DentaQuest USA Insurance Company, Inc.

Office Reference Manual

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

Clover Health Medicare

PO Box 2906
Milwaukee, WI 53201-2906
888-308-9345
www.dentaquest.com

DentaQuest, LLC
Address and Telephone Numbers

Provider Services
PO Box 2906
Milwaukee, WI 53201-2906
1-888-308-9345

Fax numbers:
Claims/payment issues: 1-262.241.7379
Claims to be processed: 1-262.834.3589
All other: 1-262.834.3450

Claims questions:
denclaims@DentaQuest.com

Eligibility or Benefit Questions:
denelig.benefits@dentaquest.com

DentaQuest Member Services:
800-896-2373

Clover Health Member Services:
888-778-1478

TTY:
800-466-7566

DentaQuest Fraud Hotline
1-800-237-9139

Credentialing
PO Box 2906
Milwaukee, WI 53201-2906
Credentialing Hotline: 1-800-233-1468
Fax: 1-262-241-4077

Claims should be sent to:
DentaQuest Claims
PO Box 2906
Milwaukee, WI 53201-2906

Electronic Claims should be sent:
Direct entry on the web – http://www.dentaquest.com

Or

Via Clearinghouse –
Payer ID #: CX014
DentaQuest, LLC
P.O. Box 2906
Milwaukee, WI 53201

DentaQuest USA Insurance Company, Inc.

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/Plan members' rights and responsibilities policies.

8. Right to be provided with policies and procedures

9. Right to refuse care from specific practitioners

10. Have access to your medical records in accordance with applicable Federal and State laws

11. Be free from harm, including unnecessary physical restraints or isolation, excessive medication, physical or mental abuse or neglect

12. Be free of hazardous procedures

13. Receive information on available treatment options or alternative courses of care

14. Refuse treatment and be informed of the consequences of such refusal

15. Be afforded a choice of specialist among participating providers

16. Obtain a current directory of participating providers in the Plan including addresses and telephone numbers, and a listing of providers who accept members who speak languages other than English

17. Obtain assistance and referral to providers with experience in treatment of patients with chronic disabilities

18. Be free from balance billing by providers for medically necessary services that were authorized by the Plan, except as permitted for copayments in your plan

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. Know about your dental and health care and the rules for getting care.

3. Schedule your appointments, be on time, and call if you are going to be late to or miss your appointment.

4. Use your ID cards when you go to appointments or get services and do not let anyone else use your card.

5. Be respectful to the providers who are giving you care.

6. Know the name of your PCP and your care manager if you have one

7. 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.

8. Ask for more information if you do not understand your care or health condition.

9. Tell the Plan and DMAHS about your concerns, questions or problems.

10. All Members, have the responsibility to participate in understanding their health problems and developing mutually agreed upon treatment goals to the degree possible.

DentaQuest USA Insurance Company, Inc.

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.

<center>*   *   *</center>

All contracted dental specialists must be board certified.

All contracted dentists must have, or have confirmations of application submission, of valid DEA and CDS certificates.

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 Plan certificate.

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 and to determine if recipients have other health insurance.

Please note that due to possible eligibility status changes, this information does not guarantee payment and is subject to change without notice.

Members will receive a Plan ID Card.

DentaQuest recommends that each dental office make a photocopy of the Member's identification card each time treatment is provided. It is important to note that the Health Plan identification card is not dated and it does not need to be returned to the Health Plan should a Member lose eligibility. Therefore, an identification card in itself does not guarantee that a person is currently enrolled in the Health Plan.

Sample of Clover Health I.D. Cards:

1.03　DentaQuest Eligibility Systems

Participating Providers may access Member eligibility information through DentaQuest's Interactive Voice Response (IVR) system or through the "Providers Only" section of DentaQuest's website at 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 last name and first initial. To access the eligibility information via DentaQuest's website, simply log on to the website at www.dentaquest.com. Once you have entered the website, click on "Dentist". 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 1-888-308-9345.

Once logged in, select "eligibility look up" and 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 1-888-308-9345. 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 1-888-308-9345.
> 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.

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 1-888-308-9345. They will be able to assist you in utilizing either system.

1.04   Health Plan Eligibility Phone Number

Clover Health
1-888-781-3235

2.00   Claim Submission Procedures

DentaQuest receives dental claims in four possible formats. These formats include:
- Electronic claims via DentaQuest's website (www.dentaquest.com).
- Electronic submission via clearinghouses.
- HIPAA Compliant 837D File.
- Paper claims.

2.01   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.

2.02   **Electronic Attachments**

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 or call NEA at:

800.782.5150

2.03   **Submitting Claims with X-Rays**

- Electronic submission using the provider web portal
- Electronic submission using National Electronic Attachment (NEA) is recommended.
- 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 2006 or newer 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.

2.04   Electronic Claim Submission Utilizing DentaQuest's 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. Once you have entered the website, click on the "Dentist" icon. From there choose your 'State'. 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. 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 Provider Services department at 1-888-308-9345.

2.05   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.

2.06   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 to inquire about this option for electronic claim submission.

2.07   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 Provider Web Portal.

2.08 Paper Claim Submission

- Claims must be submitted on ADA approved claim forms (2006 or newer).

- 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.

- 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 Claims
> PO Box 2906
> Milwaukee, WI 53201-2906

2.09 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, LLC
> Attention: Utilization Management/Provider Appeals
> PO Box 2906
> Milwaukee, WI 53201-2906

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.

2.10   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.

2.11   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 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.

2.12   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.

2.13   Direct Deposit

As a benefit to participating Providers, DentaQuest offers Electronic Funds Transfer (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 that can be found on the website (www.dentaquest.com).

- 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 – 1-262-241-4077

    - Via Mail – DentaQuest
          ATTN: PDA Department
          PO Box 2906
          Milwaukee, WI 53201-2906

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 Provider Web Portal (PWP). Providers may access their remittance statements by following these steps:

1. Go to 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.

3.00   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 feral 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-5) recognized by the ADA. Effective the date of this manual, DentaQuest will require providers to submit all claims with the proper CDT-5 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 1-855-398-8411 or via e-mail at denelig.benefits@dentaquest.com.

3.01   HIPAA Companion Guide

To view a copy of the most recent Companion Guide please visit our website at 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).

4.00 Inquiries, Complaints and Grievances

Inquiries, complaints and grievances for Clover Health should be sent to:

Clover Health
NJ P.O. Box 471
Jersey City, NJ 07303

5.00   Utilization Management Program

5.01   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. 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.

5.02   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.

5.03   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.

5.04   Results

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.

5.05   Fraud and Abuse

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.

6.00   Quality Improvement Program

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 1-855-398-8411 or via e-mail at:

denelig.benefits@dentaquest.com

7.00   Credentialing

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 300.017-300.025)

Recredentialing (Policy 300.016)
Network Providers are recredentialed at least every 24 months.

Note: The aforementioned policies are available upon request by contacting DentaQuest's Customer Service at 1-888-308-9345 or via e-mail at:

denelig.benefits@dentaquest.com

8.00 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/or 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.
6. Evaluate the cultural and linguistic needs of the member when maintaining records
7. Audits of dental records are performed to monitor compliance with dental record standards

9.00 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, 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.

- Urgent care must be available within 72 hours of referral.

- Emergency care must be available within 48 hours.

- Preventative & Routine Care must be available within 30 days of referral.

- Standard wait time in office must not be more than 45 minutes.

Follow-up appointments must be scheduled within 30 days of the present treatment date, as appropriate.

10.00 Radiology Requirements

<u>Note</u>: 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.

11.0 Dental Clinical Criteria

11.01   Criteria for Dental Extractions

Dental adheres to the following policy for evaluating removal of teeth in order to maintain consistency throughout its dental networks.
Documentation needed for authorization procedure:

- Panorex, bitewing radiographs or periapical radiographs showing the entire tooth (teeth) to be extracted as well as opposing teeth

- Tooth specific narrative demonstrating medical necessity

  - A decision regarding benefits is made on the basis of the documentation provided.
  - Treatment rendered without necessary pre-authorization is subject to retrospective review.

- Codes:
  DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology Users Manual.

   Criteria

   - The prophylactic removal of asymptomatic teeth or teeth exhibiting no overt clinical pathology is not a covered benefit.

   - The removal of primary teeth whose exfoliation is imminent is not a covered benefit.

- In most cases, extractions that render a patient edentulous must be deferred until authorization to construct a denture has been given.

- Alveoloplasty (code D7310) in conjunction with a surgical extraction in the same quadrant is not a covered benefit.
- Extractions performed as a part of a course of orthodontics are covered only if the orthodontic case is a covered benefit.
- The extraction of primary or permanent teeth does not require authorization unless:
  - Teeth are impacted wisdom teeth
  - Residual roots requiring surgical removal
  - Surgical extraction of erupted teeth.
- Removal of primary teeth whose exfoliation is imminent does not meet criteria for extraction.

Documentation needed for authorization procedure:

- Diagnostic quality periapical and/or panoramic radiographs,
- Radiographs must be mounted, contain the patient name and the date the radiographs were taken, not the date of submission
- Duplicate radiographs must be labeled Right (R) and Left (L), include the patient name and the date the radiograph(s) were taken, not the date of submission.
- Extraction of impacted wisdom teeth or surgical removal of residual tooth roots will require a written narrative of medical necessity that is tooth specific.

Authorization for extraction of impacted third molars:

- Benefit review decisions for authorization of the extraction of impacted third molar teeth will be based upon medical necessity and upon appropriate code utilization for the current ADA codes D7220, D7230, D7240, and D7241. Benefit review decisions for authorization of the extraction of impacted third molar teeth are tooth specific.
- The prophylactic removal of disease-free third molars is not covered.
- Impacted third molars that do not show pathology will not qualify for an authorization for extraction.
- Impacted third molars that do not demonstrate radiographic aberrant tooth position beyond normal variations will not qualify for an authorization for extraction.
- Normal eruption discomfort and localized inflammatory conditions will not qualify impactions for an authorization for extraction.

- Lack of eruptive space will not qualify for an authorization for extraction of impacted third molars.

Reference: American Association of Oral Maxillofacial Surgeons and American Dental Association

11.02 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.

11.03 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.

11.04 Criteria for Stainless Steel Crowns

Although authorization for Stainless Steel Crowns is not required, documentation justifying the need for treatment using Stainless Steel Crowns must be made available upon request for review by DentaQuest pre-operatively or post-operatively and include the following:

- Appropriate diagnostic radiographs clearly showing the adjacent and opposing teeth and pathology or caries-detecting intra-oral photographs if radiographs could not be made.

- Copy of patient's dental record with complete caries charting and dental anomalies

- Copy of detailed treatment plan.

Note: Failure to submit the required documentation if requested may result in the recoupment of benefits on a paid claim.

Criteria

- In general, criteria for stainless steel crowns will be met only for teeth needing multi-surface restorations or where amalgams, composites, and other restorative materials have a poor prognosis.

- Permanent molar teeth should have pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and/or two or more cusps.

- Permanent bicuspid teeth should 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 should 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 anterior teeth should have pathologic destruction to the tooth by caries or trauma and should involve two or more surfaces or incisal decay resulting in an enamel shell.

- Primary molars should 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.

- Primary teeth that have had a pulpotomy or pulpectomy performed.

Note: DentaQuest may require a second opinion for requests of more than 4 stainless steel crowns per patient.

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

- Claim 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/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 permanent tooth must be at least 50% supported in bone.

- Stainless steel crowns on permanent teeth are expected to last five years.

Criteria for treatment using stainless steel crowns will not be met if:

- A lesser means of restoration is possible.

- Tooth has subosseous and/or furcation caries.

- Tooth has advanced periodontal disease.

- Member is age 6 or older and tooth is a primary tooth with exfoliation imminent.

- Crowns are being planned to alter vertical dimension.

- Tooth has <u>no</u> apparent pathologic destruction due to caries or trauma.

a. **Criteria for Authorization of Operating Room (OR) Cases or Special Procedure Units (SPU)**

DentaQuest may deny coverage for the services for patients over age 21*.

All Operating Room (OR) Cases or (SPU) Must Have Prior Authorization (Except In Emergencies).

Providers must submit the following documents for review by DentaQuest for authorization of OR cases:

- Copy of the patient's dental record including health history, charting of the teeth and existing oral conditions.

- Diagnostic radiographs or caries-detecting intra-oral photographs†.

- Copy of treatment plan. A completed ADA claim form submitted for an authorization may serve as a treatment plan.

- Narrative describing medical necessity for OR.

Note: Failure to submit the required documentation may result in a denied request and denied payment of a claim related to that request.

† On occasion, due to the lack of physical or emotional maturity, or a disability, a patient may not cooperate enough for radiographs or intra-oral photographs to be made. If this occurs, it must be noted in the patient record and narrative describing medical necessity. Dentists who "routinely" fail to submit radiographs or intra-oral photographs may be denied authorization for treatment.

Extensive treatment plans including endodontics, implants, prosthodontics, or multiple crowns may require a second opinion as determined by DentaQuest.

The provider is responsible for choosing facilities/providers from Member's MCO panel, obtaining all necessary authorizations, and obtaining a medical history and physical examination by the patient's primary care provider. DentaQuest would not recommend that providers submit this documentation with the authorization request but would assume that this information would be documented in the patient record.

Criteria

In most situations, OR cases will be authorized for covered procedures 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,oral, IM, 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 medically appropriate.*

- Patients requiring extensive dental procedures who have documentation of psychosomatic disorders that require special treatment.*

- Cognitively disabled individuals requiring <u>extensive</u> dental procedures whose prior history indicates hospitalization is appropriate.*

* The medical condition should be verified by a PCP narrative, which is submitted with the authorization request.

b. **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.

- 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.

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 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.

- 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.

11.05 Criteria for Fixed Prosthodontics

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.**

- **The placement of a fixed prosthetic appliance will only be considered for those exceptional cases where there is a documented physical or neurological disorder that would preclude placement of a removable prosthesis.**

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

- **Fixed 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.**

- **As part of any fixed prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis. When billing for fixed partial dentures, dentists must list the date of insertion as the date of service. Recipients must be eligible on that date for the denture service to be covered.**

   Authorizations for prosthesis do not meet criteria:

- **If appropriate documentation is not received documenting physical or neurological disorders precluding the placement of a removable prosthesis.**

- **If good oral health and hygiene, good periodontal health, and a favorable prognosis are not present.**

- **If abutment teeth are less than 50% supported in bone.**

- **If there are untreated cavities or active periodontal disease in the abutment teeth.**

11.06 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.

11.07 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.

11.08 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.

11.09 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.

11.10 Criteria for Medical Immobilization* Including Papoose Boards

Written informed consent from a legal guardian must be obtained and documented in the patient record prior to medical immobilization.

The patient's record should include:

- informed consent;
- type of immobilization used;
- indication for immobilization;
- the duration of application.

Indications*:

- patient who requires immediate diagnosis and/ or <u>limited</u> treatment and cannot cooperate due to lack of maturity;
- patient who requires immediate diagnosis and/ or <u>limited</u> treatment and cannot cooperate due to a mental or physical disability;
- when the safety of the patient and/ or practitioner would be at risk without the protective use of immobilization.

Contraindications*:

- cooperative patient;
- patient who cannot be immobilized safely due to associated medical conditions.

Goals of Behavior Management*:

- establish communication;
- alleviate fear and anxiety;
- deliver quality dental care;
- build a trusting relationship between dentist and child;
- and, promote the child's positive attitude towards oral/ dental health.

1. <u>Routine</u> **use of restraining devices to immobilize young children in order to complete their dental care is not acceptable practice, violates the standard of care, and will result in termination of the provider from the network.**

2. **Dentists should not restrain children without formal training at a dental school or approved residency program.**

3. **Dentists should consider referring to specialists those patients who they consider to be candidates for immobilization.**

4. **Dental auxiliaries should not use restraining devices to immobilize children.**

*American Academy of Pediatric Dentistry. Guideline on behavior management. Reference Manual 2002-2003.

11.11 Criteria for Fixed Prosthodontics

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.

The placement of a fixed prosthetic appliance will only be considered for those exceptional cases where there is a documented physical or neurological disorder that would preclude placement of a removable prosthesis.

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

As part of any fixed prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis. When billing for fixed partial dentures, dentists must list the date of insertion as the date of service. Recipients must be eligible on that date for the denture service to be covered.

Authorizations for prosthesis do not meet criteria:

- If appropriate documentation is not received documenting physical or neurological disorders precluding the placement of a removable prosthesis.
- If good oral health and hygiene, good periodontal health, and a favorable prognosis are not present.
- If abutment teeth are less than 50% supported in bone.
- If there are untreated cavities or active periodontal disease in the abutment teeth.

APPENDIX A

Attachments

General Definitions

The following definitions apply to this Office Reference Manual:

A. **"Contract"** means the document specifying the services provided by DentaQuest to:

- a Medicare beneficiary, directly or on behalf of a Plan, as agreed upon between the Center for Medicare and Medicaid Services ("CMS") or Plan and DentaQuest (a "Medicare Contract").

B. **"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.

C. **"DentaQuest"** shall refer to DentaQuest USA Insurance Company, Inc.

D. **"DentaQuest Service Area"** shall be defined as the State of Texas.

E. **"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 judgment 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.

F. **"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 Medicare Contract is referred to as a "Medicare Member."

G. **"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.

H. **"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.

I. **"Plan Certificate"** means the document that outlines the benefits available to Members.

J. **"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.

K. **"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

To view copies of the resources below please visit our website at www.DentaQuest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your "State". 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
- Initial Clinical Exam Form
- Recall Examination Form
- Electronic Funds Transfer 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 at 1-888-308-9345

Please defer to the benefit tables for complete benefit information

2023 Copay Schedule – for Diagnostic and Preventive services copays do not apply	
Clover Health Choice (PPO) (025)	**Comprehensive $1000 Max (in-network $20.00/out-of-network $20.00 copay) + Preventive benefit**

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	All Ages		No	One of (D0120, D0150, D0180) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Three of (D0140) per 1 Calendar year(s) Per patient. 3 per calendar year, not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	One of (D0150, D0180) per 3 Calendar year(s) Per Provider OR Location. One of (D0120, D0150, D0180) per 1 Calendar year(s) Per patient.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	Two of (D0160, D0170) per 1 Calendar year(s) Per patient.	
D0170	re-evaluation, limited problem focused	All Ages		No	Two of (D0160, D0170) per 1 Calendar year(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	One of (D0150, D0180) per 3 Calendar year(s) Per patient. One of (D0120, D0150, D0180) per 1 Calendar year(s) Per patient.	
D0210	intraoral - comprehensive series of radiographic images	All Ages		No	One of (D0210, D0277, D0330) per 1 Calendar year(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No	One of (D0220) per 1 Day(s) Per patient.	
D0230	intraoral - periapical each additional radiographic image	All Ages		No		
D0240	intraoral - occlusal radiographic image	All Ages		No	Two of (D0240) per 2 Calendar year(s) Per patient.	
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 1 Calendar year(s) Per patient.	
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 1 Calendar year(s) Per patient.	
D0273	bitewings - three radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 1 Calendar year(s) Per patient.	

					Diagnostic	
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 1 Calendar year(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0210, D0277, D0330) per 1 Calendar year(s) Per patient.	
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0277, D0330) per 1 Calendar year(s) Per patient.	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	All Ages		No	One of (D0210, D0277, D0330, D0372) per 1 Calendar year(s) Per patient.	
D0373	intraoral tomosynthesis – bitewing radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 1 Calendar year(s) Per patient.	
D0374	intraoral tomosynthesis – periapical radiographic image	All Ages		No	One of (D0374) per 1 Calendar year(s) Per patient.	
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	All Ages		No		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 1 Calendar year(s) Per patient.	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	All Ages		No		

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	All Ages		No	Two of (D1110, D4346, D4910) per 1 Calendar year(s) Per patient.	
D1206	topical application of fluoride varnish	All Ages		No	Two of (D1206, D1208, D9910) per 1 Calendar year(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	Two of (D1206, D1208, D9910) per 1 Calendar year(s) Per patient.	

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		
D2150	Amalgam - two surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No		
D2160	amalgam - three surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No		
D2161	amalgam - four or more surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No		
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2331	resin-based composite - two surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2332	resin-based composite - three surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
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		
D2390	resin-based composite crown, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No		
D2392	resin-based composite - two surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No		
D2393	resin-based composite - three surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No		
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		
D2410	gold foil - 1 surface	All Ages	Teeth 1 - 32	No		
D2420	gold foil - 2 surfaces	All Ages	Teeth 1 - 32	No		
D2430	gold foil - 3 surfaces	All Ages	Teeth 1 - 32	No		
D2510	inlay - metallic -1 surface	All Ages	Teeth 1 - 32	No		
D2520	inlay-metallic-2 surfaces	All Ages	Teeth 1 - 32	No		

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2530	inlay-metallic-3+ surfaces	All Ages	Teeth 1 - 32	No		
D2542	onlay - metallic - two surfaces	All Ages	Teeth 1 - 32	No		
D2543	onlay-metallic-3 surfaces	All Ages	Teeth 1 - 32	No		
D2544	onlay-metallic-4+ surfaces	All Ages	Teeth 1 - 32	No		
D2610	inlay-porce/ceramic-1surface	All Ages	Teeth 1 - 32	No		
D2620	inlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	No		
D2630	inlay-porc/ceramic 3+ surfaces	All Ages	Teeth 1 - 32	No		
D2642	onlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	No		
D2643	onlay-porcelain/ceramic-3 surfaces	All Ages	Teeth 1 - 32	No		
D2644	onlay-porcelain/ceramic-4+ surfaces	All Ages	Teeth 1 - 32	No		
D2650	inlay-composite/resin 1surface	All Ages	Teeth 1 - 32	No		
D2651	inlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	No		
D2652	inlay-composite/resin-3+ surfaces	All Ages	Teeth 1 - 32	No		
D2662	onlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	No		
D2663	onlay-composite/resin-3 surfaces	All Ages	Teeth 1 - 32	No		
D2664	onlay-composite/resin-4+ surfaces	All Ages	Teeth 1 - 32	No		
D2710	crown - resin-based composite (indirect)	All Ages	Teeth 1 - 32	No		
D2712	crown - 3/4 resin-based composite (indirect)	All Ages	Teeth 1 - 32	No		
D2720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	No		
D2721	crown - resin with predominantly base metal	All Ages	Teeth 1 - 32	No		
D2722	crown - resin with noble metal	All Ages	Teeth 1 - 32	No		
D2740	crown - porcelain/ceramic	All Ages	Teeth 1 - 32	No		
D2750	crown - porcelain fused to high noble metal	All Ages	Teeth 1 - 32	No		
D2751	crown - porcelain fused to predominantly base metal	All Ages	Teeth 1 - 32	No		

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2752	crown - porcelain fused to noble metal	All Ages	Teeth 1 - 32	No		
D2753	Crown- Porcelain Fused to Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	No		
D2780	crown - ¾ cast high noble metal	All Ages	Teeth 1 - 32	No		
D2781	crown - ¾ cast predominantly base metal	All Ages	Teeth 1 - 32	No		
D2782	crown - ¾ cast noble metal	All Ages	Teeth 1 - 32	No		
D2783	crown - ¾ porcelain/ceramic	All Ages	Teeth 1 - 32	No		
D2790	crown - full cast high noble metal	All Ages	Teeth 1 - 32	No		
D2791	crown - full cast predominantly base metal	All Ages	Teeth 1 - 32	No		
D2792	crown - full cast noble metal	All Ages	Teeth 1 - 32	No		
D2794	Crown- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	No		
D2799	interim crown	All Ages	Teeth 1 - 32	No		
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Ages	Teeth 1 - 32	No		
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	All Ages	Teeth 1 - 32	No		
D2920	re-cement or re-bond crown	All Ages	Teeth 1 - 32, A - T	No		
D2921	Reattachment of tooth fragment, incisal edge or cusp	All Ages	Teeth 1 - 32	No		
D2928	prefabricated porcelain/ceramic crown – permanent tooth	All Ages	Teeth 1 - 32	No		
D2929	Prefabricated porcelain/ceramic crown – primary tooth	All Ages	Teeth A - T	No		
D2930	prefabricated stainless steel crown - primary tooth	All Ages	Teeth A - T	No		
D2931	prefabricated stainless steel crown-permanent tooth	All Ages	Teeth 1 - 32	No		

Restorative					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2932	prefabricated resin crown	All Ages	Teeth 1 - 32, A - T	No		
D2933	prefabricated stainless steel crown with resin window	All Ages	Teeth 1 - 32, A - T	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	All Ages	Teeth A - T	No		
D2940	protective restoration	All Ages	Teeth 1 - 32, A - T	No		
D2941	Interim therapeutic restoration - primary dentition	All Ages	Teeth A - T	No		
D2949	Restorative foundation for an indirect restoration	All Ages	Teeth 1 - 32	No		
D2950	core buildup, including any pins when required	All Ages	Teeth 1 - 32	No		
D2951	pin retention - per tooth, in addition to restoration	All Ages	Teeth 1 - 32	No		
D2952	cast post and core in addition to crown	All Ages	Teeth 1 - 32	No		
D2953	each additional cast post - same tooth	All Ages	Teeth 1 - 32	No		
D2954	prefabricated post and core in addition to crown	All Ages	Teeth 1 - 32	No		
D2955	post removal (not in conjunction with endodontic therapy)	All Ages	Teeth 1 - 32	No		
D2957	each additional prefabricated post - same tooth	All Ages	Teeth 1 - 32	No		
D2971	additional procedures to construct new crown under partial denture framework	All Ages	Teeth 1 - 32	No		
D2975	coping	All Ages	Teeth 1 - 32	No		
D2980	crown repair, by report	All Ages	Teeth 1 - 32	No		
D2981	Inlay repair necessitated by restorative material failure	All Ages	Teeth 1 - 32, 51 - 82	No		
D2982	Onlay repair necessitated by restorative material failure	All Ages	Teeth 1 - 32, 51 - 82	No		

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2990	Resin infiltration of incipient smooth surface lesions	All Ages	Teeth 1 - 32, A - T	No		
D2999	unspecified restorative procedure, by report	All Ages	Teeth 1 - 32, A - T	No		

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Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3110	pulp cap - direct (exluding final restoration)	All Ages	Teeth 1 - 32, A - T	No		
D3120	pulp cap - indirect (excluding final restoration)	All Ages	Teeth 1 - 32, A - T	No		
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	All Ages	Teeth 1 - 32, A - T	No		
D3221	pulpal debridement, primary and permanent teeth	All Ages	Teeth 1 - 32, A - T	No		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	All Ages	Teeth 1 - 32	No		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	All Ages	Teeth C - H, M - R	No		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	All Ages	Teeth A, B, I - L, S, T	No		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	All Ages	Teeth 6 - 11, 22 - 27	No		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No		
D3330	endodontic therapy, molar tooth (excluding final restoration)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No		
D3331	treatment of root canal obstruction; non-surgical access	All Ages	Teeth 1 - 32	No		
D3332	incomplete endodontic therapy; inoperable or fractured tooth	All Ages	Teeth 1 - 32	No		
D3333	internal root repair of perforation defects	All Ages	Teeth 1 - 32	No		
D3346	retreatment of previous root canal therapy-anterior	All Ages	Teeth 6 - 11, 22 - 27	No		

			Endodontics			
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3347	retreatment of previous root canal therapy - premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No		
D3348	retreatment of previous root canal therapy-molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No		
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No		
D3352	apexification/recalcification - interim medication replacement	All Ages	Teeth 1 - 32	No		
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No		
D3355	Pulpal regeneration - initial visit	All Ages	Teeth 1 - 32	No		
D3356	Pulpal regeneration - interim medication replacement	All Ages	Teeth 1 - 32	No		
D3357	Pulpal regeneration - completion of treatment	All Ages	Teeth 1 - 32	No		
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	No		
D3421	apicoectomy - premolar (first root)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No		
D3425	apicoectomy - molar (first root)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No		
D3426	apicoectomy (each additional root)	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32	No		
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	All Ages	Teeth 1 - 32	No		
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	All Ages	Teeth 1 - 32	No		
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	No		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	All Ages	Teeth 1 - 32	No		

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	All Ages	Teeth 1 - 32	No		
D3450	root amputation - per root	All Ages	Teeth 1 - 32	No		
D3460	endodontic endosseous implant	All Ages	Teeth 1 - 32	No		
D3470	intentional reimplantation	All Ages	Teeth 1 - 32	No		
D3471	surgical repair of root resorption - anterior	All Ages	Teeth 6 - 11, 22 - 27	No		
D3472	surgical repair of root resorption – premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No		
D3473	surgical repair of root resorption – molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No		
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	All Ages	Teeth 6 - 11, 22 - 27	No		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption – molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No		
D3910	surgical procedure for isolation of tooth with rubber dam	All Ages	Teeth 1 - 32	No		
D3920	hemisection (including any root removal), not incl root canal therapy	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No		
D3921	decoronation or submergence of an erupted tooth	All Ages	Teeth 1 - 32	No		
D3950	canal preparation and fitting of preformed dowel or post	All Ages	Teeth 1 - 32	No		
D3999	unspecified endodontic procedure, by report	All Ages	Teeth 1 - 32, A - T	No		

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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)	No		
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)	No		
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	All Ages	Teeth 1 - 32, 51 - 82	No		
D4230	anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages		No		
D4231	anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	All Ages		No		
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4245	apically positioned flap	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4249	clinical crown lengthening - hard tissue	All Ages	Teeth 1 - 32	No		
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4263	bone replacement graft - first site in quadrant	All Ages	Teeth 1 - 32	No		
D4264	bone replacement graft - each additional site in quadrant	All Ages	Teeth 1 - 32	No		
D4265	biological materials to aid in soft and osseous tissue regeneration per site	All Ages	Teeth 1 - 32	No		
D4266	guided tissue regeneration, natural teeth – resorbable barrier, per site	All Ages	Teeth 1 - 32	No		
D4267	guided tissue regeneration, natural teeth – non-resorbable barrier, per site	All Ages	Teeth 1 - 32	No		
D4268	surgical revision procedure	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4270	pedicle soft tissue graft procedure	All Ages	Teeth 1 - 32	No		
D4273	subepithelial connective tissue graft procedure	All Ages	Teeth 1 - 32	No		
D4274	distal or proximal wedge procedure	All Ages	Teeth 1 - 32	No		
D4275	soft tissue allograft	All Ages	Teeth 1 - 32	No		
D4276	combined connective tissue and double pedicle graft	All Ages	Teeth 1 - 32	No		
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	All Ages	Teeth 1 - 32, 51 - 82	No		
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	All Ages	Teeth 1 - 32, 51 - 82	No		
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	All Ages	Teeth 1 - 32	No		

	Periodontics					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	All Ages	Teeth 1 - 32	No		
D4286	removal of non-resorbable barrier	All Ages		No		
D4322	splint – intra-coronal; natural teeth or prosthetic crowns	All Ages	Teeth 1 - 32	No		
D4323	splint – extra-coronal; natural teeth or prosthetic crowns	All Ages	Teeth 1 - 32	No		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4342	periodontal scaling and root planing - one to three teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4346	scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation	All Ages		No		
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	All Ages		No		
D4381	localized delivery of antimicrobial agents	All Ages	Teeth 1 - 32	No		
D4910	periodontal maintenance procedures	All Ages		No		
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	All Ages		No		
D4921	gingival irrigation with a medicinal agent – per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4999	unspecified periodontal procedure, by report	All Ages		No		

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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	All Ages		No		
D5120	complete denture - mandibular	All Ages		No		
D5130	immediate denture - maxillary	All Ages		No		
D5140	immediate denture - mandibular	All Ages		No		
D5211	maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No		
D5212	mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No		
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No		
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No		
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	All Ages		No		
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	All Ages		No		
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No		
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No		

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5225	maxillary partial denture-flexible base	All Ages		No		
D5226	mandibular partial denture-flexible base	All Ages		No		
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	All Ages		No		
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	All Ages		No		
D5282	Removable unilateral partial denture--one piececast metal (including clasps and teeth), maxillary	All Ages		No		
D5283	Removable unilateral partial denture--one piececast metal (including clasps and teeth), mandibular	All Ages		No		
D5284	Removeable Unilateral Partial Denture- One Piece Flexible Base- Per Quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D5286	Removeable Unilateral Partial Denture- One Piece Resin Base- Per Quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D5410	adjust complete denture - maxillary	All Ages		No		
D5411	adjust complete denture - mandibular	All Ages		No		
D5421	adjust partial denture-maxillary	All Ages		No		
D5422	adjust partial denture - mandibular	All Ages		No		
D5511	repair broken complete denture base, mandibular	All Ages		No		
D5512	repair broken complete denture base, maxillary	All Ages		No		
D5520	replace missing or broken teeth - complete denture (each tooth)	All Ages	Teeth 1 - 32	No		

	Prosthodontics, removable					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5611	repair resin partial denture base, mandibular	All Ages		No		
D5612	repair resin partial denture base, maxillary	All Ages		No		
D5621	repair cast partial framework, mandibular	All Ages		No		
D5622	repair cast partial framework, maxillary	All Ages		No		
D5630	repair or replace broken retentive/clasping materials per tooth	All Ages	Teeth 1 - 32	No		
D5640	replace broken teeth-per tooth	All Ages	Teeth 1 - 32	No		
D5650	add tooth to existing partial denture	All Ages	Teeth 1 - 32	No		
D5660	add clasp to existing partial denture	All Ages	Teeth 1 - 32	No		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	All Ages		No		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	All Ages		No		
D5710	rebase complete maxillary denture	All Ages		No		
D5711	rebase complete mandibular denture	All Ages		No		
D5720	rebase maxillary partial denture	All Ages		No		
D5721	rebase mandibular partial denture	All Ages		No		
D5725	rebase hybrid prosthesis	All Ages	Per Arch (01, 02, LA, UA)	No		
D5730	reline complete maxillary denture (chairside)	All Ages		No		
D5731	reline complete mandibular denture (chairside)	All Ages		No		
D5740	reline maxillary partial denture (chairside)	All Ages		No		
D5741	reline mandibular partial denture (chairside)	All Ages		No		

	Prosthodontics, removable					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5750	reline complete maxillary denture (laboratory)	All Ages		No		
D5751	reline complete mandibular denture (laboratory)	All Ages		No		
D5760	reline maxillary partial denture (laboratory)	All Ages		No		
D5761	reline mandibular partial denture (laboratory)	All Ages		No		
D5765	soft liner for complete or partial removable denture – indirect	All Ages	Per Arch (01, 02, LA, UA)	No		
D5810	interim complete denture-maxillary	All Ages		No		
D5811	interim complete denture-mandibular	All Ages		No		
D5820	interim partial denture (maxillary)	All Ages		No		
D5821	interim partial denture-mandibular	All Ages		No		
D5850	tissue conditioning, maxillary	All Ages		No		
D5851	tissue conditioning,mandibular	All Ages		No		
D5862	precision attachment, by report	All Ages	Teeth 1 - 32	No		
D5863	Overdenture - complete maxillary	All Ages		No		
D5864	Overdenture - partial maxillary	All Ages		No		
D5865	Overdenture - complete mandibular	All Ages		No		
D5866	Overdenture - partial mandibular	All Ages		No		
D5867	Replacement of replaceable part of semi-precision per attachment	All Ages	Teeth 1 - 32	No		
D5875	modification of removable prosthesis following implant surgery	All Ages	Per Arch (01, 02, LA, UA)	No		
D5876	add metal substructure to acrylic full denture (per arch)	All Ages	Per Arch (01, 02, LA, UA)	No		
D5899	unspecified removable prosthodontic procedure, by report	All Ages		No		

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	facial moulage (sectional)	All Ages		No		
D5912	facial moulage (complete)	All Ages		No		
D5913	nasal prosthesis	All Ages		No		
D5914	auricular prosthesis	All Ages		No		
D5915	orbital prosthesis	All Ages		No		
D5916	ocular prosthesis	All Ages		No		
D5919	facial prosthesis	All Ages		No		
D5922	nasal septal prosthesis	All Ages		No		
D5923	ocular prosthesis, interim	All Ages		No		
D5924	cranial prosthesis	All Ages		No		
D5925	facial augment implant prosthesis	All Ages		No		
D5926	nasal prosthesis, replacement	All Ages		No		
D5927	auricular prosthesis, replace	All Ages		No		
D5928	orbital prosthesis, replace	All Ages		No		
D5929	facial prosthesis, replacement	All Ages		No		
D5931	obturator prosthesis, surgical	All Ages		No		
D5932	obturator prosthesis, definitive	All Ages		No		
D5933	obturator prosthesis, modification	All Ages		No		
D5934	mandibular resection prosthesis with guide flange	All Ages		No		
D5935	mandibular resection prosthesis without guide flange	All Ages		No		
D5936	obturator prosthesis, interim	All Ages		No		
D5937	trismus appliance (not for TMD treatment)	All Ages		No		
D5951	feeding aid	All Ages		No		
D5952	speech aid prosthesis, pediatric	All Ages		No		

	Maxillofacial Prosthetics					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5953	speech aid prosthesis, adult	All Ages		No		
D5954	palatal augment prosthesis	All Ages		No		
D5955	palatal lift prosthesis, definitive	All Ages		No		
D5958	palatal lift prosthesis, interim	All Ages		No		
D5959	palatal lift prosthesis, modification	All Ages		No		
D5960	speech aid prosthesis, modification	All Ages		No		
D5982	surgical stent	All Ages		No		
D5983	radiation carrier	All Ages		No		
D5984	radiation shield	All Ages		No		
D5985	radiation cone locator	All Ages		No		
D5986	fluoride gel carrier	All Ages		No		
D5987	commissure splint	All Ages		No		
D5988	surgical splint	All Ages		No		
D5991	vesiculobullous disease medicament carrier	All Ages		No		
D5992	Adjust maxillofacial prosthetic appliance, by report	All Ages	Per Arch (01, 02, LA, UA)	No		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments.	All Ages	Per Arch (01, 02, LA, UA)	No		
D5995	periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	All Ages		No		
D5996	periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	All Ages		No		
D5999	unspecified maxillofacial prosthesis, by report	All Ages		No		

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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6010	surgical placement of implant body: endosteal implant	All Ages	Teeth 1 - 32	No		
D6011	second stage implant surgery	All Ages	Teeth 1 - 32	No		
D6012	surgical placement of interim implant body-endosteal implant	All Ages	Teeth 1 - 32	No		
D6013	surgical placement of mini implant	All Ages	Teeth 1 - 32	No		
D6040	surgical placement:eposteal implnt	All Ages	Per Arch (01, 02, LA, UA)	No		
D6050	surgical placement-transosteal implant	All Ages	Teeth 1 - 32	No		
D6051	Interim abutment	All Ages	Teeth 1 - 32, 51 - 82	No		
D6055	connecting bar - implant supported or abutment supported	All Ages	Teeth 1 - 32	No		
D6056	prefabricated abutment	All Ages	Teeth 1 - 32	No		
D6057	custom abutment	All Ages	Teeth 1 - 32	No		
D6058	abutment supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	No		
D6059	abutment supported porcelain fused to metal crown (high noble metal)	All Ages	Teeth 1 - 32	No		
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	No		
D6061	abutment supported porcelain fused to metal crown (noble metal)	All Ages	Teeth 1 - 32	No		
D6062	abutment supported cast metal crown (high noble metal)	All Ages	Teeth 1 - 32	No		
D6063	abutment supported cast metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	No		
D6064	abutment supported cast metal crown (noble metal)	All Ages	Teeth 1 - 32	No		
D6065	implant supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	No		

	Implant Services					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6066	Implant Supported Crown- Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	No		
D6067	Implant Supported Crown- High Noble Alloys	All Ages	Teeth 1 - 32	No		
D6068	abutment supported retainer for porcelain/ceramic FPD	All Ages	Teeth 1 - 32	No		
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	All Ages	Teeth 1 - 32	No		
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	All Ages	Teeth 1 - 32	No		
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	All Ages	Teeth 1 - 32	No		
D6072	abutment supported retainer for cast metal FPD (high noble metal)	All Ages	Teeth 1 - 32	No		
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	All Ages	Teeth 1 - 32	No		
D6074	abutment supported retainer for cast metal FPD (noble metal)	All Ages	Teeth 1 - 32	No		
D6075	implant supported retainer for ceramic FPD	All Ages	Teeth 1 - 32	No		
D6076	Implant Supported Retainer for FPD-Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	No		
D6077	Implant Supported Retainer for Metal FPD- High Noble Alloys	All Ages	Teeth 1 - 32	No		
D6080	implant maintenance procedure	All Ages	Teeth 1 - 32	No		
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	All Ages	Teeth 1 - 32, 51 - 82	No		

Implant Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6082	Implant supported crown- porcelain fused to predominently base alloys	All Ages	Teeth 1 - 32	No		
D6083	Implant supported crown- porcelain fused to noble alloys	All Ages	Teeth 1 - 32	No		
D6084	Implant supported crown- porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6085	provisional implant crown	All Ages	Teeth 1 - 32, 51 - 82	No		
D6086	Implant supported crown- predominately base alloys	All Ages	Teeth 1 - 32	No		
D6087	Implant supported crown- noble alloys	All Ages	Teeth 1 - 32	No		
D6088	Implant supported crown- titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6090	repair implant prosthesis	All Ages	Teeth 1 - 32	No		
D6091	replacement of attachment- implant/abutment prosthesis	All Ages		No		
D6092	re-cement or re-bond implant/abutment supported crown	All Ages		No		
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	All Ages		No		
D6094	Abutment supported crown- titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6095	repair implant abutment	All Ages	Teeth 1 - 32	No		
D6096	remove broken implant retaining screw	All Ages	Teeth 1 - 32	No		
D6097	Abutment supported crown- porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6098	Implant supported retainer- porcelain fused to predominately base alloys	All Ages	Teeth 1 - 32	No		
D6099	Implant supported retainer for FPD- porcelain fused to noble alloys	All Ages	Teeth 1 - 32	No		

				Implant Services			
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations		Documentation Required
D6100	surgical removal of implant body	All Ages	Teeth 1 - 32	No			
D6101	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	All Ages	Teeth 1 - 32, 51 - 82	No			
D6102	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	All Ages	Teeth 1 - 32, 51 - 82	No			
D6103	bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	All Ages	Teeth 1 - 32, 51 - 82	No			
D6104	Bone graft at time of implant placement	All Ages	Teeth 1 - 32, 51 - 82	No			
D6105	removal of implant body not requiring bone removal nor flap elevation	All Ages	Teeth 1 - 32	No			
D6106	guided tissue regeneration – resorbable barrier, per implant	All Ages	Teeth 1 - 32	No			
D6107	guided tissue regeneration – non-resorbable barrier, per implant	All Ages	Teeth 1 - 32	No			
D6110	Implant/abutment supported removable dentur for edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	No			
D6111	Implant/abutment supported removable dentur for edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	No			
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	No			

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	No		
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	All Ages	Teeth 1 - 32	No		
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	All Ages	Teeth 1 - 32	No		
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	All Ages	Teeth 1 - 32	No		
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	All Ages	Teeth 1 - 32	No		
D6118	implant/abutment supported interim fixed denture for edentulous arch – mandibular	All Ages	Per Arch (01, 02, LA, UA)	No		
D6119	implant/abutment supported interim fixed denture for edentulous arch – maxillary	All Ages	Per Arch (01, 02, LA, UA)	No		
D6120	Implant supported retainer-porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6121	Implant supported retainer for metal FPD- predominately base alloys	All Ages	Teeth 1 - 32	No		
D6122	Implant supported retainer for metal FPD- noble alloys	All Ages	Teeth 1 - 32	No		
D6123	Implant supported retainer for metal FPD- titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6190	radiographic/surgical implant index, by report	All Ages	Teeth 1 - 32	No		
D6191	semi-precision abutment – placement	All Ages	Teeth 1 - 32	No		
D6192	semi-precision attachment – placement	All Ages	Teeth 1 - 32	No		

			Implant Services			
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6194	Abutment supported retainer crown for FPD- titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6195	Abutment Supported Retainer- Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	All Ages	Teeth 1 - 32	No		
D6198	remove interim implant component	All Ages	Teeth 1 - 32	No		
D6199	unspecified implant procedure	All Ages	Teeth 1 - 32	No		

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6205	pontic - indirect resin based composite	All Ages	Teeth 1 - 32	No		
D6210	pontic - cast high noble metal	All Ages	Teeth 1 - 32	No		
D6211	pontic-cast base metal	All Ages	Teeth 1 - 32	No		
D6212	pontic - cast noble metal	All Ages	Teeth 1 - 32	No		
D6214	Pontic - titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6240	pontic-porcelain fused-high noble	All Ages	Teeth 1 - 32	No		
D6241	pontic-porcelain fused to base metal	All Ages	Teeth 1 - 32	No		
D6242	pontic-porcelain fused-noble metal	All Ages	Teeth 1 - 32	No		
D6243	Pontic - Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6245	prosthodontics fixed, pontic - porcelain/ceramic	All Ages	Teeth 1 - 32	No		
D6250	pontic-resin with high noble metal	All Ages	Teeth 1 - 32	No		
D6251	pontic-resin with base metal	All Ages	Teeth 1 - 32	No		
D6252	pontic-resin with noble metal	All Ages	Teeth 1 - 32	No		
D6253	provisional pontic	All Ages	Teeth 1 - 32	No		
D6545	retainer - cast metal fixed	All Ages	Teeth 1 - 32	No		
D6548	prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	All Ages	Teeth 1 - 32	No		
D6549	Resin retainer-For resin bonded fixed prosthesis	All Ages	Teeth 1 - 32	No		
D6600	inlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	No		
D6601	inlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	No		
D6602	inlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	No		

	Prosthodontics, fixed					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6603	inlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No		
D6604	inlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	No		
D6605	inlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	No		
D6606	inlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	No		
D6607	inlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No		
D6608	onlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	No		
D6609	onlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	No		
D6610	onlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	No		
D6611	onlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No		
D6612	onlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	No		
D6613	onlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	No		
D6614	onlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	No		
D6615	onlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No		
D6624	inlay - titanium	All Ages	Teeth 1 - 32	No		
D6634	onlay - titanium	All Ages	Teeth 1 - 32	No		
D6710	crown - indirect resin based composite	All Ages	Teeth 1 - 32	No		
D6720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	No		
D6721	crown-resin with base metal	All Ages	Teeth 1 - 32	No		
D6722	crown-resin with noble metal	All Ages	Teeth 1 - 32	No		

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6740	retainer crown, porcelain/ceramic	All Ages	Teeth 1 - 32	No		
D6750	crown-porcelain fused high noble	All Ages	Teeth 1 - 32	No		
D6751	crown-porcelain fused to base metal	All Ages	Teeth 1 - 32	No		
D6752	crown-porcelain fused noble metal	All Ages	Teeth 1 - 32	No		
D6753	Retainer Crown- Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6780	crown-3/4 cst high noble metal	All Ages	Teeth 1 - 32	No		
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	All Ages	Teeth 1 - 32	No		
D6782	prosthodontics fixed, crown ¾ cast noble metal	All Ages	Teeth 1 - 32	No		
D6783	prosthodontics fixed, crown ¾ porcelain/ceramic	All Ages	Teeth 1 - 32	No		
D6784	Retainer Crown 3/4- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	No		
D6790	crown-full cast high noble	All Ages	Teeth 1 - 32	No		
D6791	crown - full cast base metal	All Ages	Teeth 1 - 32	No		
D6792	crown - full cast noble metal	All Ages	Teeth 1 - 32	No		
D6793	interim retainer crown	All Ages	Teeth 1 - 32	No		
D6794	Retainer crown - titanium and titanium alloys	All Ages	Teeth 1 - 32	No		
D6920	connector bar	All Ages	Per Arch (01, 02, LA, UA)	No		
D6930	re-cement or re-bond fixed partial denture	All Ages		No		
D6940	stress breaker	All Ages	Teeth 1 - 32	No		
D6950	precision attachment	All Ages	Teeth 1 - 32	No		
D6980	fixed partial denture repair	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D6985	pediatric partial denture, fixed	All Ages	Per Arch (01, 02, LA, UA)	No		
D6999	fixed prosthodontic procedure	All Ages	Teeth 1 - 32	No		

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	All Ages	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)	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		
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	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		
D7220	removal of impacted tooth-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		
D7230	removal of impacted tooth-partially bony	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		
D7240	removal of impacted tooth-completely bony	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		
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	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		
D7250	surgical removal of residual tooth roots (cutting procedure)	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		

	Oral and Maxillofacial Surgery					
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	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		
D7260	oroantral fistula closure	All Ages		No		
D7261	primary closure of a sinus perforation	All Ages		No		
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	All Ages	Teeth 1 - 32	No		
D7272	tooth transplantation (inlcudes reimplantation from one site to another)	All Ages	Teeth 1 - 32	No		
D7280	Surgical access of an unerupted tooth	All Ages	Teeth 1 - 32	No		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	All Ages	Teeth 1 - 32	No		
D7283	placement of device to facilitate eruption of impacted tooth	All Ages	Teeth 1 - 32	No		
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	All Ages		No		
D7286	incisional biopsy of oral tissue-soft	All Ages		No		
D7287	cytology sample collection	All Ages		No		
D7288	brush biopsy - transepithelial sample collection	All Ages		No		
D7290	surgical repositioning of teeth	All Ages	Teeth 1 - 32	No		
D7291	transseptal fiberotomy, by report	All Ages	Teeth 1 - 32	No		
D7292	surgical placement of temporary anchorage device [screw retained plate] requiring flap	All Ages		No		
D7293	surgical placement of temporary anchorage device requiring flap	All Ages		No		
D7294	surgical placement of temporary anchorage device without flap	All Ages		No		

	Oral and Maxillofacial Surgery					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7295	Harvest of bone for use in autogenous grafting procedure	All Ages		No		
D7296	corticotomy – one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7297	corticotomy – four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7299	removal of temporary anchorage device, requiring flap	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7300	removal of temporary anchorage device without flap	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	All Ages	Per Arch (01, 02, LA, UA)	No		
D7350	vestibuloplasty - ridge extension	All Ages	Per Arch (01, 02, LA, UA)	No		
D7410	radical excision - lesion diameter up to 1.25cm	All Ages		No		
D7411	excision of benign lesion greater than 1.25 cm	All Ages		No		
D7412	excision of benign lesion, complicated	All Ages		No		
D7413	excision of malignant lesion up to 1.25 cm	All Ages		No		

	Oral and Maxillofacial Surgery					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7414	excision of malignant lesion greater than 1.25 cm	All Ages		No		
D7415	excision of malignant lesion, complicated	All Ages		No		
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	All Ages		No		
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	All Ages		No		
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		No		
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		No		
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		No		
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		No		
D7465	destruction of lesion(s) by physical or chemical method, by report	All Ages		No		
D7471	removal of exostosis - per site	All Ages	Per Arch (01, 02, LA, UA)	No		
D7472	removal of torus palatinus	All Ages		No		
D7473	removal of torus mandibularis	All Ages		No		
D7485	surgical reduction of osseous tuberosity	All Ages		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		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7520	incision and drainage of abscess - extraoral soft tissue	All Ages		No		

	Oral and Maxillofacial Surgery					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	All Ages		No		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	All Ages		No		
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	All Ages		No		
D7610	maxilla - open reduction	All Ages		No		
D7620	maxilla - closed reduction	All Ages		No		
D7630	mandible-open reduction	All Ages		No		
D7640	mandible - closed reduction	All Ages		No		
D7650	malar and/or zygomatic arch-open reduction	All Ages		No		
D7660	malar and/or zygomatic arch-closed	All Ages		No		
D7670	alveolus stabilization of teeth, closed reduction splinting	All Ages		No		
D7671	alveolus - open reduction, may include stabilization of teeth	All Ages		No		
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	All Ages		No		
D7710	maxilla - open reduction	All Ages		No		
D7720	maxilla - closed reduction	All Ages		No		
D7730	mandible - open reduction	All Ages		No		
D7740	mandible - closed reduction	All Ages		No		
D7750	malar and/or zygomatic arch-open reduction	All Ages		No		

	Oral and Maxillofacial Surgery					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7760	malar and/or zygomatic arch-closed reduction	All Ages		No		
D7770	alveolus-stabilization of teeth, open reduction splinting	All Ages		No		
D7771	alveolus, closed reduction stabilization of teeth	All Ages		No		
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches	All Ages		No		
D7810	open reduction of dislocation	All Ages		No		
D7820	closed reduction dislocation	All Ages		No		
D7830	manipulation under anesthesia	All Ages		No		
D7840	condylectomy	All Ages		No		
D7850	surgical discectomy, with/without implant	All Ages		No		
D7852	disc repair	All Ages		No		
D7854	synovectomy	All Ages		No		
D7856	myotomy	All Ages		No		
D7858	joint reconstruction	All Ages		No		
D7860	arthrotomy	All Ages		No		
D7865	arthroplasty	All Ages		No		
D7870	arthrocentesis	All Ages		No		
D7871	non-arthroscopic lysis and lavage	All Ages		No		
D7872	arthroscopy - diagnosis with or without biopsy	All Ages		No		
D7873	arthroscopy-surgical: lavage and lysis of adhesions	All Ages		No		
D7874	arthroscopy-surgical: disc repositioning and stabilization	All Ages		No		
D7875	arthroscopy-surgical synovectomy	All Ages		No		
D7876	arthroscopy-surgery discectomy	All Ages		No		

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7877	arthroscopy-surgical debridement	All Ages		No		
D7880	occlusal orthotic device, by report	All Ages		No		
D7881	occlusal orthotic device adjustment	All Ages		No		
D7899	unspecified TMD therapy, by report	All Ages		No		
D7910	suture small wounds up to 5 cm	All Ages		No		
D7911	complicated suture-up to 5 cm	All Ages		No		
D7912	complex suture - greater than 5cm	All Ages		No		
D7920	skin graft (identify defect covered, location and type of graft)	All Ages		No		
D7921	Collection and application of autologous blood concentrate product	All Ages		No		
D7922	Placement of Intra-socket biological dresssing to aid in hemostasis or clot stabilzation, per site	All Ages	Teeth 1 - 32	No		
D7940	osteoplasty- for orthognathic deformities	All Ages		No		
D7941	osteotomy - madibular rami	All Ages		No		
D7943	osteotomy- mandibular rami with bone graft; includes obtaining the graft	All Ages		No		
D7944	osteotomy - segmented or subapical - per sextant or quadrant	All Ages		No		
D7945	osteotomy - body of mandible	All Ages		No		
D7946	LeFort I (maxilla - total)	All Ages		No		
D7947	LeFort I (maxilla - segmented)	All Ages		No		
D7948	LeFort II or LeFort III - without bone graft	All Ages		No		
D7949	LeFort II or LeFort III - with bone graft	All Ages		No		

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	All Ages		No		
D7951	sinus augmentation	All Ages		No		
D7952	Sinus augmentation via a vertical approach	All Ages		No		
D7953	bone replacement graft for ridge preservation - per site	All Ages	Teeth 1 - 32	No		
D7955	repair of maxillofacial soft and/or hard tissue defect	All Ages		No		
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	All Ages		No		
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	All Ages		No		
D7961	buccal / labial frenectomy (frenulectomy)	All Ages		No		
D7962	lingual frenectomy (frenulectomy)	All Ages		No		
D7963	frenuloplasty	All Ages		No		
D7970	excision of hyperplastic tissue - per arch	All Ages	Per Arch (01, 02, LA, UA)	No		
D7971	excision of pericoronal gingiva	All Ages	Teeth 1 - 32	No		
D7972	surgical reduction of fibrous tuberosity	All Ages		No		
D7979	non-surgical sialolithotomy	All Ages		No		
D7980	surgical sialolithotomy	All Ages		No		
D7981	excision of salivary gland, by report	All Ages		No		
D7982	sialodochoplasty	All Ages		No		
D7983	closure of salivary fistula	All Ages		No		
D7990	emergency tracheotomy	All Ages		No		
D7991	coronoidectomy	All Ages		No		

	Oral and Maxillofacial Surgery					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7994	surgical placement: zygomatic implant	All Ages		No		
D7995	synthetic graft-mandible or facial bones, by report	All Ages		No		
D7996	implant-mandible for augmentation purposes, by report	All Ages		No		
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	All Ages		No		
D7998	intraoral fixation device---non-fracture	All Ages		No		
D7999	unspecified oral surgery procedure, by report	All Ages		No		

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 treatment of dental pain - per visit	All Ages		No		
D9120	fixed partial denture sectioning	All Ages		No		
D9130	temporomandibular joint dysfunction--non-invasive physical therapies	All Ages		No		
D9210	local anesthesia not in conjuction with operative or surgical procedures	All Ages		No		
D9211	regional block anesthesia	All Ages		No		
D9212	trigeminal division block anesthesia	All Ages		No		
D9215	local anesthesia in conjunction with operative or surgical procedures	All Ages		No		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	All Ages		No		
D9222	deep sedation/general anesthesia first 15 minutes	All Ages		No		
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		No		
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	All Ages		No		
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		No		
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		No		
D9248	non-intravenous moderate sedation	All Ages		No		
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	All Ages		No		

	Adjunctive General Services					
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9311	consultation with medical health care professional	All Ages		No		
D9410	house/extended care facility call	All Ages		No		
D9420	hospital or ambulatory surgical center call	All Ages		No		
D9430	office visit for observation - no other services performed	All Ages		No		
D9440	office visit - after regularly scheduled hours	All Ages		No		
D9450	case presentation, subsequent to detailed and extensive treatment planning	All Ages		No		
D9610	therapeutic drug injection, by report	All Ages		No		
D9612	therapeutic drug injection - 2 or more medications by report	All Ages		No		
D9613	infiltration of sustained release therapeutic drug--per quadrant	All Ages		No		
D9630	other drugs and/or medicaments, by report	All Ages		No		
D9910	application of desensitizing medicament	All Ages		No		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	All Ages	Teeth 1 - 32	No		
D9912	pre-visit patient screening	All Ages		No		
D9920	behavior management, by report	All Ages		No		
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	All Ages		No		
D9932	cleaning and inspection of removable complete denture, maxillary	All Ages		No		
D9933	cleaning and inspection of removable complete denture, mandibular	All Ages		No		

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9934	cleaning and inspection of removable partial denture, maxillary	All Ages		No		
D9935	cleaning and inspection of removable partial denture, mandibular	All Ages		No		
D9941	fabrication of athletic mouthguard	All Ages		No		
D9942	repair and/or reline of occlusal guard	All Ages		No		
D9943	occlusal guard adjustment	All Ages		No		
D9944	occlusal guard--hard appliance, full arch	All Ages	Per Arch (01, 02, LA, UA)	No		
D9945	occlusal guard--soft appliance full arch	All Ages	Per Arch (01, 02, LA, UA)	No		
D9946	occlusal guard--hard appliance, partial arch	All Ages	Per Arch (01, 02, LA, UA)	No		
D9950	occlusion analysis-mounted case	All Ages		No		
D9951	occlusal adjustment - limited	All Ages		No		
D9952	occlusal adjustment - complete	All Ages		No		
D9961	duplicate/copy patient's records	All Ages		No		
D9985	sales tax	All Ages		No		
D9986	Missed Appointment	All Ages		No		
D9987	Cancelled Appoinment	All Ages		No		
D9990	certified translation or sign-language services per visit	All Ages		No		
D9991	dental case management – addressing appointment compliance barriers.	All Ages		No		
D9992	dental case management – care coordination	All Ages		No		
D9993	dental case management – motivational interviewing	All Ages		No		

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9994	dental case management – patient education to improve oral health literacy	All Ages		No		
D9995	teledentistry – synchronous; real-time encounter	All Ages		No		
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	All Ages		No		
D9997	Dental case management - patients with special health care needs	All Ages		No		
D9999	unspecified adjunctive procedure, by report	All Ages		No		