

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
PREVENTIVE D1000 - D1999		
Dental Prophylaxis D1110 - D1120		

General Guidelines

1. Refer to the current group benefit information on HDS Online or DenTel for plans that include supplemental benefits for certain medical conditions (e.g. Evidence based plans, *Total Health Plus*.)
2. Local anesthesia is considered an integral part of dental prophylaxis procedures. A separate charge is not billable to the patient.

D1110

prophylaxis – adult

Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

1. A prophylaxis performed on the same date by the same dentist/dental office as a Periodontal Maintenance (D4910), Scaling and Root Planing (D4341/D4342) or Full Mouth Debridement (D4355) is considered to be part of those procedures and the fee is not billable to the patient.
2. A second prophylaxis treatment will be allowed as a special benefit for under the following circumstances:
 - The two prophylaxis treatments are conducted not more than 21 calendar days apart and are not performed on the same day.
 - The patient has not had a prophylaxis or full mouth debridement (D4355) performed for at least 24 months.
 - The patient must be 14 years or older. Prophylaxis-adult (D1110) submitted for a patient under age 14 will be processed as a D1120.
 - The patient has not had periodontal treatment for at least 36 months.
 - Specific government programs (e.g. Supplemental Medicaid) do not benefit the second prophylaxis treatment. Verify limits in advance of patient treatment.

D1120

prophylaxis – child

Removal of plaque, calculus and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors.

1. This is a benefit through age 13.
2. Fees for toothbrush prophylaxis are not billable to the patient.

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Topical Fluoride Treatment (Office Procedure) D1206 - D1208

Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste.

1. Age limitations and benefits for these procedures are determined by the group contract.
2. Fluoride gels, rinses, tablets or other preparations intended for home application are not a benefit and are denied.
3. A prophylaxis paste containing fluoride or a fluoride rinse or swish in conjunction with a prophylaxis is considered a prophylaxis only. A separate fee is not billable to the patient.
4. If a patient is eligible for the HDS fluoride benefit, a D1206 or D1208 will be benefited, depending on the method used to deliver the fluoride.
5. Refer to the current group benefit information for plans that include supplemental benefits (e.g. Evidence based plans, *Total Health Plus*) for certain diseases or medical conditions that places the patient at elevated risk for caries. Select patients may be eligible for an additional fluoride treatment (D1206, D1208) if they have specific diseases/conditions that increases the risk for caries. Examples of qualifying medical diseases/conditions may include: history of head/neck radiation therapy, methamphetamine use, xerostomia secondary to multiple medications, Sjogren's syndrome, and special needs patients (nursing home, dementia, arthritis). This supplemental fluoride benefit is not intended for patients who simply have poor oral hygiene and/or consume excess dietary sugar/carbohydrates. They must have a documented medical condition or medical risk factor to be eligible. **These specific medical conditions/diseases must be clearly documented in the patient's record.**
 - This benefit is applicable to patients who are currently eligible by contract for the fluoride benefit or for a patient who is over the contract fluoride age limit.
 - Dentists must notify HDS of a patient's diagnosis of Medical Risk for Caries via HDS Online or a narrative in order for the patient to take advantage of these benefits.

D1206

topical application of fluoride varnish

D1208

topical application of fluoride – excluding varnish

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Other Preventive Services D1351		
<u>General Guidelines</u>		
1. The preventive resin restoration (PRR) is a procedure (D1352) completed in a moderate to high caries risk patient. It includes the conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; and includes the placement of a sealant in any radiating non-carious fissures or pits. The PRR involves the mechanical removal of decay with a bur or other instrument and cannot be delegated to a dental hygienist or auxiliary. The PRR (D1352) is not an HDS benefit and should not be reported as D2391 unless the existing caries extends into dentin.		
D1351 sealant – per tooth	1 - 3, 14 - 16, 17 - 19, 30 - 32	
Mechanically and/or chemically prepared enamel surface sealed to prevent decay.		
1. Sealants are benefits once per tooth on the occlusal surface of permanent molar teeth. The occlusal surface must be free from overt dentinal caries and restorations. Special consideration for late eruption can be given by report. 2. Age limitations for this procedure are determined by the group contract. 3. Repair or replacement of a sealant by the same dentist/dental office within 2 years of initial placement is included in the fee for the initial placement and is not billable to the patient. Repair or replacement of a sealant by a different dentist/dental office within 2 years of initial placement is denied and the approved amount is collectable from the patient. 4. Repair or replacement of a sealant after 2 years is denied.		
D1354 interim caries arresting medicament application – per tooth	1-32, A-T	
Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.		
1. This procedure is covered under plans with a fluoride benefit and is not applied to D1206, D1208 frequency limits. 2. For coding purposes, this procedure applies to silver diamine fluoride and silver nitrate only. D1354 should not be submitted if fluoride varnish or topical fluoride was placed. 3. Benefits for silver diamine fluoride application are limited to: a. Frequency: twice per tooth per 12-month time period. Additional applications on the same tooth in the 12-month time period are denied. b. Six teeth per date of service are covered. Additional teeth on the same date of service are denied.		

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- c. Restorations completed within 30 days of silver diamine fluoride application are denied.
- d. When performed on the same tooth, D1354 is not billable to the patient on the same date of service as a restoration.

Space Maintenance (Passive Appliances) D1510 - D1558

Passive appliances are designed to prevent tooth movement.

	Missing Teeth #
D1510 space maintainer – fixed – unilateral	A - T, 2 - 15, 18 - 31

D1516 space maintainer – fixed – bilateral, maxillary	A - J, 2 - 15
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D1517 space maintainer – fixed – bilateral, mandibular	K - T, 18 - 31
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D1526 space maintainer – removable – bilateral, maxillary	A - J, 2 - 15
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D1527 space maintainer – removable – bilateral, mandibular	K - T, 18 - 31
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1. One replacement per appliance is allowed.
2. Age limitations for this procedure are determined by the group contract.

	Missing Teeth #
D1551 re-cement or re-bond bilateral space maintainer - maxillary	A - J, 2 - 15

D1552 re-cement or re-bond bilateral space maintainer - mandibular	K - T, 18 - 31
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1. One recementation and adjustment of a space maintainer by the same dentist/dental office is allowed after 6 months from initial insertion. Subsequent recementations/rebondings are denied.
2. One recement by a different dentist/dental office is allowed any time after the insertion. Limited to one recementation per arch. Subsequent recementations/rebondings are denied.

Code & Nomenclature	Code & Nomenclature	Code & Nomenclature
D1553 re-cement or re-bond unilateral space maintainer - per quadrant		UR, UL LR, LL
	<ol style="list-style-type: none">1. One recementation and adjustment of a space maintainer by the same dentist/dental office is allowed after 6 months from initial insertion. Subsequent recementations/rebondings are denied.2. One recement by a different dentist/dental office is allowed any time after the insertion. Limited to one recementation per arch. Subsequent recementations/rebondings are denied.	
D1556 removal of fixed unilateral space maintainer - per quadrant		UR, UL LR, LL
	<ol style="list-style-type: none">1. Benefits for removal of fixed space maintainer by the same dentist/dental office who placed the appliance are not billable to the patient.2. D1556 is not billable to the patient when submitted with recementation on the same date of service.	
D1557 removal of fixed bilateral space maintainer – maxillary		
D1558 removal of fixed bilateral space maintainer – mandibular		
	<ol style="list-style-type: none">1. Benefits for removal of fixed space maintainer by the same dentist/dental office who placed the appliance are not billable to the patient.2. D1557 and or D1558 is not billable to the patient when submitted with recementation on the same date of service.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Space Maintainers		
D1575	Missing Teeth #	
distal shoe space maintainer – fixed – unilateral	3, 14, 19, 30	
<ol style="list-style-type: none"> 1. Removal of distal shoe space maintainer by the same dentist/dental office who placed the appliance is included in the fee for D1575. 2. Limited to children aged 8 and younger. 3. A subsequent space maintainer may be considered on a case by case basis. 		
D1999	Narrative	1-32,
unspecified preventive procedure, by report		A-T,
		UR, UL,
		LR, LL
<p>Used for procedure that is not adequately described by another CDT Code. Describe procedure.</p> <ol style="list-style-type: none"> 1. Provide complete description of services/treatment to allow determination of appropriate benefit allowance. 2. The narrative should include clinical diagnosis, tooth number, quadrant or arch, photographic image when available and X-ray image where appropriate. 		