

Payment Policy | Pediatric Dental Services- Essential Health Benefit



EFFECTIVE DATE: 01 | 01 | 2014

POLICY LAST UPDATED: 06 | 06 | 2017

OVERVIEW

Effective January 1, 2014, Pediatric Services including oral care has been defined as an Essential Health Benefit. For those plans that have coverage for essential health benefits, this policy defines the oral care services that will be covered for children from the ages of 0 up to the child's 19th birthday.

Note: member does not need to be a dependent

DENTAL REVIEW CRITERIA

Please refer to the coding section for the specific service that requires dental consultant review. If review is required, refer to the corresponding category of service below for the documentation requirements.

Major Restorative Services

Criteria:

- o Periodontally and endodontically sound permanent tooth
- o Sufficient breakdown as demonstrated on a radiograph

Required documentation:

- o Pre-operative periapical X-ray
- o Intra-oral photo (if available)
- o Detailed narrative (if applicable)

Endodontic Services

Criteria:

- o Sound periodontal prognosis
- o If post service review:
 - o Complete fill to the apex of each canal or calcification that prevent complete fill

Required documentation:

- o Pre-operative and post-operative periapical X-rays.
- o A working film may not be substituted for a post-operative film.

Periodontal Services

Criteria:

- o Scaling and root planning – Pocket depths of 4mm or more or radiographic evidence of calculus and interproximal bone loss (the number of teeth with qualifying pocket depths determine the appropriate code D4341; D4342)
- o Osseous surgery - Pocket depths of 5mm or more and radiographic evidence of interproximal bone loss (the number of teeth with qualifying pocket depths determine the appropriate code D4260; D4261)
- o Tissue grafts – 2mm or less of attached gingiva per treatment site

Required documentation:

- o Periapical X-rays of treatment area
- o Full mouth periodontal chart
- o Detailed narrative (if applicable)

Removable Prosthodontic Services

Required documentation:

- o Detailed narrative.

Implant Services

Criteria:

- o If an arch can be restored with a standard prosthesis or restoration, no benefits will be allowed for the implant or implant related services.

Required documentation:

- o Pre-operative panorex or intraoral complete series
- o Detailed narrative.
- o If payment of claim: Post-operative film of implant, with above documentation is required for review.

Fixed Prosthodontics

Criteria:

- o Periodontally and endodontically sound permanent abutment teeth

Required documentation:

- o Pre-operative periapical X-rays of entire treatment site
- o If there are special circumstances related to the treatment, a detailed narrative is recommended.

Oral Surgery

Required documentation:

- o Pre-Operative X-ray of treatment site
- o Narrative (if applicable)

Orthodontic Services

***Services will not be covered when the dentition contains any more primary teeth than the primary second molars.**

In addition: One of the following criteria must be met for services to be covered under this benefit:

- Maxillary/Mandibular incisor relationship: over jet of 9 mm or more with impingement where the lower incisors are impinging the palate.
- Anterior cross bite equal to or greater than 5mm (short term, interceptive therapy covered only)
 - Anterior open bite (canine to canine)
 - More than 1 impacted permanent tooth when the dentition contains no more primary teeth than the primary second molars.
 - Posterior-unilateral cross bite involving three or more adjacent, permanent teeth, one of which must be a molar (no eruption/dentition requirements for this qualifier).
 - Cleft palate deformities submitted by the surgical team.
 - Treatment for skeletal deformities will be considered on an individual basis and must be submitted by the surgical team.

Required documentation for dental consultant review:

- Extra-oral photos – including frontal and profile
 - 5 Intra-oral photos – R/L buccal, U/L occlusal, and front incisor view

- Panoramic film
- Lateral cephalometric film
- Frontal cephalometric film (for surgical cases)
- Consultation report with diagnosis and treatment plan

Major Restorative Services

The following services are limited to 1 tooth per 60 months:

- o onlay metallic
- o core buildup
- o prefabricated post and core
- o crowns

Endodontic Services

- o Therapeutic pulpotomy (excluding final restoration) – If a root canal is performed within 90 days of the pulpotomy, the pulpotomy is not a covered service and will be considered part of the root canal procedure
- o Partial pulpotomy for apexogenesis – permanent tooth with incomplete root formation- If a root canal is performed within 90 days of the pulpotomy, the pulpotomy is not a covered service and will be considered part of the root canal procedure
- o Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) – Up to age 6 for primary incisors, Up to age 11 for primary canines- Limited to once per tooth per lifetime
- o Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) – Up to age 11 for primary molars – Limited to once per tooth per lifetime

Periodontal Services

- o Gingivectomy or gingivoplasty – four or more teeth
- o Gingivectomy or gingivoplasty – one to three teeth 36 months
- o Gingival flap procedure, including root planing, four or more teeth
- o Clinical crown lengthening-hard tissue
- o Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant
- o Pedicle soft tissue graft – Limited to once, per site, per 36 months
- o Subepithelial connective tissue graft procedures- Limited to once per site, per 36 months
- o Periodontal scaling and root planning-four or more teeth per quadrant-Limited to once per site per 24 months
- o Periodontal scaling and root planning-one to three teeth per quadrant-Limited to once per site per 24 months
- o Full mouth debridement to enable comprehensive evaluation and diagnosis-Limited to one per lifetime
- o Periodontal maintenance – Limited to 4 per 12 months

Implant Services

- o Implants and related services are allowed once, per type of service (i.e., endosteal OR eposteal, porcelain OR metal crown), per treatment site per 60 months.

Fixed Prosthodontics

- o One fixed partial denture per treatment area per 60 months.

Oral Surgery

Orthodontic Services

- o Orthodontic services are not covered for:
- o Repair of damaged orthodontic appliances
- o Replacement of lost or missing appliances
- o Services to alter vertical dimension and/or restore or maintain the occlusion, such as procedures that include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth.

PRIOR AUTHORIZATION

Dental Consultant review required.

POLICY STATEMENT

Pediatric oral care services listed in this policy are covered as part of the member's medical coverage for children from the ages of 0 up to child's 19th birthday when the benefit plan includes coverage for essential health benefits

No coverage is available under the member's medical coverage for services not listed in this policy. These procedures would be considered not covered and are the member's responsibility up to the dentist's charge.

Orthodontic Services

Orthodontic services are not covered for:

- o Repair of damaged orthodontic appliances
- o Replacement of lost or missing appliances
- o Services to alter vertical dimension and/or restore or maintain the occlusion, such as procedures that include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth.

If a member has started orthodontic treatment with coverage by another carrier, or no insurance coverage at all, and the treatment meets BCBSRI medical criteria for coverage, the benefit maximum for orthodontic services will be prorated according to the length of time remaining in the treatment plan. *Example:* The member has completed 12 months of a 24-month orthodontic treatment plan before becoming enrolled. BCBSRI will pay 50% (12 months remaining/24 months total) of the allowable fee towards the orthodontic treatment.

For members who began orthodontic treatment with coverage under a BCBSRI dental plan and transitioned to the Pediatric Dental Benefit without coverage disruption, orthodontic payments will be made in accordance with the terms of the plan that was in place when treatment began. Should additional orthodontic benefits be requested, the dental necessity criteria for coverage under the EHB-Pediatric Dental Benefit must be met. Payment will never exceed the Blue Cross Dental allowance for treatment rendered.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet or Subscriber Agreement for applicable pediatric dental benefits/coverage.

BACKGROUND

Effective January 1, 2014, Qualified Health Plans (QHPs) are required to cover Essential Health Benefits (EHBs), as defined in Section 1302(b) of the Patient Protection and Affordable Care Act. Pediatric Services including oral and vision care has been defined as essential Health Benefits. This policy defines the oral care services that will be covered for members from the ages of 0 up to the members 19th birthday.

renew in 2014, most benefit plans will need to include these EHBs (some exceptions may apply to certain large groups; consult your Subscriber Agreement or Benefit Booklet for details).

CODING

Claims are filed on CDT forms and if approved, will be processed under the member's medical benefit.

Diagnostic Services

- D0120 Periodic oral evaluation (2 exams, any type, per calendar year)
- D0140 Limited oral evaluation (2 exams, any type, per calendar year)
- D0150 Comprehensive oral evaluation (2 exams, any type, per calendar year, one per 3 years)
- D0160 Detailed and extensive oral evaluation, problem focused, by report (one per patient, per provider per 12 months per eligible diagnosis)
- D0180 Comprehensive periodontal evaluation (2 exams, any type, per calendar year, one per 3 years)
- D0210 Intraoral – complete series of radiographic images (one per 5 years, not eligible under age 5)
- D0220 Intraoral – periapical first radiographic image (4 per calendar year)
- D0230 Intraoral – periapical each additional radiographic image (4 per calendar year)
- D0240 Intraoral – occlusal film (2 in 24 months, not eligible age 8 and over)
- D0270 Bitewing – single radiographic image (maximum of 4 bitewings per occurrence, 2 per calendar year)
- D0272 Bitewings – two radiographic images (maximum of 4 bitewings per occurrence, 2 per calendar year)
- D0273 Bitewings – three radiographic images (maximum of 4 bitewings per occurrence, 2 per calendar year)
- D0274 Bitewings – four radiographic images (maximum of 4 bitewings per occurrence, 2 per calendar year)
- D0277 Vertical Bitewings – 7 to 8 radiographic images (maximum of 4 bitewings per occurrence, 2 per calendar year)
- D0330 Panoramic radiographic image (one per 5 years,)
- D0350 Oral/Facial photographic images
- D0391 Interpretation of diagnostic image by a practitioner not associated with capture of the image
- D0470 Diagnostic casts

Preventive Services

- D1110 Prophylaxis – Adult (age 13 or older) (three per calendar year, in combination with D4346)
- D1120 Prophylaxis – Child (three per calendar year, in combination with D4346)
- D1206 Topical application of fluoride varnish (2 per calendar year)
- D1208 Topical application of fluoride, excluding varnish (2 per calendar year)
- D1351 Sealant-per tooth – unrestored permanent molars (1 per tooth per 36 months)
- D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth (under age 16, permanent molars only) (once per tooth per lifetime)
- D1354 Interim caries arresting medicament application (one per 12 months ages 7-12; two per 12 months ages 1-6)
- D1510 Space maintainer – fixed- unilateral (under age 14,- primary molars and permanent first molars only) (once per tooth per 5 years)
- D1515 Space maintainer-fixed-bilateral (under age 14,- primary molars and permanent first molars only) (once per tooth per 5 years)
- D1520 Space maintainer-removable-unilateral (under age 14, primary molars and permanent first molars only) (once per tooth per 5 years)
- D1525 Space maintainer-removable-bilateral (under age 14, primary molars and permanent first molars only) (once per tooth per 5 years)
- D1550 Re-cementation of fixed space maintainer

- D1575 Distal shoe space maintainer – fixed- unilateral (under age 14, primary molars and permanent first molars only) (once per tooth per 5 years)
- D1555 Removal of fixed spaced maintainer
- D2990 Resin infiltration of incipient smooth surface lesions

Minor Restorative Services (once per surface, per tooth per 12 months)

- D2140 Amalgam – one surface, primary or permanent
- D2150 Amalgam – two surface, primary or permanent
- D2160 Amalgam – three surface, primary or permanent
- D2161 Amalgam – four or more surfaces, primary or permanent
- D2330 Resin-based composite – one surface, anterior
- D2331 Resin-based composite – two surface, anterior
- D2332 Resin-based composite – three surface anterior
- D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)
- D2391 Resin-based composite – once surface, posterior (allowed at amalgam allowance)
- D2392 Resin-based composite – two surface, posterior (allowed at amalgam allowance)
- D2393 Resin-based composite – three surface, posterior (allowed at amalgam allowance)
- D2394 Resin-based composite – four or more surfaces, posterior (allowed at amalgam allowance)
- D2940 Protective resorbation
- D2951 Pin retention – per tooth, in addition to restoration
- D2955 Post Removal (1 per 5 years)

Major Restorative Services (allowed once per tooth per 5 years) (Dental Consultant review required for all major restorative services)

- D2510 Inlay – metallic-one surface (allowed at amalgam restoration allowance)
- D2520 Inlay – metallic-two surfaces (allowed at amalgam restoration allowance)
- D2530 Inlay – metallic-three surfaces (allowed at amalgam restoration allowance)
- D2542 Onlay – metallic-two surfaces (allowed at amalgam restoration allowance)
- D2543 Onlay – metallic-three surfaces
- D2544 Onlay – metallic-four or more surfaces
- D2740 Crown – porcelain/ceramic substrate
- D2750 Crown – porcelain fused to high noble metal
- D2751 Crown – porcelain fused to predominantly base metal
- D2752 Crown – porcelain fused to noble metal
- D2780 Crown – 3/4 cast high noble metal
- D2781 Crown – 3/4 cast predominantly base metal
- D2782 Crown – Crown 3/4 cast noble metal
- D2783 Crown – 3/4 porcelain/ceramic
- D2790 Crown – full cast high noble metal
- D2791 Crown – full cast predominantly base metal
- D2792 Crown – full cast noble metal
- D2794 Crown – titanium
- D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
- D2920 Re-cement or re-bond crown
- D2929 Prefabricated porcelain/ceramic crown-primary tooth
- D2930 Prefabricated stainless steel crown – primary tooth (once per tooth per 36 months)
- D2931 Prefabricated stainless steel crown – permanent tooth (once per tooth per 36 months)
- D2950 Core buildup, including any pins (not covered on primary teeth)D2954 Prefabricated post and core, in addition to crown (not covered on primary teeth)
- D2980 Crown repair necessitated by restorative material failure

- D2981 Inlay repair necessitated by restorative material failure
- D2982 Onlay repair necessitated by restorative material failure
- D2983 Veneer repair necessitated by restorative material failure
- D2990 Resin infiltration of incipient smooth surface lesions

Endodontic Services

- D3220 Therapeutic pulpotomy (excluding final restoration)
- D3222 Partial pulpotomy for apexogenesis – permanent tooth with incomplete root formation)
- D3230 Pulpal therapy (resorbable filling) – (anterior, primary tooth under age 6; posterior primary tooth under age 11) (once per tooth per lifetime)
- D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) (anterior, primary tooth under age 6; posterior primary tooth under age 11) (once per tooth per lifetime)
- D3310 Endodontic therapy, anterior tooth (excluding final restoration) (once per tooth per lifetime) (Dental Consultant review required)
- D3320 Endodontic therapy, bicuspid tooth (excluding final restoration) (once per tooth per lifetime) (Dental Consultant review required)
- D3330 Endodontic therapy, molar (excluding final restoration) (once per tooth per lifetime) (Dental Consultant review required)
- D3346 Retreatment of previous root canal therapy-anterior (once per tooth per lifetime) (Dental Consultant review required)
- D3347 Retreatment of previous root canal therapy-bicuspid (once per tooth per lifetime) (Dental Consultant review required)
- D3348 Retreatment of previous root canal therapy-molar (once per tooth per lifetime) (Dental Consultant review required)
- D3351 Apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
- D3352 Apexification/recalcification/pulpal regeneration – interim medication replacement
- D3353 Apexification/recalcification/pulpal regeneration – final visit (includes completed root canal therapy- apical closure/calcific repair of perforations, root resorption, etc.)
- D3355 Pulpal regeneration – initial visit
- D3356 Pulpal regeneration – interim medication replacement
- D3357 Pulpal regeneration – completion of treatment (eligible on permanent teeth only, under age 15) (once per tooth per lifetime)
- D3410 Apicoectomy/periradicular surgery – anterior
- D3421 Apicoectomy/periradicular surgery – bicuspid (first root)
- D3425 Apicoectomy/periradicular surgery – molar (first foot)
- D3426 Apicoectomy/periradicular surgery – (each additional root)
- D3450 Root amputation-per root (Dental Consultant review required)
- D3920 Hemisection (including any root removal)-not including root canal therapy (Dental Consultant review required)

Periodontal Services (allowed once per area of the mouth per 36 months) (Dental Consultant review required for periodontal services)

- D4210 Gingivectomy or gingivoplasty – four or more teeth
- D4211 Gingivectomy or gingivoplasty – one to three teeth
- D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
- D4240 Gingival flap procedure, including root planing, four or more teeth
- D4241 Gingival flap procedure, including root planing-one to three contiguous teeth or tooth bounded spaces per quadrant
- D4249 Clinical crown lengthening-hard tissue

- D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant
- D4261 Osseous surgery (including flap entry and closure), one to three contiguous teeth or tooth bounded spaces per quadrant
- D4266 Guided tissue regeneration- resorbable barrier, per site
- D4267 Guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)
- D4270 Pedicle soft tissue graft
- D4273 Subepithelial connective tissue graft procedures
- D4277 Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in a graft
- D4278 Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site
- 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
- D4341 Periodontal scaling and root planning-four or more teeth per quadrant (once per site per 24 months)
- D4342 Periodontal scaling and root planning-one to three teeth per quadrant (once per site per 24 months)
- D4346 Scaling in the presence of generalized moderate or severe gingival inflammation- full mouth (age 16 and older; combination of D1110/D4346 can not exceed 3 per year)
- D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (one per lifetime)
- D4910 Periodontal maintenance (4 per 12 months)

Prosthodontic Services (Prostheses limited to once per arch per 5 years)

- D5110 Complete denture – maxillary
- D5120 Complete denture – mandibular
- D5130 Immediate denture – maxillary
- D5140 Immediate denture – mandibular
- D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
- D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
- D5213 Maxillary partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth)
- D5214 Mandibular partial denture – cast metal framework with resin denture base(including any conventional clasps, rests and teeth)
- D5221 Immediate maxillary partial denture – resin base
- D5222 Immediate mandibular partial denture – resin base
- D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases
- D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases
- D5281 Removable unilateral partial denture – one piece cast metal (including clasps and teeth)
- D5410 Adjust complete denture – maxillary
- D5411 Adjust complete denture – mandibular
- D5421 Adjust partial denture – maxillary
- D5422 Adjust partial denture – mandibular
- D5510 Repair broken complete denture base
- D5520 Replace missing or broken teeth – complete denture (each tooth)
- D5610 Repair resin denture base
- D5620 Repair cast framework
- D5630 Repair or replace broken clasp
- D5640 Replace broken teeth – per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture

D5710	Rebase complete maxillary denture – Limited to once per 36 months
D5711	Rebase complete mandibular denture-Limited to once per 36 months
D5720	Rebase maxillary partial denture – Limited to once per 36 months
D5721	Rebase mandibular partial denture – Limited to once per 36 months
D5730	Reline complete maxillary denture (chairside) – Limited to once per 36 months
D5731	Reline complete mandibular denture (chairside) – Limited to once per 36 months
D5740	Reline maxillary partial denture (chairside) – Limited to once per 36 months
D5741	Reline mandibular partial denture (chairside) – Limited to once per 36 months
D5750	Reline complete maxillary denture (laboratory) – Limited to once per 36 months
D5751	Reline complete mandibular denture (laboratory) – Limited to once per 36 months
D5760	Reline maxillary partial denture (laboratory) – Limited to once per 36 months
D5761	Reline mandibular partial denture (laboratory) – Limited to once per 36 months
D5850	Tissue conditioning, maxillary
D5851	Tissue conditioning, mandibular

Implant Services (limited to one per tooth/site per 5 years) (Dental Consultant review required)

D6010	Endosteal implant (once per tooth per lifetime)
D6011	Second stage implant surgery (once per tooth per lifetime)
D6012	Surgical placement of interim implant body for transitional prosthesis (once per tooth per lifetime)
D6013	Surgical placement of mini implant (once per tooth per lifetime)
D6040	Eposteal Implant (once per tooth per lifetime)
D6050	Transosteal Implant, including hardware (once per tooth per lifetime)
D6055	Connecting bar – implant or abutment supported
D6056	Prefabricated abutment
D6057	Custom fabricated abutment
D6058	Abutment supported porcelain ceramic crown
D6059	Abutment supported porcelain fused to high noble metal crown
D6060	Abutment supported porcelain fused to predominantly base metal crown
D6061	Abutment supported porcelain fused to noble metal crown
D6062	Abutment supported cast high noble metal crown
D6063	Abutment supported cast predominantly base metal crown
D6064	Abutment supported cast noble metal crown
D6065	Implant supported porcelain ceramic crown
D6066	Implant supported porcelain fused to high noble metal crown
D6067	Implant supported metal crown
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture
D6069	Abutment supported retainer for porcelain fused to high noble metal fixed partial denture
D6070	Abutment supported retainer for porcelain fused to predominantly base metal fixed partial denture
D6071	Abutment supported retainer for porcelain fused to noble metal fixed partial denture
D6072	Abutment supported retainer for cast high noble metal fixed partial denture
D6073	Abutment supported retainer for cast predominantly base metal fixed partial denture
D6074	Abutment supported retainer for cast noble metal fixed partial denture
D6075	Implant supported retainer for ceramic fixed partial denture
D6076	Implant supported retainer for porcelain fused to high noble metal fixed partial denture
D6077	Implant supported retainer for cast metal fixed partial denture
D6080	Implant maintenance procedures
D6090	Repair implant supported prosthesis
D6091	Replacement of semi-precision or precision attachment

- D6095 Repair implant abutment
- D6100 Implant removal
- D6101 Debridement of peri-implant defect or defects surrounding a single implant
- D6102 Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant
- D6103 Bone graft for repair of peri-implant defect
- D6104 Bone graft at time of implant placement
- D6110 Implant /abutment supported removable denture for edentulous arch – maxillary
- D6111 Implant/abutment supported removable denture for edentulous arch – mandibular
- D6112 Implant/abutment supported removable denture for partially edentulous arch – maxillary
- D6113 Implant/abutment supported removable denture for partially edentulous arch – mandibular
- D6114 Implant/abutment supported fixed denture for edentulous arch – maxillary
- D6115 Implant/abutment supported fixed denture for edentulous arch – mandibular
- D6116 Implant/abutment supported fixed denture for partially edentulous arch – maxillary
- D6117 Implant/abutment supported fixed denture for partially edentulous arch – mandibular
- D6190 Radiographic/surgical implant index, by report

Fixed Prosthodontics (limited to one per tooth per 5 years) (Dental Consultant review required)

- D6210 Pontic – cast high noble metal
- D6211 Pontic – cast predominantly base metal
- D6212 Pontic –cast noble metal
- D6214 Pontic – titanium
- D6240 Pontic – porcelain fused to high noble metal
- D6241 Pontic –porcelain fused to predominantly base metal
- D6242 Pontic – porcelain fused to noble metal
- D6245 Pontic – porcelain/ceramic
- D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis
- D6549 Resin retainer – porcelain/ceramic for resin bonded fixed prosthesis
- D6600 Inlay – porcelain/ceramic, two surfaces
- D6601 Inlay – porcelain/ceramic, three or more surfaces
- D6602 Inlay – cast high noble metal, two surfaces
- D6603 Inlay – cast high noble metal, three or more surfaces
- D6604 Inlay – cast predominantly base metal, two surfaces
- D6605 Inlay – cast predominantly metal, three or more surfaces
- D6606 Inlay – cast noble metal, two surfaces
- D6607 Inlay – cast noble metal, three or more surfaces
- D6608 Onlay – porcelain/ceramic, two or more surfaces
- D6609 Onlay – porcelain/ceramic, three or more surfaces
- D6610 Onlay – cast high noble metal, two surfaces
- D6611 Onlay – cast high noble metal, three or more surfaces
- D6612 Onlay – cast predominantly base metal, two surfaces
- D6613 Onlay – cast predominantly base metal, three or more surfaces
- D6614 Onlay – cast noble metal, two surfaces
- D6615 Onlay – cast noble metal, three or more surfaces
- D6740 Crown – porcelain/ceramic
- D6750 Crown – porcelain fused to high noble metal
- D6751 Crown – porcelain fused to predominantly base metal
- D6752 Crown – porcelain fused to noble metal
- D6780 Crown – 3/4 cast high noble metal
- D6781 Crown – 3/4 cast predominantly base metal
- D6782 Crown – 3/4 cast noble metal
- D6783 Crown – 3/4 porcelain/ceramic

- D6790 Crown – full cast high noble metal
- D6791 Crown – full cast predominantly metal
- D6792 Crown – full cast noble metal
- D6930 Re-cement fixed partial denture
- D6980 Fixed partial denture repair necessitated by restorative material failure

Oral Surgery (Dental Consultant review required)

- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- D7220 Removal of impacted tooth – soft tissue
- D7230 Removal of impacted tooth – partially bony
- D7240 Removal of impacted tooth – completely bony
- D7241 Removal of impacted tooth-completely bony with unusual surgical complications
- D7250 Surgical removal of residual tooth roots (cutting procedure)
- D7251 Coronectomy – intentional partial tooth removal
- D7270 Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth
- D7280 Surgical access of an unerupted tooth
- D7310 Alveoloplasty in conjunction with extractions-per quadrant
- D7311 Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
- D7320 Alveoloplasty not in conjunction with extractions – per quadrant
- D7321 Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
- D7471 Removal of lateral exostosis (maxilla or mandible)
- D7510 Incision and drainage of abscess – intraoral soft tissue
- D7910 Suture of recent small wounds – up to 5 cm
- D7921 Collection and application of autologous blood concentrate product (once per 36 months)
- D7971 Excision of pericoronal gingival

Adjunctive Services

- D9110 Palliative (emergency) treatment of dental pain-minor procedure
- D9223 Deep sedation/general anesthesia – 15 min increments – Limited to 30 minutes
- D9243 Intravenous conscious sedation/analgesia – 15 min increments – Limited to 30 minutes
- D9310 Consultation- diagnostic service provided by a dentist or physician other than requesting dentist or physician (1 per patient per provider per 12 months for specialties other than pedodontist or orthodontist)
- D9610 Therapeutic drug injection, by report
- D9930 Treatment of complications (post-surgical) – unusual circumstances, by report (Dental Consultant review required)
- D9940 Occlusal guard, by report (age 13 and older; once per 12 months)
- D9943 Occlusal guard adjustment (age 13 and older; once per 24 months)

Orthodontic Services (Dental Consultant review required)

The following services are covered under medical only when the services meet the criteria for coverage in this policy (see above)

- D0340 Cephalometric radiographic image
- D8010 Limited orthodontic treatment of the primary dentition
- D8020 Limited orthodontic treatment of the transitional dentition
- D8030 Limited orthodontic treatment of the adolescent dentition
- D8040 Limited orthodontic treatment of the adult dentition
- D8050 Interceptive orthodontic treatment of the primary dentition

D8060	Interceptive orthodontic treatment of the transitional dentition
D8070	Comprehensive orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D8660	Pre-orthodontic examination to monitor growth and development
D8670	Periodic orthodontic treatment visit *
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8999	Unspecified orthodontic procedure, by report

* These services are typically reimbursed as part of the global services

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, August 2017

Provider Update, October 2016

Provider Update, December 2015

Provider Update, November 2013

REFERENCES

<http://www.ncsl.org/issues-research/health/state-ins-mandates-and-aca-essential-benefits.aspx>

<http://ebn.benefitnews.com/news/hhs-defines-essential-health-benefits-ppaca-2729494-1.html>

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