

## Payment Policy | Pediatric Dental Services - Essential Health Benefit



**EFFECTIVE DATE:** 07|06|2010  
**POLICY LAST UPDATED:** 10|20|2015

### 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.

### 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 Periodontically 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 Periodontically 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

- 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.

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.

As groups 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 (one per 6 months)
- D0140 Limited oral evaluation (one per 6 months)
- D0150 Comprehensive oral evaluation (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 (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 12 months)
- D0230 Intraoral – periapical each additional radiographic image (4 per 12 months)
- D0240 Intraoral – occlusal film (2 in 24 months, not eligible age 8 and over)
- D0270 Bitewing – single radiographic image (maximum of 4 bitewings per 6 months)
- D0272 Bitewings – two radiographic images (maximum of 4 bitewings per 6 months)
- D0273 Bitewings – three radiographic images (maximum of 4 bitewings per 6 months)
- D0274 Bitewings – four radiographic images (maximum of 4 bitewings per 6 months)
- D0277 Vertical Bitewings – 7 to 8 radiographic images (maximum of 4 bitewings per 6 months)
- D0330 Panoramic radiographic image (one per 5 years, not eligible under age 5)
- 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) (one per 6 months)
- D1120 Prophylaxis – Child (one per 2 months)
- D1206 Topical application of fluoride varnish (2 per 12 months)
- D1208 Topical application of fluoride, excluding varnish (2 per 12 months)
- 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 1,- primary molars and permanent first molars only) (once per tooth per 5 years)
- D1515 Space maintainer-fixed-bilateral (under age 1,- 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
- D1555 Removal of fixed spaced maintainer

### **Minor Restorative Services (once per surface, per tooth per 24 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

**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
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 lifetime)
D2931	Prefabricated stainless steel crown – permanent tooth (once per tooth per lifetime)
D2932	Prefabricated resin crown (allowed at stainless steel allowance)
D2933	Prefabricated stainless steel crown with resin window (allowed at stainless steel allowance)
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth
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)
- D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (one per lifetime)
- D4910 Periodontal maintenance (4 per 12 months)

**Prosthetic 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

**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)
- 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
- 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 60 minutes
- D9230 Inhalation of nitrous oxide/analgesia, anxiolysis (eligible under age 13 when medically necessary)
- D9243 Intravenous conscious sedation/analgesia – 15 min increments – Limited to 60 minutes
- D9248 Non-intravenous moderate (conscious) sedation (eligible under age 13 when medically necessary)
- 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 (eligible age 13-18) (once per 12 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
- D8090 Comprehensive orthodontic treatment of the adult dentition
- D8210 Removable appliance therapy
- D8220 Fixed appliance therapy
- 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

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