3. any age limits imposed on coverage,
4. a description of documentation, in addition to a completed ADA claim form, that must be submitted when a claim or request for prior authorization is submitted,
5. an indicator of whether or not the service is subject to prior authorization,
6. any other applicable benefit limitations

## DentaQuest Authorization Process

### IMPORTANT

For procedures where “Authorization Required” fields indicate “**yes**”.

Please review the information below on when to submit documentation to DentaQuest. The information refers to the “Documentation Required” field in the Benefits Covered section (Exhibits). In this section, documentation may be requested to be sent prior to beginning treatment or “with claim” after completion of treatment.

When documentation is requested:

<b>“Authorization Required” Field</b>	<b>“Documentation Required” Field</b>	<b>Treatment Condition</b>	<b>When to Submit Documentation</b>
Yes	Documentation Requested	Non-emergency (routine)	Send documentation prior to beginning treatment
Yes	Documentation Requested	Emergency	Send documentation with claim after treatment

When documentation is requested “with claim:”

<b>“Authorization Required” Field</b>	<b>“Documentation Required” Field</b>	<b>Treatment Condition</b>	<b>When to Submit Documentation</b>
Yes	Documentation Requested with claim	Non-emergency (routine) or emergency	Send documentation with claim after treatment

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Diagnostic services include the oral examinations, and selected radiographs, needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the Member's oral health.

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series.

Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations.

All radiographs must be of diagnostic quality, properly mounted, dated and identified with the Member's name. Radiographs not of diagnostic quality will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	0-20		No	One of (D0120) per 6 Month(s) Per Provider OR Location.	
D0140	limited oral evaluation-problem focused	0-20		No	Not reimbursable on the same day as D0120 and D0150. Limited to when performed as part of an emergency service to relieve pain and suffering and cannot be billed with a regular appointment.	
D0150	comprehensive oral evaluation - new or established patient	0-20		No	One of (D0150) per 12 Month(s) Per Provider OR Location.	
D0210	intraoral - complete series of radiographic images	0-20		No	One of (D0210, D0330) per 60 Month(s) Per patient. Either a D0210 or D0330.	
D0220	intraoral - periapical first radiographic image	0-20		No		
D0230	intraoral - periapical each additional radiographic image	0-20		No		
D0240	intraoral - occlusal radiographic image	0-20		No	Two of (D0240) per 12 Month(s) Per patient.	
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0-20		No		

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0251	extra-oral posterior dental radiographic image	0-20		No	One of (D0251) per 12 Month(s) Per patient.	
D0260	extraoral - each additional radiographic image	0-20		No		
D0270	bitewing - single radiographic image	0-20		No		
D0272	bitewings - two radiographic images	0-20		No		
D0274	bitewings - four radiographic images	0-20		No		
D0290	posterior-anterior or lateral skull and facial bone survey radiographic image	0-20		No		
D0310	sialography	0-20		Yes		narrative of medical necessity
D0320	temporomandibular joint arthrogram, including injection	0-20		Yes		narrative of medical necessity
D0321	other temporomandibular joint films, by report	0-20		Yes		narrative of medical necessity
D0322	tomographic survey	0-20		Yes		narrative of medical necessity
D0330	panoramic radiographic image	0-20		No	One of (D0210, D0330) per 60 Month(s) Per patient. All other radiographs taken with a panorex are considered part of the complete series and may not be billed separately.	
D0340	cephalometric radiographic image	0-20		No		
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	0-20		Yes	By Report	
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	0-20		Yes	By Report	
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	0-20		Yes	By Report	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	0-20		No	By Report	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	0-20		Yes	By Report	
D0369	Maxillofacial MRI capture and interpretation	0-20		Yes	By Report	
D0370	Maxillofacial ultrasound capture and interpretation	0-20		Yes	By Report	
D0371	Sialoendoscopy capture and interpretation	0-20		Yes	By Report	
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	0-20		Yes	By Report	
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	0-20		Yes	By Report	
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	0-20		Yes	By Report	
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	0-20		Yes	By Report	
D0384	Cone beam CT image capture for TMJ series including two or more exposures	0-20		Yes	By Report	
D0385	Maxillofacial MRI image capture	0-20		Yes	By Report	
D0386	Maxillofacial ultrasound image capture	0-20		Yes	By Report	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	0-20		Yes	By Report	
D0415	bacteriologic studies	0-20		Yes		narrative of medical necessity

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0502	other oral pathology procedures, by report	0-20		Yes		Pathology report



**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Sealants may be placed on the occlusal or occlusal-buccal surfaces of lower molars or occlusal or occlusal-lingual surfaces of upper molars, and occlusal surfaces of premolars.

Space maintainers are a covered service when medically indicated due to the premature loss of a posterior primary tooth. A lower lingual holding arch placed where there is not premature loss of the primary molar is considered a transitional orthodontic appliance and not covered by this Plan.

ADA Code D1206 is covered for ages 6 months to age 20.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1120	prophylaxis - child	0-20		No	One of (D1120) per 6 Month(s) Per patient.	
D1206	topical application of fluoride varnish	0-20		No	One of (D1206, D1208) per 6 Month(s) Per patient. The D1206 is covered for ages 6 months to age 20.	
D1208	topical application of fluoride - excluding varnish	0-20		No	One of (D1206, D1208) per 6 Month(s) Per patient.	
D1351	sealant - per tooth	5 - 20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D1351) per 60 Month(s) Per patient per tooth. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations.	
D1510	space maintainer-fixed, unilateral-per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Indicate missing tooth numbers and arch/quadrant on claim.	
D1516	space maintainer --fixed--bilateral, maxillary	0-20		No	Indicate missing tooth numbers on claim	
D1517	space maintainer --fixed--bilateral, mandibular	0-20		No	Indicate missing tooth numbers on claim	
D1550	re-cement or re-bond space maintainer	0-20		No	Not covered within 6 months of placement. Limited to one per space maintainer.	
D1575	distal shoe space maintainer - fixed - unilateral- Per Quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1575) per 1 Lifetime Per patient per quadrant. Service is allowed once per lifetime per quadrant. Covered only for patients age 20 and under.	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Reimbursement includes local anesthesia.

Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least thirty six months, unless there is recurrent decay or material failure.

Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not.

Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases and curing are included as part of the restoration.

When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED.

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2390	resin-based composite crown, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2391	resin-based composite - one surface, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2710	crown - resin-based composite (indirect)	0-20	Teeth 4 - 13, 20 - 29	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth. Resin-based composite crown that is indirectly fabricated.	Periapical x-ray(s)
D2740	crown - porcelain/ceramic	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2740) per 60 Month(s) Per patient per tooth.	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2751	crown - porcelain fused to predominantly base metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2752	crown - porcelain fused to noble metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2791	crown - full cast predominantly base metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2792	crown - full cast noble metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-20	Teeth 1 - 32	No		
D2920	re-cement or re-bond crown	0-20	Teeth 1 - 32, A - T	No		
D2929	Prefabricated porcelain/ceramic crown – primary tooth	0-20	Teeth A - T	No	One crown per tooth.	
D2930	prefabricated stainless steel crown - primary tooth	0-20	Teeth A - T	No		
D2931	prefabricated stainless steel crown-permanent tooth	0-20	Teeth 1 - 32	No		
D2932	prefabricated resin crown	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth C - H, M - R	No		
D2940	protective restoration	0-20	Teeth 1 - 32, A - T	No	Temporary restoration intended to relieve pain. Not to be used as a base or liner under restoration.	
D2950	core buildup, including any pins when required	0-20	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed.	
D2951	pin retention - per tooth, in addition to restoration	0-20	Teeth 1 - 32	No	Maximum of 2 per tooth.	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2952	cast post and core in addition to crown	0-20	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth.	
D2954	prefabricated post and core in addition to crown	0-20	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth.	
D2980	crown repair, by report	0-20	Teeth 1 - 32	Yes		narrative of medical necessity

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Reimbursement includes local anesthesia.

In cases where a root canal filling does not meet DentaQuest's general criteria treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date.

Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g., Sargenti filling material) is not covered.

Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling and obturation of canals, intra-operative and fill radiographs.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0-20	Teeth 1 - 32, A - T	No	Can only be billed when there is no periapical lesion on x-ray.	
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	0-20	Teeth 1 - 32	No		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D3310) per 1 Lifetime Per patient per tooth. Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.	narr. of med. necessity, pre-op x-ray(s)
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3320) per 1 Lifetime Per patient per tooth. Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.	narr. of med. necessity, pre-op x-ray(s)
D3330	endodontic therapy, molar tooth (excluding final restoration)	0-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	Yes	One of (D3330) per 1 Lifetime Per patient per tooth. Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.	narr. of med. necessity, pre-op x-ray(s)
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	No	One of (D3351) per 1 Lifetime Per patient per tooth.	
D3352	apexification/recalcification - interim medication replacement	0-20	Teeth 1 - 32	No	One of (D3352) per 1 Lifetime Per patient per tooth.	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	No	One of (D3353) per 1 Lifetime Per patient per tooth.	
D3410	apicoectomy - anterior	0-20	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth.	
D3421	apicoectomy - premolar (first root)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth.	
D3425	apicoectomy - molar (first root)	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth.	
D3426	apicoectomy (each additional root)	0-20	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Lifetime Per patient per tooth.	
D3430	retrograde filling - per root	0-20	Teeth 1 - 32	No	One of (D3430) per 1 Lifetime Per patient per tooth.	
D3450	root amputation - per root	0-20	Teeth 1 - 32	No	One of (D3450) per 1 Lifetime Per patient per tooth.	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Reimbursement includes local anesthesia.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210) per 36 Month(s) Per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4211) per 36 Month(s) Per patient per quadrant. One (1) to three (3) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240) per 36 Month(s) Per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260) per 36 Month(s) Per patient per quadrant. One (1) to three (3) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4263	bone replacement graft - first site in quadrant	0-20	Teeth 1 - 32	Yes	One of (D4263) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4264	bone replacement graft - each additional site in quadrant	0-20	Teeth 1 - 32	Yes	One of (D4264) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4266	guided tissue regenerate-resorbable barrier, per site, per tooth	0-20	Teeth 1 - 32	Yes	One of (D4266) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4267	guided tissue regeneration - nonresorbable barrier, per site, per tooth	0-20	Teeth 1 - 32	Yes	One of (D4267) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4270	pedicle soft tissue graft procedure	0-20	Teeth 1 - 32	Yes	One of (D4270) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4271	free soft tissue graft procedure	0-20	Teeth 1 - 32	Yes	One of (D4271) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4273	subepithelial connective tissue graft procedure	0-20	Teeth 1 - 32	Yes	One of (D4273) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4274	distal or proximal wedge procedure	0-20	Teeth 1 - 32	Yes	One of (D4274) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting



**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	0-20	Teeth 1 - 32, 51 - 82	Yes	One of (D4277) per 36 Month(s) Per patient ages 0 to 20.	pre-op x-ray(s), perio charting
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	0-20	Teeth 1 - 32, 51 - 82	Yes	One of (D4278) per 36 Month(s) Per patient ages 0 to 20.	pre-op x-ray(s), perio charting
D4320	provision splinting - intracoronal	0-20	Per Arch (01, 02, LA, UA)	No		narr. of med. necessity, pre-op x-ray(s)
D4321	provision splinting - extracoronal	0-20	Per Arch (01, 02, LA, UA)	No		narr. of med. necessity, pre-op x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341) per 24 Month(s) Per patient per quadrant. A minimum of (4) teeth in the affected quadrant. Not covered with D1120, D1110 on same date of service. Maximum of two (2) quadrants on the same date of service. There must be radiographic evidence of significant root calculus or noticeable loss of bone support and pocket depth of 4mm or greater.	pre-op x-ray(s), perio charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0-20		No	One of (D1110, D1120, D4341) per 12 Month(s) Per patient. Cannot be billed on the same day as D1110, D1120 and D4341	
D4910	periodontal maintenance procedures	0-20		Yes	One of (D4910) per 6 Month(s) Per patient. Not covered within 90 days of active treatment. Dates of active therapy with claim	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Medically necessary partial or full mouth dentures, and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem.

A preformed denture with teeth already mounted forming a denture module is not a covered service.

Extractions for asymptomatic teeth are not covered services unless removal constitutes most cost-effective dental procedure for the provision of dentures. Provision for dentures for cosmetic purposes is not a covered service.

Fabrication of a removable prosthetic includes multiple steps (appointments) these multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETICS SHALL BE BASED ON THE CEMENTATION DATE.**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	0-20		Yes	One of (D5110, D5130) per 60 Month(s) Per patient.	pre-operative x-ray(s)
D5120	complete denture - mandibular	0-20		Yes	One of (D5120, D5140) per 60 Month(s) Per patient.	pre-operative x-ray(s)
D5130	immediate denture - maxillary	0-20		Yes	One of (D5110, D5130) per 60 Month(s) Per patient.	pre-operative x-ray(s)
D5140	immediate denture - mandibular	0-20		Yes	One of (D5120, D5140) per 60 Month(s) Per patient.	pre-operative x-ray(s)
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5410	adjust complete denture - maxillary	0-20		No	Two of (D5410) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5411	adjust complete denture - mandibular	0-20		No	Two of (D5411) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5421	adjust partial denture-maxillary	0-20		No	Two of (D5421) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5422	adjust partial denture - mandibular	0-20		No	Two of (D5422) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5511	repair broken complete denture base, mandibular	0-20		No	Two of (D5511) per 12 Month(s) Per patient. Per denture.	
D5512	repair broken complete denture base, maxillary	0-20		No	Two of (D5512) per 12 Month(s) Per patient. Per denture.	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5520	replace missing or broken teeth - complete denture (each tooth)	0-20	Teeth 1 - 32	No	Two of (D5520) per 12 Month(s) Per patient per tooth.	
D5611	repair resin partial denture base, mandibular	0-20		No	Two of (D5611) per 12 Month(s) Per patient. Per denture.	
D5612	repair resin partial denture base, maxillary	0-20		No	Two of (D5612) per 12 Month(s) Per patient. Per denture.	
D5621	repair cast partial framework, mandibular	0-20		No	Two of (D5621) per 12 Month(s) Per patient. Per denture.	
D5622	repair cast partial framework, maxillary	0-20		No	Two of (D5622) per 12 Month(s) Per patient. Per denture.	
D5630	repair or replace broken retentive/clasping materials per tooth	0-20	Teeth 1 - 32	No	Two of (D5630) per 12 Month(s) Per patient.	
D5640	replace broken teeth-per tooth	0-20	Teeth 1 - 32	No	Two of (D5640) per 12 Month(s) Per patient per tooth.	
D5650	add tooth to existing partial denture	0-20	Teeth 1 - 32	No	Two of (D5650) per 12 Month(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	0-20	Teeth 1 - 32	No	Two of (D5660) per 12 Month(s) Per patient.	
D5750	reline complete maxillary denture (laboratory)	0-20		No	One of (D5750) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5751	reline complete mandibular denture (laboratory)	0-20		No	One of (D5751) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5760	reline maxillary partial denture (laboratory)	0-20		No	One of (D5760) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5761	reline mandibular partial denture (laboratory)	0-20		No	One of (D5761) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5850	tissue conditioning, maxillary	0-20		No	Two of (D5850) per 12 Month(s) Per patient. Prior to impression for new denture.	
D5851	tissue conditioning,mandibular	0-20		No	Two of (D5851) per 12 Month(s) Per patient. Prior to impression for new denture.	

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

<b>Prosthodontics, removable</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D5863	Overdenture - complete maxillary	0-20	Per Arch (01, UA)	Yes	One of (D5863) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5864	Overdenture - partial maxillary	0-20	Per Arch (01, UA)	Yes	One of (D5864) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5865	Overdenture - complete mandibular	0-20	Per Arch (02, LA)	Yes	One of (D5865) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5866	Overdenture - partial mandibular	0-20	Per Arch (02, LA)	Yes	One of (D5866) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	facial moulage (sectional)	0-20		Yes		
D5912	facial moulage (complete)	0-20		Yes		
D5913	nasal prosthesis	0-20		Yes		
D5914	auricular prosthesis	0-20		Yes		
D5915	orbital prosthesis	0-20		Yes		
D5916	ocular prosthesis	0-20		Yes		
D5919	facial prosthesis	0-20		Yes		
D5922	nasal septal prosthesis	0-20		Yes		
D5923	ocular prosthesis, interim	0-20		Yes		
D5924	cranial prosthesis	0-20		Yes		
D5925	facial augment implant prosthesis	0-20		Yes		
D5926	nasal prosthesis, replacement	0-20		Yes		
D5927	auricular prosthesis, replace	0-20		Yes		
D5928	orbital prosthesis, replace	0-20		Yes		
D5929	facial prosthesis, replacement	0-20		Yes		
D5931	obturator prosthesis, surgical	0-20		Yes		
D5932	obturator prosthesis, definitive	0-20		Yes		
D5933	obturator prosthesis, modification	0-20		Yes		
D5934	mandibular resection prosthesis with guide flange	0-20		Yes		
D5935	mandibular resection prosthesis without guide flange	0-20		Yes		
D5936	obturator prosthesis, interim	0-20		Yes		
D5951	feeding aid	0-20		Yes		
D5952	speech aid prosthesis, pediatric	0-20		Yes		
D5953	speech aid prosthesis, adult	0-20		Yes		
D5954	palatal augment prosthesis	0-20		Yes		

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

<b>Maxillofacial Prosthetics</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D5955	palatal lift prosthesis, definitive	0-20		Yes		
D5958	palatal lift prosthesis, interim	0-20		Yes		
D5959	palatal lift prosthesis, modification	0-20		Yes		
D5960	speech aid prosthesis, modification	0-20		Yes		
D5982	surgical stent	0-20		No		
D5983	radiation carrier	0-20		Yes		
D5985	radiation cone locator	0-20		Yes		
D5986	fluoride gel carrier	0-20		Yes		
D5987	commissure splint	0-20		Yes		
D5988	surgical splint	0-20		No		
D5999	unspecified maxillofacial prosthesis, by report	0-20		Yes		

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

**Prosthodontics, fixed**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6930	re-cement or re-bond fixed partial denture	0-20		No	Limited to 1 per bridge.	



**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Reimbursement includes local anesthesia and routine post-operative care.

The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7111	extraction, coronal remnants - primary tooth	0-20	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Includes cutting of gingiva and bone, removal of tooth structure and closure.	
D7220	removal of impacted tooth-soft tissue	0-20	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7230	removal of impacted tooth-partially bony	0-20	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7240	removal of impacted tooth-completely bony	0-20	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Unusual complications such as a nerve dissection, separate closure of the maxillary sinus, or aberrant tooth position. Removal of asymptomatic tooth not covered.	
D7250	surgical removal of residual tooth roots (cutting procedure)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Will not be paid to the dentists or group that removed the tooth. Removal of asymptomatic tooth not covered.	
D7260	oroantral fistula closure	0-20		No		

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0-20	Teeth 1 - 32	No	Includes splinting and/or stabilization.	
D7280	Surgical access of an unerupted tooth	0-20	Teeth 1 - 32	No	Will not be payable unless the orthodontic treatment has been authorized as a covered benefit.	
D7283	placement of device to facilitate eruption of impacted tooth	0-20	Teeth 2 - 15, 18 - 31	Yes	Procedure is only reimbursable with a Medicaid approved comprehensive orthodontic treatment plan.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	0-20		No		
D7286	incisional biopsy of oral tissue-soft	0-20		No		
D7290	surgical repositioning of teeth	0-20	Teeth 1 - 32	No		
D7291	transseptal fiberotomy, by report	0-20	Teeth 1 - 32	No	Limited to when furnished in conjunction with comprehensive orthodontic treatment that has been approved.	
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310) per 1 Lifetime Per patient per quadrant. Alveoplasty with extraction	Full mouth x-rays
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320) per 1 Lifetime Per patient per quadrant. No extractions performed in the edentulous area. Limited to when protuberances are present that prevent the insertion of a denture or retard healings.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	0-20	Per Arch (01, 02, LA, UA)	No	Limited to when necessary to extend the ridge surgically.	
D7350	vestibuloplasty - ridge extension	0-20	Per Arch (01, 02, LA, UA)	No	Limited to when necessary to extend the ridge surgically.	
D7410	radical excision - lesion diameter up to 1.25cm	0-20		No		
D7411	excision of benign lesion greater than 1.25 cm	0-20		No		
D7412	excision of benign lesion, complicated	0-20		No		
D7414	excision of malignant lesion greater than 1.25 cm	0-20		No		

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	0-20		No		
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	0-20		No		
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		No		
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	0-20		No		
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		No		
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	0-20		No		
D7465	destruction of lesion(s) by physical or chemical method, by report	0-20		No		
D7471	removal of exostosis - per site	0-20	Per Arch (01, 02, LA, UA)	No	Limited to the removal of exostosis, including the removal of tori, osseous tuberosities, and other osseous protuberances, when the mass prevents the seating of denture and does not allow denture seal.	
D7490	radical resection of maxilla or mandible	0-20		No	Limited to when necessary to correct defects resulting from infection, trauma, or excision of neoplastic disease.	
D7510	incision and drainage of abscess - intraoral soft tissue	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7520	incision and drainage of abscess - extraoral soft tissue	0-20		No		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	0-20		No		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	0-20		No		

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	0-20		No		
D7610	maxilla - open reduction	0-20		No		
D7620	maxilla - closed reduction	0-20		No		
D7630	mandible-open reduction	0-20		No		
D7640	mandible - closed reduction	0-20		No		
D7650	malar and/or zygomatic arch-open reduction	0-20		No		
D7660	malar and/or zygomatic arch-closed	0-20		No		
D7670	alveolus stabilization of teeth, closed reduction splinting	0-20		No		
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	0-20		No		
D7710	maxilla - open reduction	0-20		No		
D7720	maxilla - closed reduction	0-20		No		
D7730	mandible - open reduction	0-20		No		
D7740	mandible - closed reduction	0-20		No		
D7750	malar and/or zygomatic arch-open reduction	0-20		No		
D7760	malar and/or zygomatic arch-closed reduction	0-20		No		
D7770	alveolus-stabilization of teeth, open reduction splinting	0-20		No		
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches	0-20		No		
D7910	suture small wounds up to 5 cm	0-20		No		
D7911	complicated suture-up to 5 cm	0-20		No		

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7912	complex suture - greater than 5cm	0-20		No		
D7920	skin graft (identify defect covered, location and type of graft)	0-20		No		
D7940	osteoplasty- for orthognathic deformities	0-20		Yes		narrative of medical necessity
D7941	osteotomy - madibular rami	0-20		Yes		narrative of medical necessity
D7943	osteotomy- mandibular rami with bone graft; includes obtaining the graft	0-20		Yes		narrative of medical necessity
D7944	osteotomy - segmented or subapical - per sextant or quadrant	0-20		Yes		narrative of medical necessity
D7945	osteotomy - body of mandible	0-20		Yes		narrative of medical necessity
D7946	LeFort I (maxilla - total)	0-20		Yes		narrative of medical necessity
D7947	LeFort I (maxilla - segmented)	0-20		Yes		narrative of medical necessity
D7948	LeFort II or LeFort III - without bone graft	0-20		Yes		narrative of medical necessity
D7949	LeFort II or LeFort III - with bone graft	0-20		Yes		narrative of medical necessity
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	0-20		Yes		narrative of medical necessity
D7955	repair of maxillofacial soft and/or hard tissue defect	0-20		Yes		narrative of medical necessity
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	0-20		No		
D7970	excision of hyperplastic tissue - per arch	0-20	Per Arch (01, 02, LA, UA)	No		
D7971	excision of pericoronal gingiva	0-20	Teeth 1 - 32	No		

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7979	non-surgical sialolithotomy	0-20		No		
D7980	surgical sialolithotomy	0-20		No		
D7981	excision of salivary gland, by report	0-20		No		
D7982	sialodochoplasty	0-20		No		
D7983	closure of salivary fistula	0-20		No		
D7990	emergency tracheotomy	0-20		No		
D7991	coronoidectomy	0-20		Yes		narrative of medical necessity
D7995	synthetic graft-mandible or facial bones, by report	0-20		Yes		narrative of medical necessity
D7996	implant-mandible for augmentation purposes, by report	0-20		Yes		narrative of medical necessity

## **Exhibit A Benefits Covered for Presbyterian Centennial New Mexico Medicaid Children**

Medicaid Members age 20 and under may qualify for orthodontic care under the program. Recipients must have a severe, dysfunctional, handicapping malocclusion.

Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspid are in good occlusion seldom qualify. Crowding alone is not usually dysfunctional in spite of the aesthetic considerations.

Minor tooth guidance, if a covered benefit, will be authorized on a selective basis to help prevent the future necessity for full-banded treatment. All appliance adjustments are incidental and included in the allowance for the tooth guidance appliance. With the exception of situations involving gingival stripping or other non-reversible damage, appliances for minor tooth guidance (codes D8010 through D8030) will be approved when they are the only treatment necessary. If treatment is not definitive, the movement will only be covered as part of a comprehensive orthodontic treatment plan.

All orthodontic services require prior authorization by one of DentaQuest's Consultants. The recipient should present with a fully erupted set of permanent teeth. At least 1/2 to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing.

The HLD Evaluation Index is used as the basis for determining whether a Member qualifies for full-banded orthodontics. A Member must score minimum of 30 points to qualify for coverage. Points are not awarded for aesthetics, therefore the additional points for handicapping aesthetics will not be considered as part of the determination.

Diagnostic study models (trimmed) with waxbites, treatment plan, full mouth radiographs or panorex must be submitted with the request for prior authorization of services. Treatment should not begin prior to receiving notification from DentaQuest indicating coverage or non-coverage for the proposed treatment plan. Dentists who begin treatment before receiving an approved or denied prior authorization are financially obligated to complete treatment at no charge to the patient; or face possible termination of their provider agreement. Providers cannot bill prior to services being performed.

If the case is denied, the prior authorization will be returned to the Provider indicating that DentaQuest will not cover the orthodontic treatment. DentaQuest will now require any dentist that submits ortho models to also submit a claim (D8660) for the model in order for payment to be processed if the case is denied. The payment of the treatment plan and diagnostic models is at a rate of \$101.38.

### General Billing Information for Orthodontics:

The start and billing date of orthodontic services is defined as the date when the bands, brackets, or appliances are placed in the recipient's mouth. The recipient must be eligible on this date of service.

To guarantee proper and prompt payment of orthodontic cases, please follow the steps below:

Fax or mail a copy of our Authorization Determination letter with the date of services (banding date) filled in. Our fax number is 262. 241.7150.

Payment for orthodontics includes all appliances, retainers and all follow-up visits. Providers cannot bill for the replacement of removable orthodontic appliances and post-treatment maintenance retainers that are lost or damaged.

\*\*\*Please notify DentaQuest should the patient discontinue treatment for any reason\*\*\*

### Continuation of Treatment:

DentaQuest of New Mexico, LLC requires the following information for possible payment or continuation of care cases:

- \* Completed "Orthodontic Continuation of Care Form" - See Appendix A.
- \* Completed ADA claim form listing services to be rendered.
- \* A copy of Member's prior approval including the total approved case fee, banding fee, and periodic orthodontic treatment fees.
- \* If the member is private pay or transferring from a commercial insurance program: Original diagnostic models (or OrthoCad equivalent), radiographs (optional).

If the Member started treatment under commercial insurance or fee for service, we must receive the ORIGINAL diagnostic models (or OrthoCad), or radiographs (optional), banding date, and a detailed payment history.

It is the provider's and patient's responsibility to get the required information. Cases cannot be set-up for possible payment without complete information.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Orthodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D8070	comprehensive orthodontic treatment of the transitional dentition	0-20		Yes	One of (D8070, D8080, D8090) per 1 Lifetime Per patient. Diagnostic casts or digital study models, Full mouth or panorex x-ray, Cephalometric film, and a Completed HLD form.	Study model or OrthoCad, x-rays
D8080	comprehensive orthodontic treatment of the adolescent dentition	0-20		Yes	One of (D8070, D8080, D8090) per 1 Lifetime Per patient. Diagnostic casts or digital study models, Full mouth or panorex x-ray, Cephalometric film, and a Completed HLD form.	Study model or OrthoCad, x-rays
D8090	comprehensive orthodontic treatment of the adult dentition	0-20		Yes	One of (D8070, D8080, D8090) per 1 Lifetime Per patient. Diagnostic casts or digital study models, Full mouth or panorex x-ray, Cephalometric film, and a Completed HLD form.	Study model or OrthoCad, x-rays
D8210	removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)	0-20		Yes	Photos (or OrthoCad equivalent), narrative/treatment plan to include description of appliances. Panorex or periapical radiographs optional.	narr. of med. necessity, model or photo
D8220	fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)	0-20		Yes	Photos (or OrthoCad equivalent), narrative/treatment plan to include description of appliances. Panorex or periapical radiographs optional.	narr. of med. necessity, model or photo
D8660	pre-orthodontic treatment examination to monitor growth and development	0-20		No	One of (D8660) per 6 Month(s) Per patient. Used to pay for records only on denied cases.	



**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Reimbursement includes local anesthesia.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	0-20		No	Not allowed with any other services other than radiographs.	
D9222	deep sedation/general anesthesia first 15 minutes	0-20		No		
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	0-20		No	Nine of (D9223, D9243) per 1 Day(s) Per patient. 15 minute increments up to 9 units	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	0-20		No	Reimbursed per date of service, not by time.	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	0-20		No		
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	0-20		No	Nine of (D9223, D9243) per 1 Day(s) Per patient. 15 minute increments up to 9 units	
D9248	non-intravenous moderate (conscious) sedation	0-20		No	One of (D9248) per 1 Day(s) Per patient. One per member per day.	
D9410	house/extended care facility call	0-20		No	Use to bill for a nursing home visit (per site). Maximum of three (3) per date of visit (one per site). For nursing homes, long-term care facilities, hospice sites and institutions	
D9420	hospital or ambulatory surgical center call	0-20		No		
D9610	therapeutic drug injection, by report	0-20		No	Cannot bill with D9240 on same date of service.	
D9995	teledentistry – synchronous; real-time encounter	0-20		No		

**Exhibit A Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Children**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Medical						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
99406	Smoking and tobacco cessation counseling visit intermediate greater than 3 minutes up to 10 minutes	0-20		No	Eight of (99406, 99407) per 12 Month(s) Per patient.	
99407	Smoking and tobacco cessation counseling visit intermediate intensive greater than 10 minutes	0-20		No	Eight of (99406, 99407) per 12 Month(s) Per patient.	

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Diagnostic services include the oral examinations, and selected radiographs, needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the Member's oral health.

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series.

Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations.

All radiographs must be of diagnostic quality, properly mounted, dated and identified with the Member's name. Radiographs not of diagnostic quality will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0140	limited oral evaluation-problem focused	21 and older		No	Not reimbursable on the same day as D0120 and D0150. Limited to when performed as part of an emergency service to relieve pain and suffering and cannot be billed with a regular appointment.	
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	One of (D0150) per 12 Month(s) Per patient.	
D0210	intraoral - complete series of radiographic images	21 and older		No	One of (D0210, D0330) per 60 Month(s) Per patient. Either a D0210 or D0330.	
D0220	intraoral - periapical first radiographic image	21 and older		No		
D0230	intraoral - periapical each additional radiographic image	21 and older		No		
D0240	intraoral - occlusal radiographic image	21 and older		No	Two of (D0240) per 12 Month(s) Per patient.	
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	21 and older		No		
D0251	extra-oral posterior dental radiographic image	21 and older		No	One of (D0251) per 12 Month(s) Per patient.	

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0260	extraoral - each additional radiographic image	21 and older		No		
D0270	bitewing - single radiographic image	21 and older		No		
D0272	bitewings - two radiographic images	21 and older		No		
D0274	bitewings - four radiographic images	21 and older		No		
D0290	posterior-anterior or lateral skull and facial bone survey radiographic image	21 and older		No		
D0310	sialography	21 and older		Yes		narrative of medical necessity
D0320	temporomandibular joint arthrogram, including injection	21 and older		Yes		narrative of medical necessity
D0321	other temporomandibular joint films, by report	21 and older		Yes		narrative of medical necessity
D0322	tomographic survey	21 and older		Yes		narrative of medical necessity
D0330	panoramic radiographic image	21 and older		No	One of (D0210, D0330) per 60 Month(s) Per patient. All other radiographs taken with a panorex are considered part of the complete series and may not be billed separately.	
D0340	cephalometric radiographic image	21 and older		No		
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	21 and older		No	By Report	
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	21 and older		Yes	By Report	
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	21 and older		Yes	By Report	

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	21 and older		Yes	By Report	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	21 and older		Yes	By Report	
D0369	Maxillofacial MRI capture and interpretation	21 and older		Yes	By Report	
D0370	Maxillofacial ultrasound capture and interpretation	21 and older		Yes	By Report	
D0371	Sialoendoscopy capture and interpretation	21 and older		Yes	By Report	
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	21 and older		Yes	By Report	
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	21 and older		Yes	By Report	
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	21 and older		Yes	By Report	
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	21 and older		Yes	By Report	
D0384	Cone beam CT image capture for TMJ series including two or more exposures	21 and older		Yes	By Report	
D0385	Maxillofacial MRI image capture	21 and older		Yes	By Report	
D0386	Maxillofacial ultrasound image capture	21 and older		Yes	By Report	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	21 and older		Yes	By Report	
D0415	bacteriologic studies	21 and older		Yes		narrative of medical necessity

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0502	other oral pathology procedures, by report	21 and older		Yes		Pathology report
D0999	unspecified diagnostic procedure, by report	21 and older		Yes		

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Sealants may be placed on the occlusal or occlusal-buccal surfaces of lower molars or occlusal or occlusal-lingual surfaces of upper molars, and occlusal surfaces of premolars.

Space maintainers are a covered service when medically indicated due to the premature loss of a posterior primary tooth. A lower lingual holding arch placed where there is not premature loss of the primary molar is considered a transitional orthodontic appliance and not covered by this Plan.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	21 and older		No	One of (D1110) per 12 Month(s) Per patient. Allowed 2 per 12 months If member is DD. Chart notes identifying disability.	
D1208	topical application of fluoride - excluding varnish	21 and older		No	One of (D1208) per 12 Month(s) Per patient ages 21 and above.	

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Reimbursement includes local anesthesia.

Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least thirty six months, unless there is recurrent decay or material failure.

Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not.

Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases and curing are included as part of the restoration.

When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED.

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	



**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2390	resin-based composite crown, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2391	resin-based composite - one surface, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21 and older	Teeth 1 - 32	No		
D2920	re-cement or re-bond crown	21 and older	Teeth 1 - 32, A - T	No		

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2931	prefabricated stainless steel crown-permanent tooth	21 and older	Teeth 1 - 32	No		Periapical x-ray(s)
D2932	prefabricated resin crown	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2933	prefabricated stainless steel crown with resin window	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	21 and older	Teeth A - T	No		
D2940	protective restoration	21 and older	Teeth 1 - 32, A - T	No	Temporary restoration intended to relieve pain. Not to be used as a base or liner under restoration.	
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 1 - 32	No	Maximum of 2 per tooth.	
D2980	crown repair, by report	21 and older	Teeth 1 - 32	Yes		narrative of medical necessity

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Reimbursement includes local anesthesia.

In cases where a root canal filling does not meet DentaQuest's general criteria treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date.

Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g., Sargenti filling material) is not covered.

Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling and obturation of canals, intra-operative and fill radiographs.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	Yes	One of (D3310) per 1 Lifetime Per patient per tooth. Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Reimbursement includes local anesthesia.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210) per 36 Month(s) Per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	Periapical x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4211) per 36 Month(s) Per patient per quadrant. One (1) to three (3) teeth in the affected quadrant.	Periapical x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341) per 24 Month(s) Per patient per quadrant. A minimum of (4) teeth in the affected quadrant. Not covered with D1120, D1110 on same date of service. Maximum of two (2) quadrants on the same date of service.	Full mouth x-rays
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	21 and older		No	One of (D1110, D1120, D4341) per 12 Month(s) Per patient. Cannot be billed on the same day as D1110, D1120 and D4341	

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Medically necessary partial or full mouth dentures, and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem.

A preformed denture with teeth already mounted forming a denture module is not a covered service.

Extractions for asymptomatic teeth are not covered services unless removal constitutes most cost-effective dental procedure for the provision of dentures. Provision for dentures for cosmetic purposes is not a covered service.

Fabrication of a removable prosthetic includes multiple steps (appointments) these multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETICS SHALL BE BASED ON THE CEMENTATION DATE.**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	21 and older		Yes	One of (D5110, D5130) per 60 Month(s) Per patient.	Full mouth x-rays
D5120	complete denture - mandibular	21 and older		Yes	One of (D5120, D5140) per 60 Month(s) Per patient.	Full mouth x-rays
D5130	immediate denture - maxillary	21 and older		Yes	One of (D5110, D5130) per 60 Month(s) Per patient.	Full mouth x-rays
D5140	immediate denture - mandibular	21 and older		Yes	One of (D5120, D5140) per 60 Month(s) Per patient.	Full mouth x-rays
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	21 and older		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient.	Full mouth x-rays
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	21 and older		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient.	Full mouth x-rays
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient.	Full mouth x-rays
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient.	Full mouth x-rays

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	21 and older		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	21 and older		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	21 and older		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	21 and older		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5410	adjust complete denture - maxillary	21 and older		No	Two of (D5410) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5411	adjust complete denture - mandibular	21 and older		No	Two of (D5411) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5421	adjust partial denture-maxillary	21 and older		No	Two of (D5421) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5422	adjust partial denture - mandibular	21 and older		No	Two of (D5422) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5511	repair broken complete denture base, mandibular	21 and older		No	Two of (D5511) per 12 Month(s) Per patient. Per denture.	
D5512	repair broken complete denture base, maxillary	21 and older		No	Two of (D5512) per 12 Month(s) Per patient. Per denture.	
D5520	replace missing or broken teeth - complete denture (each tooth)	21 and older	Teeth 1 - 32	No	Two of (D5520) per 12 Month(s) Per patient per tooth.	
D5611	repair resin partial denture base, mandibular	21 and older		No	Two of (D5611) per 12 Month(s) Per patient. Per denture.	

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5612	repair resin partial denture base, maxillary	21 and older		No	Two of (D5612) per 12 Month(s) Per patient. Per denture.	
D5621	repair cast partial framework, mandibular	21 and older		No	Two of (D5621) per 12 Month(s) Per patient. Per denture.	
D5622	repair cast partial framework, maxillary	21 and older		No	Two of (D5622) per 12 Month(s) Per patient. Per denture.	
D5630	repair or replace broken retentive/clasping materials per tooth	21 and older	Teeth 1 - 32	No	Two of (D5630) per 12 Month(s) Per patient.	
D5640	replace broken teeth-per tooth	21 and older	Teeth 1 - 32	No	Two of (D5640) per 12 Month(s) Per patient per tooth.	
D5650	add tooth to existing partial denture	21 and older	Teeth 1 - 32	No	Two of (D5650) per 12 Month(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	21 and older	Teeth 1 - 32	No	Two of (D5660) per 12 Month(s) Per patient.	
D5750	reline complete maxillary denture (laboratory)	21 and older		No	One of (D5750) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5751	reline complete mandibular denture (laboratory)	21 and older		No	One of (D5751) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5760	reline maxillary partial denture (laboratory)	21 and older		No	One of (D5760) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5761	reline mandibular partial denture (laboratory)	21 and older		No	One of (D5761) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5850	tissue conditioning, maxillary	21 and older		No	Two of (D5850) per 12 Month(s) Per patient. Prior to impression for new denture.	
D5851	tissue conditioning,mandibular	21 and older		No	Two of (D5851) per 12 Month(s) Per patient. Prior to impression for new denture.	narrative of medical necessity
D5863	Overdenture - complete maxillary	21 and older	Per Arch (01, UA)	Yes	One of (D5863) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5864	Overdenture - partial maxillary	21 and older	Per Arch (01, UA)	Yes	One of (D5864) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

<b>Prosthodontics, removable</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D5865	Overdenture - complete mandibular	21 and older	Per Arch (02, LA)	Yes	One of (D5865) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5866	Overdenture - partial mandibular	21 and older	Per Arch (02, LA)	Yes	One of (D5866) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5899	unspecified removable prosthodontic procedure, by report	21 and older		Yes		



**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	facial moulage (sectional)	21 and older		Yes		
D5912	facial moulage (complete)	21 and older		Yes		
D5913	nasal prosthesis	21 and older		Yes		
D5914	auricular prosthesis	21 and older		Yes		
D5915	orbital prosthesis	21 and older		Yes		
D5916	ocular prosthesis	21 and older		Yes		
D5919	facial prosthesis	21 and older		Yes		
D5922	nasal septal prosthesis	21 and older		Yes		
D5923	ocular prosthesis, interim	21 and older		Yes		
D5924	cranial prosthesis	21 and older		Yes		
D5925	facial augment implant prosthesis	21 and older		Yes		
D5926	nasal prosthesis, replacement	21 and older		Yes		
D5927	auricular prosthesis, replace	21 and older		Yes		
D5928	orbital prosthesis, replace	21 and older		Yes		
D5929	facial prosthesis, replacement	21 and older		Yes		
D5931	obturator prosthesis, surgical	21 and older		Yes		
D5932	obturator prosthesis, definitive	21 and older		Yes		
D5933	obturator prosthesis, modification	21 and older		Yes		
D5934	mandibular resection prosthesis with guide flange	21 and older		Yes		
D5935	mandibular resection prosthesis without guide flange	21 and older		Yes		
D5936	obturator prosthesis, interim	21 and older		Yes		
D5951	feeding aid	21 and older		Yes		
D5952	speech aid prosthesis, pediatric	21 and older		Yes		
D5953	speech aid prosthesis, adult	21 and older		Yes		
D5954	palatal augment prosthesis	21 and older		Yes		

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

<b>Maxillofacial Prosthetics</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D5955	palatal lift prosthesis, definitive	21 and older		Yes		
D5958	palatal lift prosthesis, interim	21 and older		Yes		
D5959	palatal lift prosthesis, modification	21 and older		Yes		
D5960	speech aid prosthesis, modification	21 and older		Yes		
D5982	surgical stent	21 and older		No		
D5983	radiation carrier	21 and older		Yes		
D5984	radiation shield	21 and older		Yes		
D5985	radiation cone locator	21 and older		Yes		
D5986	fluoride gel carrier	21 and older		Yes		
D5987	commissure splint	21 and older		Yes		
D5988	surgical splint	21 and older		No		
D5999	unspecified maxillofacial prosthesis, by report	21 and older		Yes		

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	re-cement or re-bond fixed partial denture	21 and older		No	Limited to 1 per bridge.	

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Reimbursement includes local anesthesia and routine post-operative care.

The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7111	extraction, coronal remnants - primary tooth	21 and older	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Includes cutting of gingiva and bone, removal of tooth structure and closure.	
D7220	removal of impacted tooth-soft tissue	21 and older	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7230	removal of impacted tooth-partially bony	21 and older	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7240	removal of impacted tooth-completely bony	21 and older	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Unusual complications such as a nerve dissection, separate closure of the maxillary sinus, or aberrant tooth position. Removal of asymptomatic tooth not covered.	Panoramic x-ray
D7250	surgical removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Will not be paid to the dentists or group that removed the tooth. Removal of asymptomatic tooth not covered.	
D7260	oroantral fistula closure	21 and older		No		narrative of medical necessity

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	21 and older	Teeth 1 - 32	No	Includes splinting and/or stabilization.	
D7280	Surgical access of an unerupted tooth	21 and older	Teeth 1 - 32	No	Will not be payable unless the orthodontic treatment has been authorized as a covered benefit.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	21 and older		No		
D7286	incisional biopsy of oral tissue-soft	21 and older		No		
D7290	surgical repositioning of teeth	21 and older	Teeth 1 - 32	No		
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310) per 1 Lifetime Per patient per quadrant. Alveoplasty with extraction	Full mouth x-rays
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	No extractions performed in the edentulous area. Limited to when protuberances are present that prevent the inseration of a denture or retard healings.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	21 and older	Per Arch (01, 02, LA, UA)	No	Limited to when necessary to extend the ridge surgically.	
D7350	vestibuloplasty - ridge extension	21 and older	Per Arch (01, 02, LA, UA)	No	Limited to when necessary to extend the ridge surgically.	
D7410	radical excision - lesion diameter up to 1.25cm	21 and older		No		
D7411	excision of benign lesion greater than 1.25 cm	21 and older		No		
D7412	excision of benign lesion, complicated	21 and older		No		
D7414	excision of malignant lesion greater than 1.25 cm	21 and older		No		
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	21 and older		No		
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	21 and older		No		

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		No		
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		No		
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		No		
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		No		
D7465	destruction of lesion(s) by physical or chemical method, by report	21 and older		No		
D7471	removal of exostosis - per site	21 and older	Per Arch (01, 02, LA, UA)	No	Limited to the removal of exostosis, including the removal of tori, osseous tuberosities, and other osseous protuberances, when the mass prevents the seating of denture and does not allow denture seal.	
D7490	radical resection of maxilla or mandible	21 and older		No	Limited to when necessary to correct defects resulting from infection, trauma, or excision of neoplastic disease.	
D7510	incision and drainage of abscess - intraoral soft tissue	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7520	incision and drainage of abscess - extraoral soft tissue	21 and older		No		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	21 and older		No		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	21 and older		No		
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	21 and older		No		

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7610	maxilla - open reduction	21 and older		No		
D7620	maxilla - closed reduction	21 and older		No		
D7630	mandible-open reduction	21 and older		No		
D7640	mandible - closed reduction	21 and older		No		
D7650	malar and/or zygomatic arch-open reduction	21 and older		No		
D7660	malar and/or zygomatic arch-closed	21 and older		No		
D7670	alveolus stabilization of teeth, closed reduction splinting	21 and older		No		
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	21 and older		No		
D7710	maxilla - open reduction	21 and older		No		
D7720	maxilla - closed reduction	21 and older		No		
D7730	mandible - open reduction	21 and older		No		
D7740	mandible - closed reduction	21 and older		No		
D7750	malar and/or zygomatic arch-open reduction	21 and older		No		
D7760	malar and/or zygomatic arch-closed reduction	21 and older		No		
D7770	alveolus-stabilization of teeth, open reduction splinting	21 and older		No		
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches	21 and older		No		
D7910	suture small wounds up to 5 cm	21 and older		No		
D7911	complicated suture-up to 5 cm	21 and older		No		
D7912	complex suture - greater than 5cm	21 and older		No		
D7920	skin graft (identify defect covered, location and type of graft)	21 and older		No		

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7940	osteoplasty- for orthognathic deformities	21 and older		Yes		narrative of medical necessity
D7941	osteotomy - madibular rami	21 and older		Yes		narrative of medical necessity
D7943	osteotomy- mandibular rami with bone graft; includes obtaining the graft	21 and older		Yes		narrative of medical necessity
D7944	osteotomy - segmented or subapical - per sextant or quadrant	21 and older		Yes		narrative of medical necessity
D7945	osteotomy - body of mandible	21 and older		Yes		narrative of medical necessity
D7946	LeFort I (maxilla - total)	21 and older		Yes		narrative of medical necessity
D7947	LeFort I (maxilla - segmented)	21 and older		Yes		narrative of medical necessity
D7948	LeFort II or LeFort III - without bone graft	21 and older		Yes		narrative of medical necessity
D7949	LeFort II or LeFort III - with bone graft	21 and older		Yes		narrative of medical necessity
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	21 and older		Yes		narrative of medical necessity
D7955	repair of maxillofacial soft and/or hard tissue defect	21 and older		Yes		narrative of medical necessity
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	21 and older		No		
D7970	excision of hyperplastic tissue - per arch	21 and older	Per Arch (01, 02, LA, UA)	No		
D7971	excision of pericoronal gingiva	21 and older	Teeth 1 - 32	No		
D7979	non-surgical sialolithotomy	21 and older		No		
D7980	surgical sialolithotomy	21 and older		No		



**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7981	excision of salivary gland, by report	21 and older		No		
D7982	sialodochoplasty	21 and older		No		
D7983	closure of salivary fistula	21 and older		No		
D7990	emergency tracheotomy	21 and older		No		
D7991	coronoidectomy	21 and older		Yes		narrative of medical necessity
D7995	synthetic graft-mandible or facial bones, by report	21 and older		Yes		narrative of medical necessity
D7996	implant-mandible for augmentation purposes, by report	21 and older		Yes		narrative of medical necessity
D7999	unspecified oral surgery procedure, by report	21 and older		Yes		

**Exhibit B Benefits Covered for  
Presbyterian Centennial New Mexico Medicaid Adult**

Reimbursement includes local anesthesia.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	21 and older		No	Not allowed with any other services other than radiographs.	
D9210	local anesthesia not in conjunction with operative or surgical procedures	21 and older		No	Cannot bill D9610 or D9630 on same date of service. Maximum of one hour D9220/D9221	
D9222	deep sedation/general anesthesia first 15 minutes	21 and older		No		
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	21 and older		No	Nine of (D9223, D9243) per 1 Day(s) Per patient. 15 minute increments up to 9 units	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	21 and older		No		
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	21 and older		No	Nine of (D9223, D9243) per 1 Day(s) Per patient. 15 minute increments up to 9 units	
D9410	house/extended care facility call	21 and older		No	Use to bill for a nursing home visit (per site). Maximum of three (3) per date of visit (one per site). For nursing homes, long-term care facilities, hospice sites and institutions	
D9420	hospital or ambulatory surgical center call	21 and older		No		
D9610	therapeutic drug injection, by report	21 and older		No	Cannot bill with D9240 on same date of service.	
D9995	teledentistry – synchronous; real-time encounter	21 and older		No		
D9999	unspecified adjunctive procedure, by report	21 and older		Yes		

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Diagnostic services include the oral examinations, and selected radiographs, needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the Member's oral health.

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series.

Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations.

All radiographs must be of diagnostic quality, properly mounted, dated and identified with the Member's name. Radiographs not of diagnostic quality will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	0-20		No	One of (D0120) per 12 Month(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Not reimbursable on the same day as D0120 and D0150. Limited to when performed as part of an emergency service to relieve pain and suffering and cannot be billed with a regular appointment.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	One of (D0150) per 12 Month(s) Per patient.	
D0210	intraoral - complete series of radiographic images	All Ages		No	One of (D0210, D0330) per 36 Month(s) Per patient. Either a D0210 or D0330.	
D0220	intraoral - periapical first radiographic image	All Ages		No		
D0230	intraoral - periapical each additional radiographic image	All Ages		No		
D0240	intraoral - occlusal radiographic image	All Ages		No		
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	All Ages		No		

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0260	extraoral - each additional radiographic image	All Ages		No		
D0270	bitewing - single radiographic image	All Ages		No		
D0272	bitewings - two radiographic images	All Ages		No		
D0274	bitewings - four radiographic images	All Ages		No		
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0330) per 36 Month(s) Per patient. All other radiographs taken with a panorex are considered part of the complete series and may not be billed separately.	

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Sealants may be placed on the occlusal or occlusal-buccal surfaces of lower molars or occlusal or occlusal-lingual surfaces of upper molars, and occlusal surfaces of premolars.

Space maintainers are a covered service when medically indicated due to the premature loss of a posterior primary tooth. A lower lingual holding arch placed where there is not premature loss of the primary molar is considered a transitional orthodontic appliance and not covered by this Plan.

ADA Code D1206 is covered for ages 6 months to age 20.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	14 and older		No	One of (D1110) per 12 Month(s) Per patient. Includes scaling and polishing procedure to remove coronal plaque, calculus and stains.	
D1120	prophylaxis - child	0-13		No	One of (D1120) per 6 Month(s) Per patient.	
D1206	topical application of fluoride varnish	0-20		No	One of (D1206, D1208) per 6 Month(s) Per patient. The D1206 is covered for ages 6 months to age 20.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	One of (D1206, D1208) per 6 Month(s) Per patient ages 0 to 20. One of (D1208) per 12 Month(s) Per patient ages 21 and above.	
D1351	sealant - per tooth	5-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D1351) per 60 Month(s) Per patient. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations.	

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Reimbursement includes local anesthesia.

Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least thirty six months, unless there is recurrent decay or material failure.

Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not.

Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases and curing are included as part of the restoration.

When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED.

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2710	crown - resin-based composite (indirect)	0-20	Teeth 4 - 13, 20 - 29	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth. Resin-based composite crown that is indirectly fabricated.	pre-operative x-ray(s)
D2751	crown - porcelain fused to predominantly base metal	0-20	Teeth 4 - 13, 20 - 29	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2752	crown - porcelain fused to noble metal	0-20	Teeth 4 - 13, 20 - 29	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2791	crown - full cast predominantly base metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2792	crown - full cast noble metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)



**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Reimbursement includes local anesthesia.

In cases where a root canal filling does not meet DentaQuest's general criteria treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date.

Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g., Sargenti filling material) is not covered.

Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling and obturation of canals, intra-operative and fill radiographs.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

<b>Endodontics</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0-20	Teeth 1 - 32, A - T	No		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	All Ages	Teeth 6 - 11, 22 - 27	Yes	One of (D3310) per 1 Lifetime Per patient per tooth. Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.	pre-operative x-ray(s)
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3320) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D3330	endodontic therapy, molar tooth (excluding final restoration)	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	Yes	One of (D3330) per 1 Lifetime Per patient per tooth in hospital.	pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210) per 36 Month(s) Per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4211) per 36 Month(s) Per patient per quadrant. One (1) to three (3) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240) per 36 Month(s) Per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4341	periodontal scaling and root planing - four or more teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341) per 24 Month(s) Per patient per quadrant. A minimum of (4) teeth in the affected quadrant. Not covered with D1120, D1110 on same date of service. Maximum of two (2) quadrants on the same date of service.	pre-op x-ray(s), perio charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	All Ages		No	One of (D1110, D1120, D4341) per 12 Month(s) Per patient. Cannot be billed on the same day as D1110, D1120 and D4341	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	All Ages		No	One of (D4355) per 36 Month(s) Per patient.	
D4910	periodontal maintenance procedures	0-20		Yes	One of (D4910) per 6 Month(s) Per patient. Not covered within 90 days of active treatment.	Dates of Active Therapy

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Reimbursement includes local anesthesia and routine post-operative care.

The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7510	incision and drainage of abscess - intraoral soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7520	incision and drainage of abscess - extraoral soft tissue	All Ages		No		

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	All Ages		No	Not allowed with any other services other than radiographs.	
D9995	teledentistry – synchronous; real-time encounter	All Ages		No		

**Exhibit C Benefits Covered for  
Presbyterian Centennial New Mexico Adult Pregnancy**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Medical						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
99406	Smoking and tobacco cessation counseling visit intermediate greater than 3 minutes up to 10 minutes	0-20		No	Eight of (99406, 99407) per 12 Month(s) Per patient.	
99407	Smoking and tobacco cessation counseling visit intermediate intensive greater than 10 minutes	0-20		No	Eight of (99406, 99407) per 12 Month(s) Per patient.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Diagnostic services include the oral examinations, and selected radiographs, needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the Member's oral health.

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series.

Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations.

All radiographs must be of diagnostic quality, properly mounted, dated and identified with the Member's name. Radiographs not of diagnostic quality will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	0-20		No	One of (D0120) per 6 Month(s) Per Provider OR Location.	
D0140	limited oral evaluation-problem focused	0-20		No	Not reimbursable on the same day as D0120 and D0150. Limited to when performed as part of an emergency service to relieve pain and suffering and cannot be billed with a regular appointment.	
D0150	comprehensive oral evaluation - new or established patient	0-20		No	One of (D0150) per 12 Month(s) Per Provider OR Location.	
D0210	intraoral - complete series of radiographic images	0-20		No	One of (D0210, D0330) per 60 Month(s) Per patient. Either a D0210 or D0330.	
D0220	intraoral - periapical first radiographic image	0-20		No		
D0230	intraoral - periapical each additional radiographic image	0-20		No		
D0240	intraoral - occlusal radiographic image	0-20		No	Two of (D0240) per 12 Month(s) Per patient.	
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0-20		No		

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0251	extra-oral posterior dental radiographic image	0-20		No	One of (D0251) per 12 Month(s) Per patient.	
D0260	extraoral - each additional radiographic image	0-20		No		
D0270	bitewing - single radiographic image	0-20		No		
D0272	bitewings - two radiographic images	0-20		No		
D0274	bitewings - four radiographic images	0-20		No		
D0290	posterior-anterior or lateral skull and facial bone survey radiographic image	0-20		No		
D0310	sialography	0-20		Yes		narrative of medical necessity
D0320	temporomandibular joint arthrogram, including injection	0-20		Yes		narrative of medical necessity
D0321	other temporomandibular joint films, by report	0-20		Yes		narrative of medical necessity
D0322	tomographic survey	0-20		Yes		narrative of medical necessity
D0330	panoramic radiographic image	0-20		No	One of (D0210, D0330) per 60 Month(s) Per patient. All other radiographs taken with a panorex are considered part of the complete series and may not be billed separately.	
D0340	cephalometric radiographic image	0-20		No		
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	0-20		Yes	By Report	
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	0-20		Yes	By Report	
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	0-20		Yes	By Report	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	0-20		No	By Report	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	0-20		Yes	By Report	
D0369	Maxillofacial MRI capture and interpretation	0-20		Yes	By Report	
D0370	Maxillofacial ultrasound capture and interpretation	0-20		Yes	By Report	
D0371	Sialoendoscopy capture and interpretation	0-20		Yes	By Report	
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	0-20		Yes	By Report	
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	0-20		Yes	By Report	
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	0-20		Yes	By Report	
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	0-20		Yes	By Report	
D0384	Cone beam CT image capture for TMJ series including two or more exposures	0-20		Yes	By Report	
D0385	Maxillofacial MRI image capture	0-20		Yes	By Report	
D0386	Maxillofacial ultrasound image capture	0-20		Yes	By Report	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	0-20		Yes	By Report	
D0415	bacteriologic studies	0-20		Yes		narrative of medical necessity



**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0502	other oral pathology procedures, by report	0-20		Yes		Pathology report

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Sealants may be placed on the occlusal or occlusal-buccal surfaces of lower molars or occlusal or occlusal-lingual surfaces of upper molars, and occlusal surfaces of premolars.

Space maintainers are a covered service when medically indicated due to the premature loss of a posterior primary tooth. A lower lingual holding arch placed where there is not premature loss of the primary molar is considered a transitional orthodontic appliance and not covered by this Plan.

ADA Code D1206 is covered for ages 6 months to age 20.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1120	prophylaxis - child	0-20		No	One of (D1120) per 6 Month(s) Per patient.	
D1206	topical application of fluoride varnish	0-20		No	One of (D1206, D1208) per 6 Month(s) Per patient. The D1206 is covered for ages 6 months to age 20.	
D1208	topical application of fluoride - excluding varnish	0-20		No	One of (D1206, D1208) per 6 Month(s) Per patient.	
D1351	sealant - per tooth	5 - 20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D1351) per 60 Month(s) Per patient per tooth. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations.	
D1510	space maintainer-fixed, unilateral-per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Indicate missing tooth numbers and arch/quadrant on claim.	
D1516	space maintainer --fixed--bilateral, maxillary	0-20		No	Indicate missing tooth numbers on claim	
D1517	space maintainer --fixed--bilateral, mandibular	0-20		No	Indicate missing tooth numbers on claim	
D1550	re-cement or re-bond space maintainer	0-20		No	Not covered within 6 months of placement. Limited to one per space maintainer.	
D1575	distal shoe space maintainer - fixed - unilateral- Per Quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1575) per 1 Lifetime Per patient per quadrant. Service is allowed once per lifetime per quadrant. Covered only for patients age 20 and under.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Reimbursement includes local anesthesia.

Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least thirty six months, unless there is recurrent decay or material failure.

Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not.

Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases and curing are included as part of the restoration.

When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED.

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2390	resin-based composite crown, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2391	resin-based composite - one surface, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2710	crown - resin-based composite (indirect)	0-20	Teeth 4 - 13, 20 - 29	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth. Resin-based composite crown that is indirectly fabricated.	Periapical x-ray(s)
D2740	crown - porcelain/ceramic	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2740) per 60 Month(s) Per patient per tooth.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2751	crown - porcelain fused to predominantly base metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2752	crown - porcelain fused to noble metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2791	crown - full cast predominantly base metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2792	crown - full cast noble metal	0-20	Teeth 2 - 15, 18 - 31	Yes	One of (D2710, D2751, D2752, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-20	Teeth 1 - 32	No		
D2920	re-cement or re-bond crown	0-20	Teeth 1 - 32, A - T	No		
D2929	Prefabricated porcelain/ceramic crown – primary tooth	0-20	Teeth A - T	No	One crown per tooth.	
D2930	prefabricated stainless steel crown - primary tooth	0-20	Teeth A - T	No		
D2931	prefabricated stainless steel crown-permanent tooth	0-20	Teeth 1 - 32	No		
D2932	prefabricated resin crown	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth C - H, M - R	No		
D2940	protective restoration	0-20	Teeth 1 - 32, A - T	No	Temporary restoration intended to relieve pain. Not to be used as a base or liner under restoration.	
D2950	core buildup, including any pins when required	0-20	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed.	
D2951	pin retention - per tooth, in addition to restoration	0-20	Teeth 1 - 32	No	Maximum of 2 per tooth.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2952	cast post and core in addition to crown	0-20	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth.	
D2954	prefabricated post and core in addition to crown	0-20	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth.	
D2980	crown repair, by report	0-20	Teeth 1 - 32	Yes		narrative of medical necessity

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Reimbursement includes local anesthesia.

In cases where a root canal filling does not meet DentaQuest's general criteria treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date.

Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g., Sargenti filling material) is not covered.

Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling and obturation of canals, intra-operative and fill radiographs.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0-20	Teeth 1 - 32, A - T	No	Can only be billed when there is no periapical lesion on x-ray.	
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	0-20	Teeth 1 - 32	No		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D3310) per 1 Lifetime Per patient per tooth. Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.	narr. of med. necessity, pre-op x-ray(s)
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3320) per 1 Lifetime Per patient per tooth. Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.	narr. of med. necessity, pre-op x-ray(s)
D3330	endodontic therapy, molar tooth (excluding final restoration)	0-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	Yes	One of (D3330) per 1 Lifetime Per patient per tooth. Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.	narr. of med. necessity, pre-op x-ray(s)
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	No	One of (D3351) per 1 Lifetime Per patient per tooth.	
D3352	apexification/recalcification - interim medication replacement	0-20	Teeth 1 - 32	No	One of (D3352) per 1 Lifetime Per patient per tooth.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	No	One of (D3353) per 1 Lifetime Per patient per tooth.	
D3410	apicoectomy - anterior	0-20	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth.	
D3421	apicoectomy - premolar (first root)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth.	
D3425	apicoectomy - molar (first root)	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth.	
D3426	apicoectomy (each additional root)	0-20	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Lifetime Per patient per tooth.	
D3430	retrograde filling - per root	0-20	Teeth 1 - 32	No	One of (D3430) per 1 Lifetime Per patient per tooth.	
D3450	root amputation - per root	0-20	Teeth 1 - 32	No	One of (D3450) per 1 Lifetime Per patient per tooth.	



**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Reimbursement includes local anesthesia.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210) per 36 Month(s) Per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4211) per 36 Month(s) Per patient per quadrant. One (1) to three (3) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240) per 36 Month(s) Per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260) per 36 Month(s) Per patient per quadrant. One (1) to three (3) teeth in the affected quadrant.	pre-op x-ray(s), perio charting
D4263	bone replacement graft - first site in quadrant	0-20	Teeth 1 - 32	Yes	One of (D4263) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4264	bone replacement graft - each additional site in quadrant	0-20	Teeth 1 - 32	Yes	One of (D4264) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4266	guided tissue regenerate-resorbable barrier, per site, per tooth	0-20	Teeth 1 - 32	Yes	One of (D4266) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4267	guided tissue regeneration - nonresorbable barrier, per site, per tooth	0-20	Teeth 1 - 32	Yes	One of (D4267) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4270	pedicle soft tissue graft procedure	0-20	Teeth 1 - 32	Yes	One of (D4270) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4271	free soft tissue graft procedure	0-20	Teeth 1 - 32	Yes	One of (D4271) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4273	subepithelial connective tissue graft procedure	0-20	Teeth 1 - 32	Yes	One of (D4273) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting
D4274	distal or proximal wedge procedure	0-20	Teeth 1 - 32	Yes	One of (D4274) per 36 Month(s) Per patient per tooth.	pre-op x-ray(s), perio charting

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	0-20	Teeth 1 - 32, 51 - 82	Yes	One of (D4277) per 36 Month(s) Per patient ages 0 to 20.	pre-op x-ray(s), perio charting
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	0-20	Teeth 1 - 32, 51 - 82	Yes	One of (D4278) per 36 Month(s) Per patient ages 0 to 20.	pre-op x-ray(s), perio charting
D4320	provision splinting - intracoronal	0-20	Per Arch (01, 02, LA, UA)	No		narr. of med. necessity, pre-op x-ray(s)
D4321	provision splinting - extracoronal	0-20	Per Arch (01, 02, LA, UA)	No		narr. of med. necessity, pre-op x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341) per 24 Month(s) Per patient per quadrant. A minimum of (4) teeth in the affected quadrant. Not covered with D1120, D1110 on same date of service. Maximum of two (2) quadrants on the same date of service. There must be radiographic evidence of significant root calculus or noticeable loss of bone support and pocket depth of 4mm or greater.	pre-op x-ray(s), perio charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0-20		No	One of (D1110, D1120, D4341) per 12 Month(s) Per patient. Cannot be billed on the same day as D1110, D1120 and D4341	
D4910	periodontal maintenance procedures	0-20		Yes	One of (D4910) per 6 Month(s) Per patient. Not covered within 90 days of active treatment. Dates of active therapy with claim	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Medically necessary partial or full mouth dentures, and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem.

A preformed denture with teeth already mounted forming a denture module is not a covered service.

Extractions for asymptomatic teeth are not covered services unless removal constitutes most cost-effective dental procedure for the provision of dentures. Provision for dentures for cosmetic purposes is not a covered service.

Fabrication of a removable prosthetic includes multiple steps (appointments) these multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETICS SHALL BE BASED ON THE CEMENTATION DATE.**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	0-20		Yes	One of (D5110, D5130) per 60 Month(s) Per patient.	pre-operative x-ray(s)
D5120	complete denture - mandibular	0-20		Yes	One of (D5120, D5140) per 60 Month(s) Per patient.	pre-operative x-ray(s)
D5130	immediate denture - maxillary	0-20		Yes	One of (D5110, D5130) per 60 Month(s) Per patient.	pre-operative x-ray(s)
D5140	immediate denture - mandibular	0-20		Yes	One of (D5120, D5140) per 60 Month(s) Per patient.	pre-operative x-ray(s)
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5410	adjust complete denture - maxillary	0-20		No	Two of (D5410) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5411	adjust complete denture - mandibular	0-20		No	Two of (D5411) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5421	adjust partial denture-maxillary	0-20		No	Two of (D5421) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5422	adjust partial denture - mandibular	0-20		No	Two of (D5422) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5511	repair broken complete denture base, mandibular	0-20		No	Two of (D5511) per 12 Month(s) Per patient. Per denture.	
D5512	repair broken complete denture base, maxillary	0-20		No	Two of (D5512) per 12 Month(s) Per patient. Per denture.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5520	replace missing or broken teeth - complete denture (each tooth)	0-20	Teeth 1 - 32	No	Two of (D5520) per 12 Month(s) Per patient per tooth.	
D5611	repair resin partial denture base, mandibular	0-20		No	Two of (D5611) per 12 Month(s) Per patient. Per denture.	
D5612	repair resin partial denture base, maxillary	0-20		No	Two of (D5612) per 12 Month(s) Per patient. Per denture.	
D5621	repair cast partial framework, mandibular	0-20		No	Two of (D5621) per 12 Month(s) Per patient. Per denture.	
D5622	repair cast partial framework, maxillary	0-20		No	Two of (D5622) per 12 Month(s) Per patient. Per denture.	
D5630	repair or replace broken retentive/clasping materials per tooth	0-20	Teeth 1 - 32	No	Two of (D5630) per 12 Month(s) Per patient.	
D5640	replace broken teeth-per tooth	0-20	Teeth 1 - 32	No	Two of (D5640) per 12 Month(s) Per patient per tooth.	
D5650	add tooth to existing partial denture	0-20	Teeth 1 - 32	No	Two of (D5650) per 12 Month(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	0-20	Teeth 1 - 32	No	Two of (D5660) per 12 Month(s) Per patient.	
D5750	reline complete maxillary denture (laboratory)	0-20		No	One of (D5750) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5751	reline complete mandibular denture (laboratory)	0-20		No	One of (D5751) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5760	reline maxillary partial denture (laboratory)	0-20		No	One of (D5760) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5761	reline mandibular partial denture (laboratory)	0-20		No	One of (D5761) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5850	tissue conditioning, maxillary	0-20		No	Two of (D5850) per 12 Month(s) Per patient. Prior to impression for new denture.	
D5851	tissue conditioning,mandibular	0-20		No	Two of (D5851) per 12 Month(s) Per patient. Prior to impression for new denture.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

**Prosthodontics, removable**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D5863	Overdenture - complete maxillary	0-20	Per Arch (01, UA)	Yes	One of (D5863) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5864	Overdenture - partial maxillary	0-20	Per Arch (01, UA)	Yes	One of (D5864) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5865	Overdenture - complete mandibular	0-20	Per Arch (02, LA)	Yes	One of (D5865) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5866	Overdenture - partial mandibular	0-20	Per Arch (02, LA)	Yes	One of (D5866) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	facial moulage (sectional)	0-20		Yes		
D5912	facial moulage (complete)	0-20		Yes		
D5913	nasal prosthesis	0-20		Yes		
D5914	auricular prosthesis	0-20		Yes		
D5915	orbital prosthesis	0-20		Yes		
D5916	ocular prosthesis	0-20		Yes		
D5919	facial prosthesis	0-20		Yes		
D5922	nasal septal prosthesis	0-20		Yes		
D5923	ocular prosthesis, interim	0-20		Yes		
D5924	cranial prosthesis	0-20		Yes		
D5925	facial augment implant prosthesis	0-20		Yes		
D5926	nasal prosthesis, replacement	0-20		Yes		
D5927	auricular prosthesis, replace	0-20		Yes		
D5928	orbital prosthesis, replace	0-20		Yes		
D5929	facial prosthesis, replacement	0-20		Yes		
D5931	obturator prosthesis, surgical	0-20		Yes		
D5932	obturator prosthesis, definitive	0-20		Yes		
D5933	obturator prosthesis, modification	0-20		Yes		
D5934	mandibular resection prosthesis with guide flange	0-20		Yes		
D5935	mandibular resection prosthesis without guide flange	0-20		Yes		
D5936	obturator prosthesis, interim	0-20		Yes		
D5951	feeding aid	0-20		Yes		
D5952	speech aid prosthesis, pediatric	0-20		Yes		
D5953	speech aid prosthesis, adult	0-20		Yes		
D5954	palatal augment prosthesis	0-20		Yes		

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

<b>Maxillofacial Prosthetics</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D5955	palatal lift prosthesis, definitive	0-20		Yes		
D5958	palatal lift prosthesis, interim	0-20		Yes		
D5959	palatal lift prosthesis, modification	0-20		Yes		
D5960	speech aid prosthesis, modification	0-20		Yes		
D5982	surgical stent	0-20		No		
D5983	radiation carrier	0-20		Yes		
D5985	radiation cone locator	0-20		Yes		
D5986	fluoride gel carrier	0-20		Yes		
D5987	commissure splint	0-20		Yes		
D5988	surgical splint	0-20		No		
D5999	unspecified maxillofacial prosthesis, by report	0-20		Yes		



**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	re-cement or re-bond fixed partial denture	0-20		No	Limited to 1 per bridge.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Reimbursement includes local anesthesia and routine post-operative care.

The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7111	extraction, coronal remnants - primary tooth	0-20	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Includes cutting of gingiva and bone, removal of tooth structure and closure.	
D7220	removal of impacted tooth-soft tissue	0-20	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7230	removal of impacted tooth-partially bony	0-20	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7240	removal of impacted tooth-completely bony	0-20	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Unusual complications such as a nerve dissection, separate closure of the maxillary sinus, or aberrant tooth position. Removal of asymptomatic tooth not covered.	
D7250	surgical removal of residual tooth roots (cutting procedure)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Will not be paid to the dentists or group that removed the tooth. Removal of asymptomatic tooth not covered.	
D7260	oroantral fistula closure	0-20		No		

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0-20	Teeth 1 - 32	No	Includes splinting and/or stabilization.	
D7280	Surgical access of an unerupted tooth	0-20	Teeth 1 - 32	No	Will not be payable unless the orthodontic treatment has been authorized as a covered benefit.	
D7283	placement of device to facilitate eruption of impacted tooth	0-20	Teeth 2 - 15, 18 - 31	Yes	Procedure is only reimbursable with a Medicaid approved comprehensive orthodontic treatment plan.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	0-20		No		
D7286	incisional biopsy of oral tissue-soft	0-20		No		
D7290	surgical repositioning of teeth	0-20	Teeth 1 - 32	No		
D7291	transseptal fiberotomy, by report	0-20	Teeth 1 - 32	No	Limited to when furnished in conjunction with comprehensive orthodontic treatment that has been approved.	
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310) per 1 Lifetime Per patient per quadrant. Alveoplasty with extraction	Full mouth x-rays
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320) per 1 Lifetime Per patient per quadrant. No extractions performed in the edentulous area. Limited to when protuberances are present that prevent the insertion of a denture or retard healings.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	0-20	Per Arch (01, 02, LA, UA)	No	Limited to when necessary to extend the ridge surgically.	
D7350	vestibuloplasty - ridge extension	0-20	Per Arch (01, 02, LA, UA)	No	Limited to when necessary to extend the ridge surgically.	
D7410	radical excision - lesion diameter up to 1.25cm	0-20		No		
D7411	excision of benign lesion greater than 1.25 cm	0-20		No		
D7412	excision of benign lesion, complicated	0-20		No		
D7414	excision of malignant lesion greater than 1.25 cm	0-20		No		

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	0-20		No		
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	0-20		No		
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		No		
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	0-20		No		
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		No		
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	0-20		No		
D7465	destruction of lesion(s) by physical or chemical method, by report	0-20		No		
D7471	removal of exostosis - per site	0-20	Per Arch (01, 02, LA, UA)	No	Limited to the removal of exostosis, including the removal of tori, osseous tuberosities, and other osseous protuberances, when the mass prevents the seating of denture and does not allow denture seal.	
D7490	radical resection of maxilla or mandible	0-20		No	Limited to when necessary to correct defects resulting from infection, trauma, or excision of neoplastic disease.	
D7510	incision and drainage of abscess - intraoral soft tissue	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7520	incision and drainage of abscess - extraoral soft tissue	0-20		No		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	0-20		No		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	0-20		No		

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	0-20		No		
D7610	maxilla - open reduction	0-20		No		
D7620	maxilla - closed reduction	0-20		No		
D7630	mandible-open reduction	0-20		No		
D7640	mandible - closed reduction	0-20		No		
D7650	malar and/or zygomatic arch-open reduction	0-20		No		
D7660	malar and/or zygomatic arch-closed	0-20		No		
D7670	alveolus stabilization of teeth, closed reduction splinting	0-20		No		
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	0-20		No		
D7710	maxilla - open reduction	0-20		No		
D7720	maxilla - closed reduction	0-20		No		
D7730	mandible - open reduction	0-20		No		
D7740	mandible - closed reduction	0-20		No		
D7750	malar and/or zygomatic arch-open reduction	0-20		No		
D7760	malar and/or zygomatic arch-closed reduction	0-20		No		
D7770	alveolus-stabilization of teeth, open reduction splinting	0-20		No		
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches	0-20		No		
D7910	suture small wounds up to 5 cm	0-20		No		
D7911	complicated suture-up to 5 cm	0-20		No		

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7912	complex suture - greater than 5cm	0-20		No		
D7920	skin graft (identify defect covered, location and type of graft)	0-20		No		
D7940	osteoplasty- for orthognathic deformities	0-20		Yes		narrative of medical necessity
D7941	osteotomy - madibular rami	0-20		Yes		narrative of medical necessity
D7943	osteotomy- mandibular rami with bone graft; includes obtaining the graft	0-20		Yes		narrative of medical necessity
D7944	osteotomy - segmented or subapical - per sextant or quadrant	0-20		Yes		narrative of medical necessity
D7945	osteotomy - body of mandible	0-20		Yes		narrative of medical necessity
D7946	LeFort I (maxilla - total)	0-20		Yes		narrative of medical necessity
D7947	LeFort I (maxilla - segmented)	0-20		Yes		narrative of medical necessity
D7948	LeFort II or LeFort III - without bone graft	0-20		Yes		narrative of medical necessity
D7949	LeFort II or LeFort III - with bone graft	0-20		Yes		narrative of medical necessity
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	0-20		Yes		narrative of medical necessity
D7955	repair of maxillofacial soft and/or hard tissue defect	0-20		Yes		narrative of medical necessity
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	0-20		No		
D7970	excision of hyperplastic tissue - per arch	0-20	Per Arch (01, 02, LA, UA)	No		
D7971	excision of pericoronal gingiva	0-20	Teeth 1 - 32	No		

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7979	non-surgical sialolithotomy	0-20		No		
D7980	surgical sialolithotomy	0-20		No		
D7981	excision of salivary gland, by report	0-20		No		
D7982	sialodochoplasty	0-20		No		
D7983	closure of salivary fistula	0-20		No		
D7990	emergency tracheotomy	0-20		No		
D7991	coronoidectomy	0-20		Yes		narrative of medical necessity
D7995	synthetic graft-mandible or facial bones, by report	0-20		Yes		narrative of medical necessity
D7996	implant-mandible for augmentation purposes, by report	0-20		Yes		narrative of medical necessity

## **Exhibit D Benefits Covered for Blue Cross Community Health Plan New Mexico Medicaid Child**

Medicaid Members age 20 and under may qualify for orthodontic care under the program. Recipients must have a severe, dysfunctional, handicapping malocclusion.

Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspid are in good occlusion seldom qualify. Crowding alone is not usually dysfunctional in spite of the aesthetic considerations.

Minor tooth guidance, if a covered benefit, will be authorized on a selective basis to help prevent the future necessity for full-banded treatment. All appliance adjustments are incidental and included in the allowance for the tooth guidance appliance. With the exception of situations involving gingival stripping or other non-reversible damage, appliances for minor tooth guidance (codes D8010 through D8030) will be approved when they are the only treatment necessary. If treatment is not definitive, the movement will only be covered as part of a comprehensive orthodontic treatment plan.

All orthodontic services require prior authorization by one of DentaQuest's Consultants. The recipient should present with a fully erupted set of permanent teeth. At least 1/2 to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing.

The HLD Evaluation Index is used as the basis for determining whether a Member qualifies for full-banded orthodontics. A Member must score minimum of 30 points to qualify for coverage. Points are not awarded for aesthetics, therefore the additional points for handicapping aesthetics will not be considered as part of the determination.

Diagnostic study models (trimmed) with waxbites, treatment plan, full mouth radiographs or panorex must be submitted with the request for prior authorization of services. Treatment should not begin prior to receiving notification from DentaQuest indicating coverage or non-coverage for the proposed treatment plan. Dentists who begin treatment before receiving an approved or denied prior authorization are financially obligated to complete treatment at no charge to the patient; or face possible termination of their provider agreement. Providers cannot bill prior to services being performed.

If the case is denied, the prior authorization will be returned to the Provider indicating that DentaQuest will not cover the orthodontic treatment. DentaQuest will now require any dentist that submits ortho models to also submit a claim (D8660) for the model in order for payment to be processed if the case is denied. The payment of the treatment plan and diagnostic models is at a rate of \$101.38.

### General Billing Information for Orthodontics:

The start and billing date of orthodontic services is defined as the date when the bands, brackets, or appliances are placed in the recipient's mouth. The recipient must be eligible on this date of service.

To guarantee proper and prompt payment of orthodontic cases, please follow the steps below:

Fax or mail a copy of our Authorization Determination letter with the date of services (banding date) filled in. Our fax number is 262. 241.7150.

Payment for orthodontics includes all appliances, retainers and all follow-up visits. Providers cannot bill for the replacement of removable orthodontic appliances and post-treatment maintenance retainers that are lost or damaged.

\*\*\*Please notify DentaQuest should the patient discontinue treatment for any reason\*\*\*

### Continuation of Treatment:



DentaQuest of New Mexico, LLC requires the following information for possible payment or continuation of care cases:

- \* Completed "Orthodontic Continuation of Care Form" - See Appendix A.
- \* Completed ADA claim form listing services to be rendered.
- \* A copy of Member's prior approval including the total approved case fee, banding fee, and periodic orthodontic treatment fees.
- \* If the member is private pay or transferring from a commercial insurance program: Original diagnostic models (or OrthoCad equivalent), radiographs (optional).

If the Member started treatment under commercial insurance or fee for service, we must receive the ORIGINAL diagnostic models (or OrthoCad), or radiographs (optional), banding date, and a detailed payment history.

It is the provider's and patient's responsibility to get the required information. Cases cannot be set-up for possible payment without complete information.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Orthodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D8070	comprehensive orthodontic treatment of the transitional dentition	0-20		Yes	One of (D8070, D8080, D8090) per 1 Lifetime Per patient. Diagnostic casts or digital study models, Full mouth or panorex x-ray, Cephalometric film, and a Completed HLD form.	Study model or OrthoCad, x-rays
D8080	comprehensive orthodontic treatment of the adolescent dentition	0-20		Yes	One of (D8070, D8080, D8090) per 1 Lifetime Per patient. Diagnostic casts or digital study models, Full mouth or panorex x-ray, Cephalometric film, and a Completed HLD form.	Study model or OrthoCad, x-rays
D8090	comprehensive orthodontic treatment of the adult dentition	0-20		Yes	One of (D8070, D8080, D8090) per 1 Lifetime Per patient. Diagnostic casts or digital study models, Full mouth or panorex x-ray, Cephalometric film, and a Completed HLD form.	Study model or OrthoCad, x-rays
D8210	removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)	0-20		Yes	Photos (or OrthoCad equivalent), narrative/treatment plan to include description of appliances. Panorex or periapical radiographs optional.	narr. of med. necessity, model or photo
D8220	fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)	0-20		Yes	Photos (or OrthoCad equivalent), narrative/treatment plan to include description of appliances. Panorex or periapical radiographs optional.	narr. of med. necessity, model or photo
D8660	pre-orthodontic treatment examination to monitor growth and development	0-20		No	One of (D8660) per 6 Month(s) Per patient. Used to pay for records only on denied cases.	

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Reimbursement includes local anesthesia.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	0-20		No	Not allowed with any other services other than radiographs.	
D9222	deep sedation/general anesthesia first 15 minutes	0-20		No		
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	0-20		No	Nine of (D9223, D9243) per 1 Day(s) Per patient. 15 minute increments up to 9 units	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	0-20		No	Reimbursed per date of service, not by time.	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	0-20		No		
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	0-20		No	Nine of (D9223, D9243) per 1 Day(s) Per patient. 15 minute increments up to 9 units	
D9248	non-intravenous moderate (conscious) sedation	0-20		No	One of (D9248) per 1 Day(s) Per patient. One per member per day.	
D9410	house/extended care facility call	0-20		No	Use to bill for a nursing home visit (per site). Maximum of three (3) per date of visit (one per site). For nursing homes, long-term care facilities, hospice sites and institutions	
D9420	hospital or ambulatory surgical center call	0-20		No		
D9610	therapeutic drug injection, by report	0-20		No	Cannot bill with D9240 on same date of service.	
D9995	teledentistry – synchronous; real-time encounter	0-20		No		

**Exhibit D Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Child**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Medical						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
99406	Smoking and tobacco cessation counseling visit intermediate greater than 3 minutes up to 10 minutes	0-20		No	Eight of (99406, 99407) per 12 Month(s) Per patient.	
99407	Smoking and tobacco cessation counseling visit intermediate intensive greater than 10 minutes	0-20		No	Eight of (99406, 99407) per 12 Month(s) Per patient.	

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Diagnostic services include the oral examinations, and selected radiographs, needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the Member's oral health.

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series.

Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations.

All radiographs must be of diagnostic quality, properly mounted, dated and identified with the Member's name. Radiographs not of diagnostic quality will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0140	limited oral evaluation-problem focused	21 and older		No	Not reimbursable on the same day as D0120 and D0150. Limited to when performed as part of an emergency service to relieve pain and suffering and cannot be billed with a regular appointment.	
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	One of (D0150) per 12 Month(s) Per patient.	
D0210	intraoral - complete series of radiographic images	21 and older		No	One of (D0210, D0330) per 60 Month(s) Per patient. Either a D0210 or D0330.	
D0220	intraoral - periapical first radiographic image	21 and older		No		
D0230	intraoral - periapical each additional radiographic image	21 and older		No		
D0240	intraoral - occlusal radiographic image	21 and older		No	Two of (D0240) per 12 Month(s) Per patient.	
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	21 and older		No		
D0251	extra-oral posterior dental radiographic image	21 and older		No	One of (D0251) per 12 Month(s) Per patient.	

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0260	extraoral - each additional radiographic image	21 and older		No		
D0270	bitewing - single radiographic image	21 and older		No		
D0272	bitewings - two radiographic images	21 and older		No		
D0274	bitewings - four radiographic images	21 and older		No		
D0290	posterior-anterior or lateral skull and facial bone survey radiographic image	21 and older		No		
D0310	sialography	21 and older		Yes		narrative of medical necessity
D0320	temporomandibular joint arthrogram, including injection	21 and older		Yes		narrative of medical necessity
D0321	other temporomandibular joint films, by report	21 and older		Yes		narrative of medical necessity
D0322	tomographic survey	21 and older		Yes		narrative of medical necessity
D0330	panoramic radiographic image	21 and older		No	One of (D0210, D0330) per 60 Month(s) Per patient. All other radiographs taken with a panorex are considered part of the complete series and may not be billed separately.	
D0340	cephalometric radiographic image	21 and older		No		
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	21 and older		No	By Report	
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	21 and older		Yes	By Report	
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	21 and older		Yes	By Report	

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	21 and older		Yes	By Report	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	21 and older		Yes	By Report	
D0369	Maxillofacial MRI capture and interpretation	21 and older		Yes	By Report	
D0370	Maxillofacial ultrasound capture and interpretation	21 and older		Yes	By Report	
D0371	Sialoendoscopy capture and interpretation	21 and older		Yes	By Report	
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	21 and older		Yes	By Report	
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	21 and older		Yes	By Report	
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	21 and older		Yes	By Report	
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	21 and older		Yes	By Report	
D0384	Cone beam CT image capture for TMJ series including two or more exposures	21 and older		Yes	By Report	
D0385	Maxillofacial MRI image capture	21 and older		Yes	By Report	
D0386	Maxillofacial ultrasound image capture	21 and older		Yes	By Report	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	21 and older		Yes	By Report	
D0415	bacteriologic studies	21 and older		Yes		narrative of medical necessity

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0502	other oral pathology procedures, by report	21 and older		Yes		Pathology report
D0999	unspecified diagnostic procedure, by report	21 and older		Yes		

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Sealants may be placed on the occlusal or occlusal-buccal surfaces of lower molars or occlusal or occlusal-lingual surfaces of upper molars, and occlusal surfaces of premolars.

Space maintainers are a covered service when medically indicated due to the premature loss of a posterior primary tooth. A lower lingual holding arch placed where there is not premature loss of the primary molar is considered a transitional orthodontic appliance and not covered by this Plan.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	21 and older		No	One of (D1110) per 12 Month(s) Per patient. Allowed 2 per 12 months If member is DD. Chart notes identifying disability.	
D1208	topical application of fluoride - excluding varnish	21 and older		No	One of (D1208) per 12 Month(s) Per patient ages 21 and above.	



**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Reimbursement includes local anesthesia.

Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least thirty six months, unless there is recurrent decay or material failure.

Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not.

Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases and curing are included as part of the restoration.

When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED.

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2390	resin-based composite crown, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2391	resin-based composite - one surface, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21 and older	Teeth 1 - 32	No		
D2920	re-cement or re-bond crown	21 and older	Teeth 1 - 32, A - T	No		

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2931	prefabricated stainless steel crown-permanent tooth	21 and older	Teeth 1 - 32	No		Periapical x-ray(s)
D2932	prefabricated resin crown	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2933	prefabricated stainless steel crown with resin window	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	21 and older	Teeth A - T	No		
D2940	protective restoration	21 and older	Teeth 1 - 32, A - T	No	Temporary restoration intended to relieve pain. Not to be used as a base or liner under restoration.	
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 1 - 32	No	Maximum of 2 per tooth.	
D2980	crown repair, by report	21 and older	Teeth 1 - 32	Yes		narrative of medical necessity

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Reimbursement includes local anesthesia.

In cases where a root canal filling does not meet DentaQuest's general criteria treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date.

Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g., Sargenti filling material) is not covered.

Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling and obturation of canals, intra-operative and fill radiographs.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	Yes	One of (D3310) per 1 Lifetime Per patient per tooth. Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Reimbursement includes local anesthesia.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210) per 36 Month(s) Per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	Periapical x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4211) per 36 Month(s) Per patient per quadrant. One (1) to three (3) teeth in the affected quadrant.	Periapical x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341) per 24 Month(s) Per patient per quadrant. A minimum of (4) teeth in the affected quadrant. Not covered with D1120, D1110 on same date of service. Maximum of two (2) quadrants on the same date of service.	Full mouth x-rays
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	21 and older		No	One of (D1110, D1120, D4341) per 12 Month(s) Per patient. Cannot be billed on the same day as D1110, D1120 and D4341	

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Medically necessary partial or full mouth dentures, and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem.

A preformed denture with teeth already mounted forming a denture module is not a covered service.

Extractions for asymptomatic teeth are not covered services unless removal constitutes most cost-effective dental procedure for the provision of dentures. Provision for dentures for cosmetic purposes is not a covered service.

Fabrication of a removable prosthetic includes multiple steps (appointments) these multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETICS SHALL BE BASED ON THE CEMENTATION DATE.**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	21 and older		Yes	One of (D5110, D5130) per 60 Month(s) Per patient.	Full mouth x-rays
D5120	complete denture - mandibular	21 and older		Yes	One of (D5120, D5140) per 60 Month(s) Per patient.	Full mouth x-rays
D5130	immediate denture - maxillary	21 and older		Yes	One of (D5110, D5130) per 60 Month(s) Per patient.	Full mouth x-rays
D5140	immediate denture - mandibular	21 and older		Yes	One of (D5120, D5140) per 60 Month(s) Per patient.	Full mouth x-rays
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	21 and older		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient.	Full mouth x-rays
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	21 and older		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient.	Full mouth x-rays
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient.	Full mouth x-rays
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient.	Full mouth x-rays

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	21 and older		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	21 and older		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	21 and older		Yes	One of (D5211, D5213, D5221, D5223) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	21 and older		Yes	One of (D5212, D5214, D5222, D5224) per 60 Month(s) Per patient. Pre-operative radiographs of adjacent and opposing teeth.	pre-operative x-ray(s)
D5410	adjust complete denture - maxillary	21 and older		No	Two of (D5410) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5411	adjust complete denture - mandibular	21 and older		No	Two of (D5411) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5421	adjust partial denture-maxillary	21 and older		No	Two of (D5421) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5422	adjust partial denture - mandibular	21 and older		No	Two of (D5422) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5511	repair broken complete denture base, mandibular	21 and older		No	Two of (D5511) per 12 Month(s) Per patient. Per denture.	
D5512	repair broken complete denture base, maxillary	21 and older		No	Two of (D5512) per 12 Month(s) Per patient. Per denture.	
D5520	replace missing or broken teeth - complete denture (each tooth)	21 and older	Teeth 1 - 32	No	Two of (D5520) per 12 Month(s) Per patient per tooth.	
D5611	repair resin partial denture base, mandibular	21 and older		No	Two of (D5611) per 12 Month(s) Per patient. Per denture.	

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5612	repair resin partial denture base, maxillary	21 and older		No	Two of (D5612) per 12 Month(s) Per patient. Per denture.	
D5621	repair cast partial framework, mandibular	21 and older		No	Two of (D5621) per 12 Month(s) Per patient. Per denture.	
D5622	repair cast partial framework, maxillary	21 and older		No	Two of (D5622) per 12 Month(s) Per patient. Per denture.	
D5630	repair or replace broken retentive/clasping materials per tooth	21 and older	Teeth 1 - 32	No	Two of (D5630) per 12 Month(s) Per patient.	
D5640	replace broken teeth-per tooth	21 and older	Teeth 1 - 32	No	Two of (D5640) per 12 Month(s) Per patient per tooth.	
D5650	add tooth to existing partial denture	21 and older	Teeth 1 - 32	No	Two of (D5650) per 12 Month(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	21 and older	Teeth 1 - 32	No	Two of (D5660) per 12 Month(s) Per patient.	
D5750	reline complete maxillary denture (laboratory)	21 and older		No	One of (D5750) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5751	reline complete mandibular denture (laboratory)	21 and older		No	One of (D5751) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5760	reline maxillary partial denture (laboratory)	21 and older		No	One of (D5760) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5761	reline mandibular partial denture (laboratory)	21 and older		No	One of (D5761) per 36 Month(s) Per patient. Not covered within 6 months of placement.	
D5850	tissue conditioning, maxillary	21 and older		No	Two of (D5850) per 12 Month(s) Per patient. Prior to impression for new denture.	
D5851	tissue conditioning,mandibular	21 and older		No	Two of (D5851) per 12 Month(s) Per patient. Prior to impression for new denture.	narrative of medical necessity
D5863	Overdenture - complete maxillary	21 and older	Per Arch (01, UA)	Yes	One of (D5863) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5864	Overdenture - partial maxillary	21 and older	Per Arch (01, UA)	Yes	One of (D5864) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)



**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

<b>Prosthodontics, removable</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D5865	Overdenture - complete mandibular	21 and older	Per Arch (02, LA)	Yes	One of (D5865) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5866	Overdenture - partial mandibular	21 and older	Per Arch (02, LA)	Yes	One of (D5866) per 60 Month(s) Per patient per arch.	pre-operative x-ray(s)
D5899	unspecified removable prosthodontic procedure, by report	21 and older		Yes		

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	facial moulage (sectional)	21 and older		Yes		
D5912	facial moulage (complete)	21 and older		Yes		
D5913	nasal prosthesis	21 and older		Yes		
D5914	auricular prosthesis	21 and older		Yes		
D5915	orbital prosthesis	21 and older		Yes		
D5916	ocular prosthesis	21 and older		Yes		
D5919	facial prosthesis	21 and older		Yes		
D5922	nasal septal prosthesis	21 and older		Yes		
D5923	ocular prosthesis, interim	21 and older		Yes		
D5924	cranial prosthesis	21 and older		Yes		
D5925	facial augment implant prosthesis	21 and older		Yes		
D5926	nasal prosthesis, replacement	21 and older		Yes		
D5927	auricular prosthesis, replace	21 and older		Yes		
D5928	orbital prosthesis, replace	21 and older		Yes		
D5929	facial prosthesis, replacement	21 and older		Yes		
D5931	obturator prosthesis, surgical	21 and older		Yes		
D5932	obturator prosthesis, definitive	21 and older		Yes		
D5933	obturator prosthesis, modification	21 and older		Yes		
D5934	mandibular resection prosthesis with guide flange	21 and older		Yes		
D5935	mandibular resection prosthesis without guide flange	21 and older		Yes		
D5936	obturator prosthesis, interim	21 and older		Yes		
D5951	feeding aid	21 and older		Yes		
D5952	speech aid prosthesis, pediatric	21 and older		Yes		
D5953	speech aid prosthesis, adult	21 and older		Yes		
D5954	palatal augment prosthesis	21 and older		Yes		

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

<b>Maxillofacial Prosthetics</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D5955	palatal lift prosthesis, definitive	21 and older		Yes		
D5958	palatal lift prosthesis, interim	21 and older		Yes		
D5959	palatal lift prosthesis, modification	21 and older		Yes		
D5960	speech aid prosthesis, modification	21 and older		Yes		
D5982	surgical stent	21 and older		No		
D5983	radiation carrier	21 and older		Yes		
D5984	radiation shield	21 and older		Yes		
D5985	radiation cone locator	21 and older		Yes		
D5986	fluoride gel carrier	21 and older		Yes		
D5987	commissure splint	21 and older		Yes		
D5988	surgical splint	21 and older		No		
D5999	unspecified maxillofacial prosthesis, by report	21 and older		Yes		

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	re-cement or re-bond fixed partial denture	21 and older		No	Limited to 1 per bridge.	

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

Reimbursement includes local anesthesia and routine post-operative care.

The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7111	extraction, coronal remnants - primary tooth	21 and older	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Includes cutting of gingiva and bone, removal of tooth structure and closure.	
D7220	removal of impacted tooth-soft tissue	21 and older	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7230	removal of impacted tooth-partially bony	21 and older	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7240	removal of impacted tooth-completely bony	21 and older	Teeth 1 - 32, 51 - 82	No	Removal of asymptomatic tooth not covered.	
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Unusual complications such as a nerve dissection, separate closure of the maxillary sinus, or aberrant tooth position. Removal of asymptomatic tooth not covered.	Panoramic x-ray
D7250	surgical removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Will not be paid to the dentists or group that removed the tooth. Removal of asymptomatic tooth not covered.	
D7260	oroantral fistula closure	21 and older		No		narrative of medical necessity

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	21 and older	Teeth 1 - 32	No	Includes splinting and/or stabilization.	
D7280	Surgical access of an unerupted tooth	21 and older	Teeth 1 - 32	No	Will not be payable unless the orthodontic treatment has been authorized as a covered benefit.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	21 and older		No		
D7286	incisional biopsy of oral tissue-soft	21 and older		No		
D7290	surgical repositioning of teeth	21 and older	Teeth 1 - 32	No		
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310) per 1 Lifetime Per patient per quadrant. Alveoplasty with extraction	Full mouth x-rays
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	No extractions performed in the edentulous area. Limited to when protuberances are present that prevent the inseration of a denture or retard healings.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	21 and older	Per Arch (01, 02, LA, UA)	No	Limited to when necessary to extend the ridge surgically.	
D7350	vestibuloplasty - ridge extension	21 and older	Per Arch (01, 02, LA, UA)	No	Limited to when necessary to extend the ridge surgically.	
D7410	radical excision - lesion diameter up to 1.25cm	21 and older		No		
D7411	excision of benign lesion greater than 1.25 cm	21 and older		No		
D7412	excision of benign lesion, complicated	21 and older		No		
D7414	excision of malignant lesion greater than 1.25 cm	21 and older		No		
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	21 and older		No		
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	21 and older		No		

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		No		
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		No		
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		No		
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		No		
D7465	destruction of lesion(s) by physical or chemical method, by report	21 and older		No		
D7471	removal of exostosis - per site	21 and older	Per Arch (01, 02, LA, UA)	No	Limited to the removal of exostosis, including the removal of tori, osseous tuberosities, and other osseous protuberances, when the mass prevents the seating of denture and does not allow denture seal.	
D7490	radical resection of maxilla or mandible	21 and older		No	Limited to when necessary to correct defects resulting from infection, trauma, or excision of neoplastic disease.	
D7510	incision and drainage of abscess - intraoral soft tissue	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7520	incision and drainage of abscess - extraoral soft tissue	21 and older		No		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	21 and older		No		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	21 and older		No		
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	21 and older		No		

**Exhibit E Benefits Covered for  
Blue Cross Community Health Plan New Mexico Medicaid Adult**

**Oral and Maxillofacial Surgery**

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D7610	maxilla - open reduction	21 and older		No		
D7620	maxilla - closed reduction	21 and older		No		
D7630	mandible-open reduction	21 and older		No		
D7640	mandible - closed reduction	21 and older		No		
D7650	malar and/or zygomatic arch-open reduction	21 and older		No		
D7660	malar and/or zygomatic arch-closed	21 and older		No		
D7670	alveolus stabilization of teeth, closed reduction splinting	21 and older		No		
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	21 and older		No		
D7710	maxilla - open reduction	21 and older		No		
D7720	maxilla - closed reduction	21 and older		No		
D7730	mandible - open reduction	21 and older		No		
D7740	mandible - closed reduction	21 and older		No		
D7750	malar and/or zygomatic arch-open reduction	21 and older		No		
D7760	malar and/or zygomatic arch-closed reduction	21 and older		No		
D7770	alveolus-stabilization of teeth, open reduction splinting	21 and older		No		
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches	21 and older		No		
D7910	suture small wounds up to 5 cm	21 and older		No		
D7911	complicated suture-up to 5 cm	21 and older		No		
D7912	complex suture - greater than 5cm	21 and older		No		
D7920	skin graft (identify defect covered, location and type of graft)	21 and older		No		



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**Oral and Maxillofacial Surgery**

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D7940	osteoplasty- for orthognathic deformities	21 and older		Yes		narrative of medical necessity
D7941	osteotomy - madibular rami	21 and older		Yes		narrative of medical necessity
D7943	osteotomy- mandibular rami with bone graft; includes obtaining the graft	21 and older		Yes		narrative of medical necessity
D7944	osteotomy - segmented or subapical - per sextant or quadrant	21 and older		Yes		narrative of medical necessity
D7945	osteotomy - body of mandible	21 and older		Yes		narrative of medical necessity
D7946	LeFort I (maxilla - total)	21 and older		Yes		narrative of medical necessity
D7947	LeFort I (maxilla - segmented)	21 and older		Yes		narrative of medical necessity
D7948	LeFort II or LeFort III - without bone graft	21 and older		Yes		narrative of medical necessity
D7949	LeFort II or LeFort III - with bone graft	21 and older		Yes		narrative of medical necessity
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	21 and older		Yes		narrative of medical necessity
D7955	repair of maxillofacial soft and/or hard tissue defect	21 and older		Yes		narrative of medical necessity
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	21 and older		No		
D7970	excision of hyperplastic tissue - per arch	21 and older	Per Arch (01, 02, LA, UA)	No		
D7971	excision of pericoronal gingiva	21 and older	Teeth 1 - 32	No		
D7979	non-surgical sialolithotomy	21 and older		No		
D7980	surgical sialolithotomy	21 and older		No		

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**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7981	excision of salivary gland, by report	21 and older		No		
D7982	sialodochoplasty	21 and older		No		
D7983	closure of salivary fistula	21 and older		No		
D7990	emergency tracheotomy	21 and older		No		
D7991	coronoidectomy	21 and older		Yes		narrative of medical necessity
D7995	synthetic graft-mandible or facial bones, by report	21 and older		Yes		narrative of medical necessity
D7996	implant-mandible for augmentation purposes, by report	21 and older		Yes		narrative of medical necessity
D7999	unspecified oral surgery procedure, by report	21 and older		Yes		

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Reimbursement includes local anesthesia.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	21 and older		No	Not allowed with any other services other than radiographs.	
D9210	local anesthesia not in conjunction with operative or surgical procedures	21 and older		No	Cannot bill D9610 or D9630 on same date of service. Maximum of one hour D9220/D9221	
D9222	deep sedation/general anesthesia first 15 minutes	21 and older		No		
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	21 and older		No	Nine of (D9223, D9243) per 1 Day(s) Per patient. 15 minute increments up to 9 units	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	21 and older		No		
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	21 and older		No	Nine of (D9223, D9243) per 1 Day(s) Per patient. 15 minute increments up to 9 units	
D9410	house/extended care facility call	21 and older		No	Use to bill for a nursing home visit (per site). Maximum of three (3) per date of visit (one per site). For nursing homes, long-term care facilities, hospice sites and institutions	
D9420	hospital or ambulatory surgical center call	21 and older		No		
D9610	therapeutic drug injection, by report	21 and older		No	Cannot bill with D9240 on same date of service.	
D9995	teledentistry – synchronous; real-time encounter	21 and older		No		
D9999	unspecified adjunctive procedure, by report	21 and older		Yes		