

The HDS Procedure Code Guidelines (PCG) provides a framework of rules and policies for benefit determination. Please note that specific group contract provisions, limitations, and exclusions take precedence over these guidelines. Certain contractual items (e.g. time limits, frequency of procedure, age limits, etc.) can vary among groups, therefore they have not all been listed.

For instructions on using HDS Online and DenTel to obtain group benefit information and limits and/or patient's eligibility verification for specific benefits, please contact HDS Professional Relations.

A. General Guidelines

Where stated, general guidelines precede the category of the procedure and are related to each procedure code listed in the category. Terms of the group contracts may vary. Group contracts will take precedence over the HDS Procedure Code Guidelines.

B. PCG Submission Requirements

A "submission requirement" is additional information that is required in order to make a benefit determination. The columns for these requirements are: "Valid Tooth/Quad/Arch/Surface" and "Submission Requirements". The following details the expectation for the items listed in these columns:

1. **Valid Tooth/Quad/Arch/Surface** column: Specifies the tooth number, quadrant, arch or surface applicable to the procedure. When a range of teeth or multiple teeth are indicated for one procedure, include all applicable tooth numbers in a narrative or tooth chart.
2. **Submission Requirements** column: Attached information that is required to process the claim. A procedure submitted without the required attachment is not billable to the patient and is not payable by HDS. When mailing attachments for electronically submitted claims, indicate the claim number and send to the attention of: "Electronic Claims". If attachments are not received within 5 days of the electronic claim submission, services are not billable to the patient. The following defines each type of "submission requirement":
 - a. **X-ray Images:** X-ray image submissions must be of diagnostic quality, free of positional errors, radiographic artifacts, and should have adequate image contrast and resolution.

When reviewing the submission requirements in this Procedure Code Guideline manual, a pre-operative x-ray image is always required unless otherwise noted. Post-operative X-ray images are required for certain procedures and are specifically noted under Submission Requirements.

- 1) Original X-ray images are considered part of the patient's clinical record and should be retained by the dentist. HDS assumes that duplicate copies of X-ray images are submitted for claims processing purposes.
- 2) X-ray image submissions should be mounted, dated and identified with the patient's name, tooth number/area, dentist's name and address. Duplicated X-ray images must be labeled as "left" and "right." When submitting a manual claim, secure the X-ray image to the claim form.
- 3) When scanning X-ray film images using HDS Online, the original X-ray film must be placed with the raised dot faced down on the image scanner. Incorrectly scanned X-ray images will delay review and payment of the submitted claim.
- 4) When submitting claims with X-ray image attachments, dental offices should keep the original X-ray for their records and submit copies of X-ray images along with the claim to HDS. Original X-ray images will not be returned unless the following are provided to HDS:

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- i. The X-ray image must be labeled, “**Return X-ray.**”
 - ii. A self-addressed, stamped envelope must accompany **each claim with an X-ray image** requesting to be returned. Multiple X-ray image claims with only one envelope will **NOT** be returned. An X-ray image labeled “Return X-ray” with no envelope provided will be discarded.
 - 5) Intraoral photographic images are not accepted in lieu of X-ray images, however they can be submitted to augment X-ray images and demonstrate areas not clearly depicted on an X-ray image.
 - b. **Narrative:** The corresponding guidelines may state the criteria to include in the narrative. When narrative criteria are not specified in the guidelines, please include the following:
 - 1) Diagnosis
Example: Acute periapical abscess #30 with fluctuant swelling on buccal
 - 2) Determination of Treatment (Brief description of the procedure performed)
Example: I & D of acute periapical abscess
 - 3) Procedure or Treatment Performed (Steps of surgical procedure, to include location and instrument used)
Example: Incision on buccal of #30 with #15 scalpel, drain placed and secured with one 3-0 black silk suture.
 - c. **Periodontal Chart:** The periodontal chart is expected to indicate:
 - Patient's name
 - Date of periodontal probing examination
 - 6-point pocket depth measurements on all teeth
 - Areas of clinical attachment loss
 - Probing sites that exhibit bleeding

For benefit purposes, a current periodontal charting (recorded **less than 6 months prior to the date of service**) must be submitted.
 - d. **Operative Report:** The operative report should indicate diagnosis, operation, site of procedure and instrument(s) used. For surgical procedures, an operative report may be submitted in lieu of a narrative.
 - e. **Pathology Report:** The report from the pathology laboratory where the specimen was submitted.
 - f. **Other Carrier Medical Statement:** Certain surgical procedures may be a benefit of the patient's medical plan. If the patient has medical coverage, an “other carrier medical statement” of payment indicating the “primary payment” is required. If the medical carrier is an HMO, the other carrier medical statement is not required. Instead, note the name of the HMO in the comment section of the claim.
 - g. **Other Carrier Statement of Benefits:** The report from a non-HDS dental insurance carrier that summarizes how reimbursement was determined. If HDS is secondary, services are not billable to the patient until the amount of the primary carrier's benefit is received.
 - h. **Tooth Chart:** The tooth chart must be current, dated and include the patient's name. Missing teeth should be indicated on the tooth chart. Tooth charting on manual claim forms is accepted as well as missing teeth numbers entered in the claim narrative on both manual and electronically

submitted claims.

- i. **Laboratory Invoice:** A detailed invoice from the dental laboratory listing services and charges. A dental laboratory prescription does not meet the laboratory invoice submission requirement.

C. Reduced Attachment Program (RAP)

RAP was developed to streamline the claims submission process and reduce the volume of submitted attachments (i.e. x-rays or narratives) for HDS participating dentists.

The HDS Procedure Code Guidelines provide a base level of submission requirements for dental procedure codes. With RAP, HDS may waive these requirements for certain select procedure codes.

For electronic claims, the HDS computer system uses a sampling algorithm based on a dentist's historical practice patterns and the disposition of previously adjudicated claims. It is normal for claims submitted via the HDS website or through an electronic dental practice management system to be approved without an attachment. However, HDS may still periodically require attachments.

For hardcopy claims, dental offices must comply with all submission requirements. However, based on historical claim adjudication history, HDS may waive submission requirements for specific dentists, clinical procedures, and time periods.

D. Additional Information

HDS may request additional information (e.g. X-ray images, clinical photographs, clinical notes, periodontal chart, narrative, itemized dental laboratory invoice, pathology reports, study models, materials, chair time, diagrams, etc.) to clarify a specific service.

E. By Report

"By Report" procedure codes require the review of documentation before the allowed benefit can be determined. Submitted documentation should include the following where applicable:

- Clinical diagnosis
- Narrative (description of service, materials used, tooth numbers, surfaces, quadrants or area of mouth, chair time)
- Itemized dental laboratory invoice
- Pathology reports
- X-ray images
- Any other supporting documentation

F. Definitions

The following are definitions of frequently used HDS terms:

1. **Alternate Benefit** – In cases where alternate methods of treatment exist, benefits are provided for the least costly professionally accepted treatment. This determination is not intended to reflect negatively on the dentist's treatment plan or to recommend which treatment should be provided. It is a determination of benefits under the terms of the patient's coverage. The dentist and the patient should decide on the course of treatment. If the treatment rendered is other than the one benefited, the HDS approved fee will be the submitted charge.
2. **Covered Benefit** – Any procedure for which HDS has established a Maximum Plan Allowance
3. **Coordination of Benefits (COB)** – Occurs when a patient/subscriber has dental coverage under HDS and another non-HDS carrier.

4. **Deny** – When a procedure is denied, it is not payable by HDS but it is collectable from the patient up to the approved amount. If the fee is not payable because of a deductible, annual maximum, waiting period or frequency limitation, the dentist may bill up to the Maximum Plan Allowance. When a procedure is not a covered benefit and is denied, the dentist may bill up to the submitted fee.
5. **Not billable to the patient (NBP)**– When the fee for a procedure is not billable to the patient, it is not payable by HDS and is not collectable from the patient.
6. **Dual Coverage** – Occurs when a patient/subscriber is covered under two or more HDS dental plans.
7. **In Conjunction with** – "In conjunction with" means as part of another procedure or course of treatment including, but not limited to, being rendered on the same day.
8. **Maximum Plan Allowance** – The maximum eligible amount for payment to a Member Dentist for a Covered Benefit. The Maximum Plan Allowance is determined by HDS as to each Covered Benefit.
9. **Shaded fields** – Fields shaded in gray indicate procedures that may be benefited as an alternate benefit. In some cases a procedure may be a regular benefit for some groups and an alternate benefit for others. Specific group benefits can be obtained on HDS Online or HDS Fax Back.
10. **Same Dentist** – The definition of "same dentist" includes providers that generally practice with the same payee.

G. Abbreviations

1. Tooth numbers

- Primary teeth: A - T
- Permanent teeth: 1 - 32
- Supernumerary teeth:
 - Add 50 to the permanent tooth number (e.g.: #14 will be #64)
 - Add 'S' to primary tooth number (e.g.: C will be CS)

2. Quadrants

- Upper Left: UL
- Upper Right: UR
- Lower Left: LL
- Lower Right: LR

3. Arches

- Upper Arch: UA
- Lower Arch: LA

4. Tooth Surface

- D - distal
- F - facial (labial or buccal)
- I - incisal
- L - lingual
- M - mesial
- O - occlusal

H. HDS Policy for Cosmetic and Other Patient-Elected Services

Services elected by the patient for cosmetic procedures or for restoring/altering vertical dimension (VDO) are not covered benefits. The dentist must explain that the services will be denied.

1. The dental office should submit a preauthorization for these services with a narrative stating that the patient has elected the services for cosmetic reasons or for altering VDO. Both the patient and the dental office will then receive a report indicating if the services are covered by HDS or processed as non-benefits.
2. For services that are not benefited by HDS, the dental office, prior to rendering the service, should obtain the patient's written consent on a form that clearly discloses to the patient the extra financial charge that will be incurred.
3. If a preauthorization is not submitted, the dental office should submit a claim with an accompanying narrative that states "services elected by patient for cosmetic reasons".
4. The patient's Explanation of Benefits and the dentist's Remittance Advice will indicate the patient's responsibility for the cost of the service.

HDS reserves the right to review these services for compliance reasons. If it is deemed that services were performed due to dental necessity, the HDS plan benefit will take precedence over cosmetic reasons.

I. Informed Consent

Informed consent is more than simply getting a patient to sign a written consent form. It is a process of communication between a patient and dentist that results in the patient authorization or agreement to undergo a specific dental treatment. A dentist must provide the patient the information that a reasonable patient needs in order to make an informed and intelligent decision regarding a proposed treatment. It should include the significant risks, benefits, and alternatives to the proposed treatment along with the option of no treatment. In general, a dentist must obtain informed consent from the patient prior to all surgeries, invasive treatments and treatments that have a risk of serious complications (whether due to the particulars of the patient, the nature of the treatment, or otherwise).

1. A Dentist Must Disclose the Following to Obtain Informed Consent

- The condition being treated
- The nature and character of the proposed treatment or procedure
- The anticipated results of the proposed treatment
- The recognized possible alternative forms of treatment for the condition, including no treatment
- The recognized serious possible risks, complications, and anticipated benefits involved in the proposed treatment and in possible alternative treatments

2. Method and Timing of Disclosures

- Disclosures can be made orally, in writing, or by use of brochures or other materials, but must be in a manner that the patient can be reasonably expected to understand with an opportunity for the patient to ask questions.
- A signed consent form, by itself, does not suffice to show a proper informed consent. Rather, the process used must be effective in obtaining a true informed consent. It is the dentist's duty, not the patient's duty, to ensure that there is informed consent.
- It is highly recommended that the dentist also inform the patient of the proposed services that are covered by the patient's insurance and which are not, to avoid misunderstanding and payment disputes after the services are performed.

J. Administration

1. **Timely submission of claims** – Claims must be received for HDS Commercial plans with all required documents no later than 12 months from the date of service. If the claim is received after 12 months from the date of service, the dentist by contract cannot charge the patient a copayment and/or amounts HDS does not pay. A denial exception can be made after 12 months past the date of service only when the patient fails to communicate his/her coverage to the dentist. Note: claim submission deadlines may vary among Delta Dental Plans; please contact the specific Delta Dental Plan for more information.

Some Government programs (e.g., Medicare Advantage) may have a 180 day claim submission deadline for Medicare network providers. Claims received after 180 days will not be billable to the patient.

2. **Appeals** –HDS must receive the appeal within one year from the date of the action, omission, or decision being contested. If the appeal concerns a benefit coverage or payment dispute, HDS must receive the appeal within one year from the date of the explanation of benefits (EOB) in which HDS first informed the enrollee of the denial or limitation of a claim for benefits. Requests that do not comply with the requirements of the appeals process will not be recognized or treated as an appeal by HDS. All information in support of the treatment should be included with the request. If no new information is provided, no further appeals will be considered.

Some Government programs (e.g., Medicare Advantage) may have a 120 calendar day appeal filing deadline or may specify a period from the day that the provider receives the remittance advice.

3. **Eligibility Guarantee** – HDS offers an eligibility guarantee as part of our commitment to provide a high level of service to our participating dentists and to guarantee payment of covered services. Inaccuracies in eligibility may occur when HDS is not notified in a timely manner that a patient's status has changed. In these cases, the eligibility guarantee will ensure payment of covered services if the following conditions are met:

- Eligibility verification must be performed on the date of service with documentation either from HDS Online or DenTel. Calls to Customer Service are not applicable for the Eligibility Guarantee.
- If, on the date of service, eligibility was verified for more than one HDS plan, but at the time the claim processed:
 - Two or more coverages are active- Claim will process under the active coverages.
 - Only one coverage is active - Claim will process under the active coverage only.
 - No coverage is active - Claim will process under the former primary plan only.
- Eligibility Guarantee does not apply when Other Carrier plan coverage exists on the date of service.
- Only eligibility is subject to this guarantee. Product maximums, frequencies and other processing criteria will be subject to HDS claims adjudication.
- Group contracts may have specific provisions that govern claims submission timelines and/or payment restrictions upon termination. In these special situations, the Eligibility Guarantee may not apply.

4. **Preauthorization** – Provided upon request and recommended for major services and treatment plans, the preauthorization gives an estimated preauthorized benefit amount of how much a proposed treatment plan will be covered under a patient's benefit plan and what the patient's out-of-pocket cost will be. A preauthorization reserves the HDS payment amount against the patient's plan maximum for up to one year from the processing date. Actual benefits are subject to plan benefits, plan maximum, fee schedules and eligibility status on the date of service.

5. **Continuation Policy** – HDS requires restorations and other qualified multi-stage services to be submitted using the insertion or completion date. If the conditions listed below are met, HDS will benefit the service even though the patient no longer has coverage.
 - Preparation was completed prior to the patient's termination date.
 - Restoration insertion or service completion date is within 30 days of patient's termination date.
 - Patient has no current coverage with another HDS plan or other carrier during the 30 days after termination.
 - Orthodontic procedures do not qualify for the continuation policy.
6. **Group Contract Provisions** – HDS may negotiate special time limitations or benefit coverages with individual employer groups. Those special provisions override the Procedure Code Guidelines and will be noted in the group's benefit description. When determining plan benefits, HDS considers previous restorative, endodontic, periodontic, prosthodontic, oral surgery and orthodontic services performed within the applicable time limitations, including prior services performed under a different group contract.
7. **Treatment limitations** – If an HDS Plan limits the number of times a particular benefit (e.g. oral prophylaxis) is available annually, that limit will apply even if an Eligible Person is covered by two or more HDS dental plans. The Eligible Person is not entitled to that Benefit more frequently than permitted by the most generous HDS Plan.
8. **Medicaid and Medicare** – Specific sections throughout these Guidelines refer to Government Program benefits for "Supplemental Medicaid" and "Medicare".

The "Supplemental Medicaid" plan is for adult Medicaid recipients who are also covered under the HDS Supplemental Medicaid Plan through a Managed Care Organization (MCO). If you treat a patient covered under this plan and have not joined the HDS Supplemental Medicaid provider network, services for the patient will be denied. **NOTE: This is not the State of Hawaii's Med-QUEST program** administered by HDS (i.e. HDS Medicaid) which covers children and emergent dental services only for adults.

The "Medicare" plan is for eligible recipients who are covered under the HDS Medicare Advantage Plan through a Medicare Advantage Organization (MAO). If you treat a patient covered under this plan and have not joined the HDS Medicare Advantage provider network, services for the patient will be denied.
9. **Autorecovery/Overpayment** – When HDS makes an overpayment to a participating dentist, and the dentist does not promptly send an explanation and refund back to HDS, the overpayment is generally recovered by automatic deduction (autoduction).

K. Office Reviews and Fraud and Abuse

HDS periodically conducts office reviews of participating dentists as a contractual obligation to employer groups and to ensure that the participating dentists are in compliance with HDS Member Dentist contract documents. These reviews are conducted to verify that services were rendered as billed to HDS, ensure HDS patients were charged appropriately and to provide opportunities to discuss proper claims submission procedures. A dentist may be selected at random for an office review or if there is a pattern of unusual claims submission, a history of patient complaints to HDS or unusually high utilization when compared to his/her peers. Examples of fraudulent activities are listed below:

- Misrepresentation of services
- Billing for services not rendered

- Falsifying dates of service
- Failing to disclose coordination of benefits
- Waiving patient copayments
- Altering records for the purpose of enhancing billing
- Unbundling of claims
- Unlicensed personnel performing clinical services
- Upcoding of services

L. The Remittance Advice Report

HDS provides a weekly Remittance Advice report (RA) that is available on HDS Online. Below are the definitions of the most pertinent items:

1. **Approved Amount** – Your total reimbursement per procedure is limited to the Approved Amount.
 - For covered benefits, your Approved Amount will be the lower of your Submitted Amount, or the HDS Maximum Plan Allowance for the respective procedure code.
 - For most Alternate Benefits, you may charge the HDS patient up to your Submitted Amount. Accordingly, for most Alternate Benefits, the Approved Amount is equal to your Submitted Amount.
 - For all non-covered benefits, the Approved Amount is equal to your Submitted Amount.
2. **Allowed Amount** – The HDS co-payment percentage is applied to the Allowed Amount to determine the benefit. Most of the time, the Allowed Amount will be equal to the Approved Amount. There are three occasions when the Allowed Amount is not the same as the Approved Amount:
 - Non-covered procedures are submitted
 - An Alternate Benefit is involved
 - A Deductible applies

For more information regarding these exceptions, please contact the HDS Customer Service department.

3. **Patient Portion** – HDS determines the patient portion by calculating the Approved Amount less the HDS payment and any Other Carrier payment.
4. **Deductibles** – When a patient's plan includes a Deductible, the Allowed Amount is reduced by the Deductible amount. The benefit percentage is then applied to this Allowed Amount to determine the HDS payment and patient share amounts.

Deductible example using a Covered Benefit:

- Approved Amount = Covered Benefit Maximum Plan Allowance = \$100
- Benefit Percentage = 80%
- Deductible = \$25
 - 1) Subtract the Deductible from the Maximum Plan Allowance to arrive at the Allowed Amount for benefit calculations.
 - [\$100 MPA] — [\$25 Deductible] = \$75 Allowed Amount
 - 2) Determine the HDS Payment by multiplying the Allowed Amount by the Benefit Percentage for the respective procedure.
 - [\$75 Allowed Amount] x [80% Benefit Percentage] = \$60 HDS Payment

- 3) Calculate the Patient Share by subtracting the HDS Payment from the Approved Amount.
 - $[\$100 \text{ Approved Amount}] - [\$60 \text{ HDS Payment}] = \40 Patient Share
5. **Explanation Codes** – Sometimes the terms Denied or Not Billable to the Patient will appear in the explanation. For clarification, when a service is Denied, HDS will not pay for the procedure and the patient is fully responsible for the Approved Amount. If a procedure is not billable to the patient, HDS will not pay for the procedure and the office is not permitted to collect any amount from the patient for that procedure.

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------------------------------|---|------------------|-------|-----------|-------|-------------|-------|
| DIAGNOSTIC D120 – D999 | | | | | | | |
| D0120 | Periodic Oral Evaluation – established patient | Exams | | | | | |
| D0140 | Limited Oral Evaluation – problem focused | Exams | | | | | |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | Exams | | | | | |
| D0150 | Comprehensive Oral Evaluation – new or established patient | Exams | | | | | |
| D0160 | Detailed and extensive oral evaluation – problem focused, by report | Alt-Exams | | | | | |
| D0170 | Re-evaluation – limited, problem focused (established patient; not post-operative visit) | Alt-Exams | | | | | |
| D0171 | Re-evaluation – post-operative office visit | Deny or NBP | | | | | |
| D0180 | Comprehensive periodontal evaluation – new or established patient | Exams | | | | | |
| D0190 | Screening of patient | NBP | | | | | |
| D0191 | Assessment of patient | NBP | | | | | |
| D0210 | Intraoral - complete series of radiographic images | X-Rays | | | | | |
| D0220 | Intraoral - periapical first radiographic image | X-Rays | | | | | |
| D0230 | Intraoral - periapical each additional radiographic image | X-Rays | | | | | |
| D0240 | Intraoral - occlusal radiographic image | X-Rays | | | | | |
| D0250 | Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector | X-Rays | | | | | |
| D0251 | Extra-oral posterior dental radiographic image | Deny | | | | | |
| D0270 | Bitewing - single radiographic image | Bitewings | | | | | |
| D0272 | Bitewings - two radiographic images | Bitewings | | | | | |
| D0273 | Bitewings - three radiographic images | Bitewings | | | | | |
| D0274 | Bitewings - four radiographic images | Bitewings | | | | | |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | Bitewings | | | | | |
| D0310 | Sialography | Deny | | | | | |
| D0320 | Temporomandibular joint arthrogram, including injection | Deny | | | | | |
| D0321 | Other temporomandibular radiographic images, by report | Deny | | | | | |
| D0322 | Tomographic survey | Deny | | | | | |
| D0330 | Panoramic radiographic image | X-Rays | | | | | |
| D0340 | 2D cephalometric radiographic image-acquisition, measurement and analysis | Ortho | | | | | |
| D0350 | 2 D oral/facial photographic image obtained intraorally or extraorally | Ortho | | | | | |

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|-------|---|------------------|-------|-----------|-------|-------------|-------|
| D0364 | Cone beam CT capture and interpretation with limited field of view – less than one whole jaw | Deny | | | | | |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch – mandible | Deny | | | | | |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium | Deny | | | | | |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium | Deny | | | | | |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures | Deny | | | | | |
| D0369 | Maxillofacial MRI capture and interpretation | Deny | | | | | |
| D0370 | Maxillofacial ultrasound capture and interpretation | Deny | | | | | |
| D0371 | Sialoendoscopy capture and interpretation | Deny | | | | | |
| D0372 | Intraoral tomosynthesis – comprehensive series of radiographic images | Alt-X-rays | | | | | |
| D0373 | Intraoral tomosynthesis – bitewing radiographic image | Alt-Bitewings | | | | | |
| D0374 | Intraoral tomosynthesis – periapical radiographic image | Alt-X-rays | | | | | |
| D0380 | Cone beam CT image capture with limited field of view – less than one whole jaw | Deny | | | | | |
| D0381 | Cone beam CT image capture with field of view of one full dental arch – mandible | Deny | | | | | |
| D0382 | Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium | Deny | | | | | |
| D0383 | Cone beam CT image capture with field of view of both jaws, with or without cranium | Deny | | | | | |
| D0384 | Cone beam CT image capture for TMJ series including two or more exposures | Deny | | | | | |
| D0385 | Maxillofacial MRI image capture | Deny | | | | | |
| D0386 | Maxillofacial ultrasound image capture | Deny | | | | | |
| D0387 | Intraoral tomosynthesis – comprehensive series of radiographic images – capture only | Deny or NBP | | | | | |
| D0388 | Intraoral tomosynthesis bitewing – radiographic image - capture only | Deny or NBP | | | | | |

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|-------|---|------------------|-------|-----------|-------|-------------|-------|
| D0389 | Intraoral tomosynthesis - periapical radiographic image – capture only | Deny or NBP | | | | | |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | Deny | | | | | |
| D0393 | Virtual treatment simulation using 3-D image volume or surface scan | Deny | | | | | |
| D0394 | Digital subtraction of two or more images or image volumes of the same modality | Deny | | | | | |
| D0395 | Fusion of two or more 3D image volumes of one or more modalities | Deny | | | | | |
| D0411 | HbA1c in-office point of service testing | Deny | | | | | |
| D0412 | Blood glucose level test: in office using a glucose meter | Deny | | | | | |
| D0414 | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report | Deny | | | | | |
| D0415 | Collection of microorganisms for culture and sensitivity | Deny | | | | | |
| D0416 | Viral Culture | Deny | | | | | |
| D0417 | Collection and preparation of saliva sample for laboratory diagnostic testing | Deny | | | | | |
| D0418 | Analysis of saliva sample | Deny | | | | | |
| D0419 | Assessment of salivary flow by measurement | Diagnostic | | | | | |
| D0422 | Collection and preparation of genetic sample material for laboratory analysis and report | Deny | | | | | |
| D0423 | Genetic test for susceptibility to diseases-specimen analysis | Deny | | | | | |
| D0425 | Caries susceptibility tests | Deny | | | | | |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | Deny | | | | | |
| D0460 | Pulp vitality tests | Diagnostic | | | | | |
| D0470 | Diagnostic casts | Ortho | | X | | | |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | X-rays | | | | | |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | X-rays | | | | | |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | X-rays | | | | | |

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|-------|--|------------------|-------|-----------|-------|-------------|----------|
| D0475 | Decalcification procedure | Deny | | | | | |
| D0476 | Special stains for microorganisms | Deny | | | | | |
| D0477 | Special stains not for microorganisms | Deny | | | | | |
| D0478 | Immunohistochemical stains | Deny | | | | | |
| D0479 | Tissue in-situ hybridization, including interpretation | Deny | | | | | |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | Diagnostic | | | | | |
| D0481 | Electron microscopy | Deny | | | | | |
| D0482 | Direct immunofluorescence | Deny | | | | | |
| D0483 | Indirect immunofluorescence | Deny | | | | | |
| D0484 | Consultation on slides prepared elsewhere | Diagnostic | | | | | |
| D0485 | Consultation, including preparation of slides from biopsy material supplied by referring source | Alt-Diagnostic | | | | | Path Rpt |
| D0486 | Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report | Deny | | | | | |
| D0502 | Other oral pathology procedures, by report | Deny | | | | | |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum | Deny or NBP | | | | | |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | Deny | | | | | |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | Deny | | | | | |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | Deny | | | | | |
| D0604 | Antigen testing for a public health related pathogen, including coronavirus | Deny | | | | | |
| D0605 | Antibody testing for a public health related pathogen, including coronavirus | Deny | | | | | |
| D0606 | Molecular testing for a public health pathogen, including coronavirus | Deny | | | | | |
| D0701 | Panoramic radiographic image – image capture only | NBP | | | | | |
| D0702 | 2-D cephalometric radiographic image – image capture only | NBP | | | | | |
| D0703 | 2-D/facial photographic image obtained intra-orally or extra-orally – image capture only | NBP | | | | | |
| D0705 | Extra-oral posterior dental radiographic image – image capture only | NBP | | | | | |

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|---------------------------------|--|------------------|-------|-----------|-------|-------------|-------|
| D0706 | Intraoral – occlusal radiographic image – image capture only | NBP | | | | | |
| D0707 | Intraoral – periapical radiographic image – image capture only | NBP | | | | | |
| D0708 | Intraoral – bitewing radiographic image – image capture only | NBP | | | | | |
| D0709 | Intraoral – comprehensive series of radiographic images - image capture only | NBP | | | | | |
| D0801 | 3D dental surface scan - direct | Deny | | | | | |
| D0802 | 3D dental surface scan - indirect | Deny | | | | | |
| D0803 | 3D facial surface scan - direct | Deny | | | | | |
| D0804 | 3D facial surface scan - indirect | Deny | | | | | |
| D0999 | Unspecified diagnostic procedure, by report | Alt-By Rpt | | X | | | |
| PREVENTIVE D1000 – D1999 | | | | | | | |
| D1110 | Prophylaxis – adult | Cleaning | | | | | |
| D1120 | Prophylaxis – child | Cleaning | | | | | |
| D1206 | Topical application of fluoride varnish | Fluoride | | | | | |
| D1208 | Topical application of fluoride – excluding varnish | Fluoride | | | | | |
| D1310 | Nutritional counseling for control of dental disease | Deny | | | | | |
| D1320 | Tobacco counseling for the control and prevention of oral disease | Deny | | | | | |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance abuse | Deny | | | | | |
| D1330 | Oral hygiene instructions | Deny | | | | | |
| D1351 | Sealant – per tooth | Sealants | | | | | |
| D1352 | preventive resin restoration in a moderate to high caries risk patient – permanent tooth | Deny | | | | | |
| D1353 | Sealant repair – per tooth | Deny | | | | | |
| D1354 | Application of caries arresting medicament - per tooth | Fluoride | | | | | |
| D1355 | Caries preventive medicament application – per tooth | Deny | | | | | |
| D1510 | Space maintainer – fixed, unilateral-per quadrant | Space Maint | | | | | |
| D1516 | Space maintainer – fixed – bilateral, maxillary | Space Maint | | | | | |
| D1517 | Space maintainer-fixed-bilateral, mandibular | Space Maintainer | | | | | |
| D1520 | Space maintainer – removable, unilateral-per quadrant | Deny | | | | | |
| D1526 | Space maintainer – removable, bilateral maxillary | Space Maint | | | | | |
| D1527 | Space maintainer-removable-bilateral mandibular | Space Maint | | | | | |

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HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|--|------------------|-------|-----------|-------|-------------|-------|
| D1551 | Re-cement or re-bond bilateral space - maintainer-maxillary | Space Maint | | | | | |
| D1552 | Re-cement or re-bond bilateral space maintainer-mandibular | Space Maint | | | | | |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant | Space Maint | | | | | |
| D1556 | Removal of fixed unilateral space maintainer-per quadrant | Space Maint | | | | | |
| D1557 | Removal of fixed bilateral space maintainer-maxillary | Space Maint | | | | | |
| D1558 | Removal of fixed bilateral space maintainer-mandibular | Space Maint | | | | | |
| D1575 | Distal shoe space maintainer -fixed, unilateral-per quadrant | Space Maint | | | | | |
| D1701 | Pfizer BioNtech Covid-19 vaccine – first dose | Deny | | | | | |
| D1702 | Pfizer BioNtech Covid-19 vaccine – second dose | Deny | | | | | |
| D1703 | Moderna Covid-19 vaccine administration – first dose | Deny | | | | | |
| D1704 | Moderna Covid-19 vaccine administration – second dose | Deny | | | | | |
| D1705 | AstraZeneca Covid-19 vaccine administration – first dose | Deny | | | | | |
| D1706 | AstraZeneca Covid-19 vaccine administration – second dose | Deny | | | | | |
| D1707 | Janssen Covid-19 administration | Deny | | | | | |
| D1708 | Pfizer-BioNTech Covid-19 vaccine administration – third dose | Deny | | | | | |
| D1709 | Pfizer-BioNTech Covid-19 vaccine administration – booster dose | Deny | | | | | |
| D1710 | Moderna Covid-19 vaccine administration – third dose | Deny | | | | | |
| D1711 | Moderna Covid-19 vaccine administration – booster dose | Deny | | | | | |
| D1712 | Janssen Covid-19 vaccine administration – booster dose | Deny | | | | | |
| D1713 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose | Deny | | | | | |
| D1714 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose | Deny | | | | | |
| D1781 | Vaccine administration – human papillomavirus – Dose 1 | Deny | | | | | |
| D1782 | Vaccine administration – human papillomavirus – Dose 2 | Deny | | | | | |
| D1783 | Vaccine administration – human papillomavirus – Dose 3 | Deny | | | | | |

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|----------------------------------|---|--|-------|-----------|-------|-------------|-------|
| D1999 | Unspecified preventive procedure, by report | By Rpt | | X | | | |
| RESTORATIVE D2000 – D2999 | | | | | | | |
| D2140 | Amalgam – one surface, primary or permanent | Routine Rest | | | | | |
| D2150 | Amalgam – two surfaces, primary or permanent | Routine Rest | | | | | |
| D2160 | Amalgam – three surfaces, primary or permanent | Routine Rest | | | | | |
| D2161 | Amalgam – four or more surfaces, primary or permanent | Routine Rest | | | | | |
| D2330 | Resin-based composite – one surface, anterior | Routine Rest | | | | | |
| D2331 | Resin-based composite – two surfaces, anterior | Routine Rest | | | | | |
| D2332 | Resin-based composite – three surfaces, anterior | Routine Rest | | | | | |
| D2335 | Resin-based composite – four or more surfaces or involving incisal angle (anterior) | Routine Rest | | | | | |
| D2390 | Resin-based composite crown, anterior | Routine Rest | X | | | | |
| D2391 | Resin-based composite – one surface, posterior | Routine Rest- Premolars Surf F Alt -Routine Rest Other Teeth/Surf (for most plans) | | | | | |
| D2392 | Resin-based composite – two surfaces, posterior | Alt-Routine Rest (for most plans) | | | | | |
| D2393 | Resin-based composite – three surfaces, posterior | Alt-Routine Rest (for most plans) | | | | | |
| D2394 | Resin-based composite – four or more surfaces, posterior | Alt-Routine Rest (for most plans) | | | | | |
| D2410 | Gold foil – one surface | Alt-Routine Rest (for most plans) | | | | | |
| D2420 | Gold foil – two surfaces | Alt-Routine Rest (for most plans) | | | | | |
| D2430 | Gold foil – three surfaces | Alt-Routine Rest (for most plans) | | | | | |
| D2510 | Inlay – metallic - one surface | Crown | X | | | | |
| D2520 | Inlay – metallic - two surfaces | Crown | X | | | | |
| D2530 | Inlay – metallic - three or more surfaces | Crown | X | | | | |
| D2542 | Onlay – metallic - two surfaces | Crown | X | | | | |
| D2543 | Onlay – metallic - three surfaces | Crown | X | | | | |
| D2544 | Onlay – metallic - four or more surfaces | Crown | X | | | | |
| D2610 | Inlay – porcelain/ceramic - one surface | Alt-Crown (for most plans) | X | | | | |
| D2620 | Inlay – porcelain/ceramic - two surfaces | Alt-Crown (for most plans) | X | | | | |
| D2630 | Inlay – porcelain/ceramic - three or more surfaces | Alt-Crown (for most plans) | X | | | | |

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SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|--|-------------------------------|-------|-----------|-------|-------------|-------|
| D2642 | Onlay – porcelain/ceramic - two surfaces | Alt-Crown (for most plans) | X | | | | |
| D2643 | Onlay – porcelain/ceramic - three surfaces | Alt-Crown (for most plans) | X | | | | |
| D2644 | Onlay – porcelain/ceramic - four or more surfaces | Alt-Crown (for most plans) | X | | | | |
| D2650 | Inlay – resin-based composite - one surface | Alt-Crown (for most plans) | X | | | | |
| D2651 | Inlay – resin-based composite - two surfaces | Alt-Crown (for most plans) | X | | | | |
| D2652 | Inlay – resin-based composite - three or more surfaces | Alt-Crown (for most plans) | X | | | | |
| D2662 | Onlay – resin-based composite - two surfaces | Alt-Crown (for most plans) | X | | | | |
| D2663 | Onlay – resin-based composite - three surfaces | Alt-Crown (for most plans) | X | | | | |
| D2664 | Onlay – resin-based composite - four or more surfaces | Alt-Crown (for most plans) | X | | | | |
| D2710 | Crown – resin-based composite (indirect) | Crown | X | | | | |
| D2712 | Crown – ¾ resin-based composite (indirect) | Crown | X | | | | |
| D2720 | Crown – resin with high noble metal | Crown | X | | | | |
| D2721 | Crown – resin with predominantly base metal | Crown | X | | | | |
| D2722 | Crown – resin with noble metal | Crown | X | | | | |
| D2740 | Crown – porcelain/ceramic | Crown | X | | | | |
| D2750 | Crown – porcelain fused to high noble metal | Crown | X | | | | |
| D2751 | Crown – porcelain fused to predominantly base metal | Crown | X | | | | |
| D2752 | Crown – porcelain fused to noble metal | Crown | X | | | | |
| D2753 | Crown-porcelain fused to titanium and titanium alloys | Crown | X | | | | |
| D2780 | Crown – 3/4 cast high noble metal | Crown | X | | | | |
| D2781 | Crown – 3/4 cast predominantly base metal | Crown | X | | | | |
| D2782 | Crown – 3/4 cast noble metal | Crown | X | | | | |
| D2783 | Crown – 3/4 porcelain/ceramic | Crown | X | | | | |
| D2790 | Crown – full cast high noble metal | Crown | X | | | | |
| D2791 | Crown – full cast predominantly base metal | Crown | X | | | | |
| D2792 | Crown – full cast noble metal | Crown | X | | | | |
| D2794 | Crown – titanium and titanium alloys | Alt-Crown (for most plans) | X | | | | |
| D2799 | Interim crown – further treatment or completion of diagnosis necessary prior to final impression | Adjunctive | X | X | | | |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | Routine Rest | | | | | |

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|--------------------------------------|-------|-----------|-------|-------------|-------------|
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | Routine Rest | | | | | |
| D2920 | Re-cement or re-bond crown | Routine Rest | | | | | |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | Routine Rest | | | | | |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | Alt-Routine Rest (for most plans) | | | | | |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth | Alt-Routine Rest (for most plans) | | | | | |
| D2930 | Prefabricated stainless steel crown – primary tooth | Routine Rest | | | | | |
| D2931 | Prefabricated stainless steel crown – permanent tooth | Routine Rest | | | | | |
| D2932 | Prefabricated resin crown | Routine Rest | | | | | |
| D2933 | Prefabricated stainless steel crown with resin window | Routine Rest | | | | | |
| D2934 | Prefabricated esthetic coated stainless steel crown – primary tooth | Routine Rest | | | | | |
| D2940 | Protective restoration | Adjunctive | | | | | |
| D2941 | Interim therapeutic restoration – primary dentition | Deny | | | | | |
| D2949 | Restorative foundation for an indirect restoration | NBP | | | | | |
| D2950 | Core buildup, including any pins | Routine | X | | | | |
| D2951 | Pin retention – per tooth, in addition to restoration | Routine Rest | | | | | |
| D2952 | Post and core in addition to crown, indirectly fabricated | Crown | X | | | | |
| D2953 | Each additional indirectly fabricated post – same tooth | NBP | | | | | |
| D2954 | Prefabricated post and core in addition to crown | Routine Rest | X | | | | |
| D2955 | Post removal | Routine Rest | X | X | | | |
| D2957 | Each additional prefabricated post – same tooth | NBP | | | | | |
| D2960 | Labial veneer (resin laminate) – chairside | Routine Rest | | | | | |
| D2961 | Labial veneer (resin laminate) – laboratory | Crown | X | | | | |
| D2962 | Labial veneer (porcelain laminate) – laboratory | Crown | X | | | | |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework | Crown | | | | | |
| D2975 | Coping | Deny | | | | | |
| D2980 | Crown repair necessitated by restorative material failure | Alt-By Rpt (for most plans) | | X | | | Lab Invoice |
| D2981 | Inlay repair necessitated by restorative material failure | Alt-By Rpt (for most plans) | | X | | | Lab Invoice |
| D2982 | Onlay repair necessitated by restorative material failure | Alt-By Rpt (for most plans) | | X | | | Lab Invoice |

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HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|----------------------------------|---|--------------------------------|-------------------|-----------|-------|-------------|-------------|
| D2983 | Veneer repair necessitated by restorative material failure | Alt-By Rpt (for most plans) | | X | | | Lab Invoice |
| D2990 | Resin infiltration of incipient smooth surface lesions | Deny | | | | | |
| D2999 | Unspecified restorative procedure, by report | By Rpt | | X | | | Lab Invoice |
| ENDODONTICS D3000 – D3999 | | | | | | | |
| D3110 | Pulp cap – direct (excluding final restoration) | Endo | X | | | | |
| D3120 | Pulp cap – indirect (excluding final restoration) | Endo | X | | | | |
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament | Endo | | | | | |
| D3221 | Pulpal debridement, primary and permanent teeth | Endo | | | | | |
| D3222 | Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development | Endo | X | | | | |
| D3230 | Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) | Endo | X | | | | |
| D3240 | Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) | Endo | X | | | | |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | Endo | Post-Op | | | | |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | Endo | Post-Op | | | | |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | Endo | Post-Op | | | | |
| D3331 | Treatment of root canal obstruction; non-surgical access | Endo | Pre-Op Post-Op | | | | |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | Endo | | X | | | |
| D3333 | Internal root repair of perforation defects | Endo | X | X | | | |
| D3346 | Retreatment of previous root canal therapy – anterior | Endo | Pre-Op Post-Op | X | | | |
| D3347 | Retreatment of previous root canal therapy – premolar | Endo | Pre-Op Post-Op | X | | | |
| D3348 | Retreatment of previous root canal therapy – molar | Endo | Pre-Op Post-Op | X | | | |
| D3351 | Apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | Endo | X | | | | |

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|------------------|-------------------|-----------|-------|-------------|--------|
| D3352 | Apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | Endo | Post-Op | | | | |
| D3353 | Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) | Endo | Post-Op | | | | |
| D3355 | Pulpal regeneration – initial visit | Endo | X | | | | |
| D3356 | Pulpal regeneration – interim medication replacement | Endo | Post-Op | | | | |
| D3357 | Pulpal regeneration – completion of treatment | Endo | Post-Op | | | | |
| D3410 | Apicoectomy/periradicular surgery – anterior | Endo | Pre-Op Post-Op | | | | |
| D3421 | Apicoectomy/periradicular surgery – premolar (first root) | Endo | Pre-Op Post-Op | | | | |
| D3425 | Apicoectomy/periradicular surgery – molar (first root) | Endo | Pre-Op Post-Op | | | | |
| D3426 | Apicoectomy/periradicular surgery – (each additional root) | Endo | Pre-Op Post-Op | | | | |
| D3428 | Bone graft in conjunction with periradicular surgery – per tooth, single site | Deny | | | | | |
| D3429 | Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site | Deny | | | | | |
| D3430 | Retrograde filling – per root | Endo | Post-Op | | | | |
| D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | Deny | | | | | |
| D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | Deny | | | | | |
| D3450 | Root amputation – per root | Endo | X | | | | |
| D3460 | Endodontic endosseous implant | Deny | | | | | |
| D3470 | Intentional reimplantation (including necessary splinting) | Deny | | | | | |
| D3471 | Surgical repair of root resorption - anterior | Endo | | | | | Op Rep |
| D3472 | Surgical repair of root resorption - premolar | Endo | | | | | Op Rep |
| D3473 | Surgical repair of root resorption - molar | Endo | | | | | Op Rep |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption- anterior | Endo | | | | | Op Rep |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption- premolar | Endo | | | | | Op Rep |

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SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-----------------------------------|---|------------------|-------|--------------------|-------|-------------|--------|
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption-molar | Endo | | | | | Op Rep |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | NBP | | | | | |
| D3911 | Intraorifice barrier | NBP | | | | | |
| D3920 | Hemisection (including any root removal), not including root canal therapy | Endo | X | | | | |
| D3921 | Decoronation or submergence of an erupted tooth | Endo | | | | | Op Rep |
| D3950 | Canal preparation and fitting of preformed dowel or post | NBP | | | | | |
| D3999 | Unspecified endodontic procedure, by report | By Rpt | | X | | | |
| PERIODONTICS D4000 – D4999 | | | | | | | |
| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant | Perio | | | X | | |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant | Perio | | Additional Teeth # | X | | |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | Perio | X | | X | | |
| D4230 | Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant | Deny | | | | | |
| D4231 | Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant | Deny | | | | | |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | Perio | | | X | | |
| D4241 | Gingival flap procedure, including root planing – one to three teeth contiguous teeth or tooth bounded spaces per quadrant | Perio | | Additional Teeth # | X | | |
| D4245 | Apically positioned flap | Deny | | | | | |
| D4249 | Clinical crown lengthening – hard tissue | Perio | X | | | | |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | Perio | | | X | | |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | Perio | | Additional Teeth # | X | | |
| D4263 | Bone replacement graft – retained natural tooth-first site in quadrant | Perio | | | | | |

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SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|--|----------------------------|-------|-----------|-------|-------------|-------|
| D4264 | Bone replacement graft – retained natural tooth- each additional site in quadrant | Perio | | | | | |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | Perio | | | | | |
| D4266 | Guided tissue regeneration, natural teeth - resorbable barrier, per site barrier, per site | Perio | | | | | |
| D4267 | Guided tissue regeneration, natural teeth - nonresorbable barrier, per site (includes membrane removal) | Alt-Perio (for most plans) | | | | | |
| D4268 | Surgical revision procedure, per tooth | NBP | | | | | |
| D4270 | Pedicle soft tissue graft procedure | Deny | | | | | |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | Perio | | X | | | |
| 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 | Perio | | X | | | |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | Deny | | | | | |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | Perio | | X | | | |
| 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 | Perio | | X | | | |
| D4286 | Removal of non-resorbable barrier | Perio | | X | | | |
| D4276 | Combined connective tissue and pedicle graft, per tooth | Deny | | | | | |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | Perio | | X | | | |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site | Perio | | X | | | |
| D4322 | Splint – intracoronal; natural teeth or prosthetic crowns | Deny or NBP | | | | | |
| D4323 | Splint – extracoronal; natural teeth or prosthetic crowns | Deny or NBP | | | | | |

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SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|---|--|------------------|-------|--------------------|-------|-------------|-------|
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | Perio | | | X | | |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | Perio | | Additional Teeth # | X | | |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation | Cleaning | | | | | |
| D4355 | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit | Cleaning | | | | | |
| D4381 | Localized delivery of Antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report | Deny | | | | | |
| D4910 | Periodontal maintenance | Perio | | | | | |
| D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | Perio | | | | | |
| D4921 | Gingival irrigation with medicinal agent – per quadrant | Deny or NBP | | | | | |
| D4999 | Unspecified periodontal procedure, by report | By Rpt | | X | | | |
| PROSTHODONTICS (REMOVABLE) D5000 – D5899 | | | | | | | |
| D5110 | Complete denture – maxillary | Prosthodontics | | | | | |
| D5120 | Complete denture – mandibular | Prosthodontics | | | | | |
| D5130 | Immediate denture – maxillary | Prosthodontics | | | | | |
| D5140 | Immediate denture – mandibular | Prosthodontics | | | | | |
| D5211 | Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) | Prosthodontics | | | | X | |
| D5212 | Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) | Prosthodontics | | | | X | |
| D5213 | Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Prosthodontics | | | | X | |
| D5214 | Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Prosthodontics | | | | X | |
| D5221 | Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | Prosthodontics | | | | X | |
| D5222 | Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | Prosthodontics | | | | X | |

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|--|------------------|-------|-----------|-------|-------------|-------|
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Prosthodontics | | | | X | |
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Prosthodontics | | | | X | |
| D5225 | Maxillary partial denture – flexible base (including any clasps, rests and teeth) | Prosthodontics | | | | X | |
| D5226 | Mandibular partial denture – flexible base (including any clasps, rests and teeth) | Prosthodontics | | | | X | |
| D5227 | Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth) | Prosthodontics | | | | X | |
| D5228 | Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth) | Prosthodontics | | | | X | |
| D5282 | Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary | Prosthodontics | | | | X | |
| D5283 | Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular | Prosthodontics | | | | X | |
| D5284 | Removable unilateral partial denture - one piece flexible base (including clasps and teeth) – per quadrant | Prosthodontics | | | | X | |
| D5286 | Removable unilateral partial denture - one piece resin (including clasps and teeth) – per quadrant | Prosthodontics | | | | X | |
| D5410 | Adjust complete denture – maxillary | Prosthodontics | | | | | |
| D5411 | Adjust complete denture – mandibular | Prosthodontics | | | | | |
| D5421 | Adjust partial denture – maxillary | Prosthodontics | | | | | |
| D5422 | Adjust partial denture – mandibular | Prosthodontics | | | | | |
| D5511 | Repair broken complete denture base, mandibular | Prosthodontics | | | | | |
| D5512 | Repair broken complete denture base, maxillary | Prosthodontics | | | | | |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) | Prosthodontics | | | | | |
| D5611 | Repair resin partial denture base, mandibular | Prosthodontics | | | | | |
| D5612 | Repair resin partial denture base, maxillary | Prosthodontics | | | | | |
| D5621 | Repair cast partial framework, mandibular | Prosthodontics | | | | | |
| D5622 | Repair cast partial framework, maxillary | Prosthodontics | | | | | |
| D5630 | Repair or replace broken retentive clasping materials – per tooth | Prosthodontics | | | | | |
| D5640 | Replace broken teeth – per tooth | Prosthodontics | | | | | |

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|------------------|-------|-----------|-------|-------------|-------|
| D5650 | Add tooth to existing partial denture | Prosthodontics | | | | | |
| D5660 | Add clasp to existing partial denture – per tooth | Prosthodontics | | | | | |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | Prosthodontics | | | | X | |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | Prosthodontics | | | | X | |
| D5710 | Rebase complete maxillary denture | Prosthodontics | | | | | |
| D5711 | Rebase complete mandibular denture | Prosthodontics | | | | | |
| D5720 | Rebase maxillary partial denture | Prosthodontics | | | | | |
| D5721 | Rebase mandibular partial denture | Prosthodontics | | | | | |
| D5725 | Rebase hybrid prosthesis | Prosthodontics | | | | | |
| D5730 | Reline complete maxillary denture (chairside) | Prosthodontics | | | | | |
| D5731 | Reline complete mandibular denture (chairside) | Prosthodontics | | | | | |
| D5740 | Reline maxillary partial denture (chairside) | Prosthodontics | | | | | |
| D5741 | Reline mandibular partial denture (chairside) | Prosthodontics | | | | | |
| D5750 | Reline complete maxillary denture (laboratory) | Prosthodontics | | | | | |
| D5751 | Reline complete mandibular denture (laboratory) | Prosthodontics | | | | | |
| D5760 | Reline maxillary partial denture (laboratory) | Prosthodontics | | | | | |
| D5761 | Reline mandibular partial denture (laboratory) | Prosthodontics | | | | | |
| D5765 | Soft liner for complete or partial removable denture - indirect | Prosthodontics | | | | | |
| D5810 | Interim complete denture (maxillary) | Deny | | | | | |
| D5811 | Interim complete denture (mandibular) | Deny | | | | | |
| D5820 | Interim partial denture – (maxillary) | Prosthodontics | | X | | | |
| D5821 | Interim partial denture – (mandibular) | Prosthodontics | | X | | | |
| D5850 | Tissue conditioning, maxillary | Prosthodontics | | | | | |
| D5851 | Tissue conditioning, mandibular | Prosthodontics | | | | | |
| D5862 | Precision attachment, by report | Deny | | | | | |
| D5863 | Overdenture - complete maxillary | Prosthodontics | | | | | |
| D5864 | Overdenture – partial maxillary | Prosthodontics | | | | X | |
| D5865 | Overdenture – complete mandibular | Prosthodontics | | | | | |
| D5866 | Overdenture – partial mandibular | Prosthodontics | | | | X | |
| D5867 | Replacement of replaceable part of semi-precision or precision attachment, per attachment | Deny | | | | | |

HDS PROCEDURE CODE GUIDELINES

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| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|--|------------------|-------|-----------|-------|-------------|-------------|
| D5875 | Modification of removable prosthesis following implant surgery | Deny | | | | | |
| D5876 | Add metal substructure to acrylic full denture (per arch) | Deny | | | | | |
| D5899 | Unspecified removable prosthodontic procedure, by report | Alt-By Rpt | | X | | | Lab Invoice |
| D5911 | Facial moulage (sectional) | Deny | | | | | |
| D5912 | Facial moulage (complete) | Deny | | | | | |
| D5913 | Nasal prosthesis | Deny | | | | | |
| D5914 | Auricular prosthesis | Deny | | | | | |
| D5915 | Orbital prosthesis | Deny | | | | | |
| D5916 | Ocular prosthesis | Deny | | | | | |
| D5919 | Facial prosthesis | Deny | | | | | |
| D5922 | Nasal septal prosthesis | Deny | | | | | |
| D5923 | Ocular prosthesis, interim | Deny | | | | | |
| D5924 | Cranial prosthesis | Deny | | | | | |
| D5925 | Facial augmentation implant prosthesis | Deny | | | | | |
| D5926 | Nasal prosthesis, replacement | Deny | | | | | |
| D5927 | Auricular prosthesis, replacement | Deny | | | | | |
| D5928 | Orbital prosthesis, replacement | Deny | | | | | |
| D5929 | Facial prosthesis, replacement | Deny | | | | | |
| D5931 | Obturator prosthesis, surgical | Deny | | | | | |
| D5932 | Obturator prosthesis, definitive | Deny | | | | | |
| D5933 | Obturator prosthesis, modification | Deny | | | | | |
| D5934 | Mandibular resection prosthesis with guide flange | Deny | | | | | |
| D5935 | Mandibular resection prosthesis without guide flange | Deny | | | | | |
| D5936 | Obturator prosthesis, interim | Deny | | | | | |
| D5937 | Trismus appliance (not for TMD treatment) | Deny | | | | | |
| D5951 | Feeding aid | Deny | | | | | |
| D5952 | Speech aid prosthesis, pediatric | Deny | | | | | |
| D5953 | Speech aid prosthesis, adult | Deny | | | | | |
| D5954 | Palatal augmentation prosthesis | Deny | | | | | |
| D5955 | Palatal lift prosthesis, definitive | Deny | | | | | |
| D5958 | Palatal lift prosthesis, interim | Deny | | | | | |
| D5959 | Palatal lift prosthesis, modification | Deny | | | | | |
| D5960 | Speech aid prosthesis, modification | Deny | | | | | |
| D5982 | Surgical stent | Deny | | | | | |
| D5983 | Radiation carrier | Deny | | | | | |
| D5984 | Radiation shield | Deny | | | | | |
| D5985 | Radiation cone locator | Deny | | | | | |
| D5986 | Fluoride gel carrier | Deny | | | | | |
| D5987 | Commissure splint | Deny | | | | | |
| D5988 | Surgical splint | Deny | | | | | |
| D5991 | Vesiculobullous disease medicament carrier | Deny | | | | | |
| D5992 | Adjust maxillofacial prosthetic appliance, by report | Deny | | | | | |

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SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|---------------------------------------|--|-------------------------------------|-------|-----------|-------|-------------|-------------|
| D5993 | Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report | Deny | | | | | |
| D5995 | Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary | Deny | | | | | |
| D5996 | Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular | Deny | | | | | |
| D5999 | Unspecified maxillofacial prosthesis, by report | Alt-By Rpt | | X | | | Lab Invoice |
| IMPLANT SERVICES D6000 – D6199 | | | | | | | |
| D6010 | Surgical placement of implant body: endosteal implant | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6011 | Surgical access to an implant body (second stage implant surgery) | NBP | | | | | |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | Deny | | | | | |
| D6013 | Surgical placement of mini implant | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6040 | Surgical placement: eposteal implant | Deny | | | | | |
| D6050 | Surgical placement: transosteal implant | Deny | | | | | |
| D6051 | Interim implant abutment placement | Deny | | | | | |
| D6055 | Connecting bar – implant supported or abutment supported | Deny | | | | | |
| D6056 | Prefabricated abutment – includes modification and placement | Implant | X | | | | |
| D6057 | Custom fabricated abutment – includes placement | Implant | X | | | | |
| D6058 | Abutment supported porcelain/ceramic crown | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6097 | Abutment supported crown – porcelain fused to titanium or titanium alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6062 | Abutment supported cast metal crown (high noble metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |

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| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|-------------------------------------|-------|-----------|-------|-------------|-------|
| D6063 | Abutment supported cast metal crown (predominantly base metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6064 | Abutment supported cast metal crown (noble metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6094 | Abutment supported crown – titanium and titanium alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6065 | Implant supported porcelain/ceramic crown | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6066 | Implant supported crown-porcelain fused to high noble alloy | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6082 | Implant supported crown-porcelain fused to predominantly base alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6083 | Implant supported crown-porcelain fused to noble alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6084 | Implant supported crown-porcelain fused to titanium or titanium alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6067 | Implant supported crown-high noble alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6086 | Implant supported crown-predominantly base alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6087 | Implant supported crown – noble alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6088 | Implant supported crown – titanium and titanium alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6195 | Abutment supported retainer - porcelain fused to titanium and titanium alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |

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SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|--|-------------------------------------|-------|-----------|-------|-------------|-------------|
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6194 | Abutment supported retainer crown for FPD – titanium and titanium alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6075 | Implant supported retainer for ceramic FPD | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6076 | Implant supported retainer for FPD – porcelain fused to high noble alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6098 | Implant supported retainer – porcelain fused to predominantly base alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6099 | Implant supported retainer – porcelain fused to noble alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6120 | Implant supported retainer for FPD – porcelain fused to titanium and titanium alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6077 | Implant supported retainer for metal FPD - high noble alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6121 | Implant supported retainer for metal FPD- predominantly base alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6122 | Implant supported retainer for metal FPD - noble alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6080 | Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments | Implant | | | | | |
| 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 | Implant | | X | | | |
| D6085 | Interim implant crown | Deny | | | | | |
| D6090 | Repair implant supported prosthesis by report | Implant-By Report | | X | | | Lab invoice |

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| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|-------------------------------------|-------|-----------|-------|-------------|-------------|
| D6091 | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment | Deny | | | | | |
| D6092 | Re-cement or re-bond implant/abutment supported crown | Prosthodontics | | | | | |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | Prosthodontics | | | | | |
| D6095 | Repair implant abutment, by report | Implant-By Report | | X | | | Lab Invoice |
| D6096 | Remove broken implant retaining screw | Implant | | | | | |
| D6100 | Surgical removal of implant body | Group Contract | | | | | Op Report |
| D6101 | Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of exposed implant surfaces, including flap entry and closure | Implant | | X | | | |
| D6102 | Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure | Implant | | X | | | |
| D6103 | Bone graft for repair of periimplant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately | Deny | | | | | |
| D6104 | Bone graft at time of implant placement | Deny | | | | | |
| D6105 | Removal of implant body not requiring bone removal or flap elevation | Implant | | | | | |
| D6106 | Guided tissue regeneration – resorbable barrier, per implant | Deny | | | | | |
| D6107 | Guided tissue regeneration – non-resorbable barrier, per implant | Deny | | | | | |
| D6110 | Implant / abutment supported removable denture for edentulous arch – maxillary | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6111 | Implant / abutment supported removable denture for edentulous arch – mandibular | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6112 | Implant / abutment supported removable denture for partially edentulous arch – maxillary | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6113 | Implant / abutment supported removable denture for partially edentulous arch – mandibular | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6114 | Implant / abutment supported fixed denture for edentulous arch – maxillary | Implant-Lim, Implant-Alt or Implant | X | | | | |

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| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|-------------------------------------|-------|-----------|-------|-------------|-------|
| D6115 | Implant / abutment supported fixed denture for edentulous arch – mandibular | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6116 | Implant / abutment supported fixed denture for partially edentulous arch – maxillary | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6117 | Implant / abutment supported fixed denture for partially edentulous arch – mandibular | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6118 | Implant/abutment supported interim fixed denture for edentulous arch-mandibular | Deny | | | | | |
| D6119 | Implant/abutment supported interim fixed denture for edentulous arch-maxillary | Deny | | | | | |
| D6190 | Radiographic/surgical implant index, by report | Deny | | | | | |
| D6191 | Semi-precision abutment- placement | Deny | | | | | |
| D6192 | Semi-precision attachment- placement | Deny | | | | | |
| D6194 | Abutment supported retainer crown for FPD – (titanium) | Implant-Lim, Implant-Alt or Implant | X | | | | |
| D6197 | Replacement of restorative material used to close an access opening of a screw retained implant supported prosthesis, per implant | Deny | | | | | |
| D6198 | Remove interim implant component | NBP | | | | | |
| D6199 | Unspecified implant procedure, by report | Implant-By Report | | | | | |
| D6205 | Pontic – indirect resin-based composite | Alt-Prosthodontics (for most plans) | X | | | | |
| D6210 | Pontic – cast high noble metal | Prosthodontics | X | | | | |
| D6211 | Pontic – cast predominantly base metal | Prosthodontics | X | | | | |
| D6212 | Pontic – cast noble metal | Prosthodontics | X | | | | |
| D6214 | Pontic – titanium and titanium alloys | Prosthodontics | X | | | | |
| D6240 | Pontic – porcelain fused to high noble metal | Prosthodontics | X | | | | |
| D6241 | Pontic – porcelain fused to predominantly base metal | Prosthodontics | X | | | | |
| D6242 | Pontic – porcelain fused to noble metal | Prosthodontics | X | | | | |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys | Prosthodontics | X | | | | |
| D6245 | Pontic – porcelain/ceramic | Alt-Prosthodontics (for most plans) | X | | | | |
| D6250 | Pontic – resin with high noble metal | Prosthodontics | X | | | | |
| D6251 | Pontic – resin with predominantly base metal | Prosthodontics | X | | | | |
| D6252 | Pontic – resin with noble metal | Prosthodontics | X | | | | |
| D6253 | Interim pontic – further treatment or completion of diagnosis necessary prior to final impression | Prosthodontics | X | X | | | |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | Prosthodontics | X | | | | |

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| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|--|--|-------|-----------|-------|-------------|-------|
| D6548 | Retainer – porcelain/ceramic for resin bonded fixed prosthesis | Alt-Prosthodontics (for most plans) | X | | | | |
| D6549 | Resin retainer – for resin bonded fixed prosthesis | Alt-Prosthodontics (for most plans) | X | | | | |
| D6600 | Retainer inlay – porcelain/ceramic, two surfaces | Alt-Prosthodontics (for most plans) | X | | | | |
| D6601 | Retainer inlay – porcelain/ceramic, three or more surfaces | Alt-Prosthodontics (for most plans) | X | | | | |
| D6602 | Retainer inlay – cast high noble metal, two surfaces | Prosthodontics | X | | | | |
| D6603 | Retainer inlay – cast high noble metal, three or more surfaces | Prosthodontics | X | | | | |
| D6604 | Retainer inlay – cast predominantly base metal, two surfaces | Prosthodontics | X | | | | |
| D6605 | Retainer inlay – cast predominantly base metal, three or more surfaces | Prosthodontics | X | | | | |
| D6606 | Retainer inlay – cast noble metal, two surfaces | Prosthodontics | X | | | | |
| D6607 | Retainer inlay – cast noble metal, three or more surfaces | Prosthodontics | X | | | | |
| D6608 | Retainer onlay – porcelain/ceramic, two surfaces | Alt-Prosthodontics (for most plans) | X | | | | |
| D6609 | Retainer onlay – porcelain/ceramic, three or more surfaces | Alt-Prosthodontics (for most plans) | X | | | | |
| D6610 | Retainer onlay – cast high noble metal, two surfaces | Prosthodontics | X | | | | |
| D6611 | Retainer onlay – cast high noble metal, three or more surfaces | Prosthodontics | X | | | | |
| D6612 | Retainer onlay – cast predominantly base metal, two surfaces | Prosthodontics | X | | | | |
| D6613 | Retainer onlay – cast predominantly base metal, three or more surfaces | Prosthodontics | X | | | | |
| D6614 | Retainer onlay – cast noble metal, two surfaces | Prosthodontics | X | | | | |
| D6615 | Retainer onlay – cast noble metal, three or more surfaces | Prosthodontics | X | | | | |
| D6624 | Retainer inlay – titanium | Alt-Prosthodontics (for most plans) | X | | | | |
| D6634 | Retainer onlay – titanium | Alt-Prosthodontics (for most plans) | X | | | | |
| D6710 | Retainer crown – indirect resin-based composite | Alt-Prosthodontics (for most plans) | X | | | | |
| D6720 | Retainer crown – resin with high noble metal | Prosthodontics | X | | | | |
| D6721 | Retainer crown – resin with predominantly base metal | Prosthodontics | X | | | | |
| D6722 | Retainer crown – resin with noble metal | Prosthodontics | X | | | | |
| D6740 | Retainer crown – porcelain/ceramic | Alt-Prosthodontics (for most plans) | | | | | |
| D6750 | Retainer crown – porcelain fused to high noble metal | Prosthodontics | X | | | | |

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| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|---|---|--|-------|-----------|-------|-------------|-------------|
| D6751 | Retainer crown – porcelain fused to predominantly base metal | Prosthodontics | X | | | | |
| D6752 | Retainer crown – porcelain fused to noble metal | Prosthodontics | X | | | | |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys | Prosthodontics | X | | | | |
| D6780 | Retainer crown – ¾ cast high noble metal | Prosthodontics | X | | | | |
| D6781 | Retainer crown – ¾ cast predominately base metal | Prosthodontics | X | | | | |
| D6782 | Retainer crown – ¾ cast noble metal | Prosthodontics | X | | | | |
| D6783 | Retainer crown – ¾ porcelain/ceramic | Alt-Prosthodontics (for most plans) | X | | | | |
| D6784 | Retainer crown – ¾ titanium and titanium alloys | Prosthodontics | X | | | | |
| D6790 | Retainer crown – full cast high noble metal | Prosthodontics | X | | | | |
| D6791 | Retainer crown – full cast predominantly base metal | Prosthodontics | X | | | | |
| D6792 | Retainer crown – full cast noble metal | Prosthodontics | X | | | | |
| D6793 | Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression | Prosthodontics | X | X | | | |
| D6794 | Retainer crown – titanium and titanium alloys | Alt-Prosthodontics (for most plans) | X | | | | |
| D6920 | Connector bar | Deny | | | | | |
| D6930 | Re-cement or re-bond fixed partial denture | Prosthodontics | | | | | |
| D6940 | Stress breaker | Prosthodontics | X | | | | Lab Invoice |
| D6950 | Precision attachment | Deny | | | | | |
| D6980 | Fixed partial denture repair, necessitated by restorative material failure | Alt-By Rpt (for most plans) | | X | | | Lab Invoice |
| D6985 | Pediatric partial denture, fixed | Deny | | | | | |
| D6999 | Unspecified, fixed prosthodontic procedure, by report | By Rpt | | X | | | Lab Invoice |
| ORAL AND MAXILLOFACIAL SURGERY D7000 – D7999 | | | | | | | |
| D7111 | Extraction, coronal remnants – primary tooth | Oral Surgery | | | | | |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | Oral Surgery | | | | | |
| D7210 | Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | Oral Surgery | X | | | | |
| D7220 | Removal of impacted tooth – soft tissue | Oral Surgery | X | | | | |
| D7230 | Removal of impacted tooth – partially bony | Oral Surgery | X | | | | |
| D7240 | Removal of impacted tooth – completely bony | Oral Surgery | X | | | | |

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|------------------|-------|-----------|-------|-------------|----------|
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | Oral Surgery | X | | | | Op Rpt |
| D7250 | Removal of residual tooth roots (cutting procedure) | Oral Surgery | X | | | | |
| D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only | Oral Surgery | X | X | | | |
| D7260 | Oroantral fistula closure | Oral Surgery | | | | | Op Rpt |
| D7261 | Primary closure of a sinus perforation | Oral Surgery | | | | | Op Rpt |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth. | Oral Surgery | X | X | | | |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | Deny | | | | | |
| D7280 | Exposure of an unerupted tooth | Oral Surgery | X | | | | |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | Oral Surgery | X | | | | |
| D7283 | Placement of device to facilitate eruption of impacted tooth | Ortho | X | | | | |
| D7285 | Incisional biopsy of oral tissue – hard (bone, tooth) | Oral Surgery | | | | | Path Rpt |
| D7286 | Incisional biopsy of oral tissue – soft | Oral Surgery | | | | | Path Rpt |
| D7287 | Exfoliative cytological sample collection | Deny | | | | | |
| D7288 | Brush biopsy – transepithelial sample collection | Deny | | | | | |
| D7290 | Surgical repositioning of teeth | Ortho | X | | | | |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | Ortho By Rpt | | | | | Op Rpt |
| D7292 | Placement of temporary anchorage device (screw retained plate) requiring flap | Deny | | | | | |
| D7293 | Placement of temporary anchorage device requiring flap | Deny | | | | | |
| D7294 | Placement of temporary anchorage device without flap | Deny | | | | | |
| D7295 | Harvest of bone for use in autogenous grafting procedure | Deny | | | | | |
| D7296 | Corticotomy – one to three teeth or tooth bound spaces, per quadrant | Deny | | | | | |
| D7297 | Corticotomy – four or more teeth or tooth bound spaces, per quadrant | Deny | | | | | |
| D7298 | Removal of temporary anchorage device (screw retained plate), requiring flap | Deny | | | | | |
| D7299 | Removal of temporary anchorage device, requiring flap | Deny | | | | | |
| D7300 | Removal of temporary anchorage device without flap | Deny | | | | | |

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|------------------|-------|--------------------|-------|-------------|------------------------|
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | Oral Surgery | | | | | |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | Oral Surgery | | Additional Teeth # | | | |
| D7320 | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant | Oral Surgery | | | | | |
| D7321 | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | Oral Surgery | | Additional Teeth # | | | |
| D7340 | Vestibuloplasty – ridge extension (secondary epithelialization) | Deny | | | | | |
| D7350 | Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | Deny | | | | | |
| D7410 | Excision of benign lesion up to 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |
| D7411 | Excision of benign lesion greater than 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |
| D7412 | Excision of benign lesion, complicated | Deny | | | | | |
| D7413 | Excision of malignant lesion up to 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |
| D7414 | Excision of malignant lesion greater than 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |
| D7415 | Excision of malignant lesion, complicated | Deny | | | | | |
| D7465 | Destruction of lesion(s) by physical or chemical method, by report | Oral Surgery | | X | | | |
| D7440 | Excision of malignant tumor – lesion diameter up to 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |
| D7441 | Excision of malignant tumor – lesion diameter greater than 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |
| D7450 | Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |
| D7451 | Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |
| D7460 | Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |

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HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|------------------|-------|-----------|-------|-------------|----------------------------------|
| D7461 | Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm | Oral Surgery | | | | | Med EOB Path Rpt |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | Oral Surgery | | | | | Op Rpt |
| D7472 | Removal of torus palatinus | Oral Surgery | | | | | Op Rpt |
| D7473 | Removal of torus mandibularis | Oral Surgery | | | | | Op Rpt |
| D7485 | Reduction of osseous tuberosity | Oral Surgery | | | | | Op Rpt |
| D7490 | Radical resection of maxilla or mandible | Oral Surgery | | | | | Med EOB Op Rpt Path Rpt |
| D7509 | Marsupialization of odontogenic cyst | Deny | | | | | |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | Oral Surgery | | | | | Op Rpt |
| D7511 | Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | Oral Surgery | | | | | Med EOB Op Rpt |
| D7520 | Incision and drainage of abscess – extraoral soft tissue | Oral Surgery | | | | | Op Rpt |
| D7521 | Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | Alt-By Rpt | | | | | Med EOB Op Rpt |
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | Oral Surgery | | | | | Med EOB Op Rpt |
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | Oral Surgery | | | | | Op Rpt |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | Oral Surgery | | | | | Op Rpt |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | Oral Surgery | | | | | Op Rpt |
| D7610 | Maxilla - open reduction (teeth immobilized, if present) | Oral Surgery | | | | | Med EOB Op Rpt |
| D7620 | Maxilla - closed reduction (teeth immobilized, if present) | Oral Surgery | | | | | Med EOB Op Rpt |
| D7630 | Mandible - open reduction (teeth immobilized, if present) | Oral Surgery | | | | | Med EOB Op Rpt |
| D7640 | Mandible-closed reduction (teeth immobilized, if present) | Oral Surgery | | | | | Med EOB Op Rpt |
| D7650 | Malar and/or zygomatic arch – open reduction | Oral Surgery | | | | | Med EOB Op Rpt |

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|------------------|-------|-----------|-------|-------------|----------------------|
| D7660 | Malar and/or zygomatic arch – closed reduction | Oral Surgery | | | | | Med EOB Op Rpt |
| D7670 | Alveolus – closed reduction, may include stabilization of teeth | Oral Surgery | X | | | | Med EOB Op Rpt |
| D7671 | Alveolus – open reduction, may include stabilization of teeth | Oral Surgery | X | | | | Med EOB Op Rpt |
| D7680 | Facial bones – complicated reduction with fixation and multiple surgical approaches | Deny | | | | | |
| D7710 | Maxilla – open reduction | Oral Surgery | | | | | Med EOB Op Rpt |
| D7720 | Maxilla – closed reduction | Oral Surgery | | | | | Med EOB Op Rpt |
| D7730 | Mandible – open reduction | Oral Surgery | | | | | Med EOB Op Rpt |
| D7740 | Mandible – closed reduction | Oral Surgery | | | | | Med EOB Op Rpt |
| D7750 | Malar and/or zygomatic arch – open reduction | Oral Surgery | | | | | Med EOB Op Rpt |
| D7760 | Malar and/or zygomatic arch – closed reduction | Oral Surgery | | | | | Med EOB Op Rpt |
| D7770 | Alveolus – open reduction stabilization of teeth | Oral Surgery | | | | | Med EOB Op Rpt |
| D7771 | Alveolus, closed reduction stabilization of teeth | Oral Surgery | | | | | Med EOB Op Rpt |
| D7780 | Facial bones – complicated reduction with fixation and multiple surgical approaches | Deny | | | | | |
| D7810 | Open reduction of dislocation | TMJ | | | | | Med EOB Op Rpt |
| D7820 | Closed reduction of dislocation | TMJ | | | | | Med EOB Op Rpt |
| D7830 | Manipulation under anesthesia | TMJ | | | | | Med EOB Op Rep |
| D7840 | Condylectomy | Deny | | | | | |
| D7850 | Surgical discectomy, with/without implant | Deny | | | | | |
| D7852 | Disc repair | Deny | | | | | |
| D7854 | Synovectomy | Deny | | | | | |

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HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|--|------------------|-------|-----------|-------|-------------|----------------------|
| D7856 | Myotomy | Deny | | | | | |
| D7858 | Joint reconstruction | Deny | | | | | |
| D7860 | Arthrotomy | Deny | | | | | |
| D7865 | Arthroplasty | Deny | | | | | |
| D7870 | Arthrocentesis | Deny | | | | | |
| D7871 | Non-arthroscopic lysis and lavage | Deny | | | | | |
| D7872 | Arthroscopy – diagnosis, with or without biopsy | Deny | | | | | |
| D7873 | Arthroscopy-lavage and lysis of adhesions | Deny | | | | | |
| D7874 | Arthroscopy- disc repositioning and stabilization | Deny | | | | | |
| D7875 | Arthroscopy – synovectomy | Deny | | | | | |
| D7876 | Arthroscopy – discectomy | Deny | | | | | |
| D7877 | Arthroscopy – debridement | Deny | | | | | |
| D7880 | Occlusal orthotic device, by report | Deny | | | | | |
| D7881 | Occlusal orthotic device adjustment | Deny | | | | | |
| D7899 | Unspecified TMD therapy, by report | Deny | | | | | |
| D7910 | Suture of recent small wounds up to 5 cm | Oral Surgery | | | | | Med EOB Op Rpt |
| D7911 | Complicated suture – greater than 5 cm | Deny | | | | | |
| D7912 | Complicated suture – greater than 5 cm | Deny | | | | | |
| D7920 | Skin graft (identify defect covered, location and type of graft) | Deny | | | | | |
| D7921 | Collection and application of autologous blood concentrate product | Deny | | | | | |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | Deny | | | | | |
| D7940 | Osteoplasty – for orthognathic deformities | Deny | | | | | |
| D7941 | Osteotomy – mandibular rami | Deny | | | | | |
| D7943 | Osteotomy – mandibular rami with bone graft; includes obtaining the graft | Deny | | | | | |
| D7944 | Osteotomy – segmented or subapical | Deny | | | | | |
| D7945 | Osteotomy – body of mandible | Deny | | | | | |
| D7946 | LeFort I (maxilla – total) | Deny | | | | | |
| D7947 | LeFort I (maxilla – segmented) | Deny | | | | | |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft | Deny | | | | | |
| D7949 | LeFort II or LeFort III – with bone graft | Deny | | | | | |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report | Deny | | | | | |

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HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-----------------------------------|--|------------------|-------|-----------|-------|-------------|----------------------|
| D7951 | Sinus augmentation with bone or bone substitutes | Deny | | | | | |
| D7952 | Sinus augmentation via a vertical approach | Deny | | | | | |
| D7953 | Bone replacement graft for ridge preservation – per site | Group Contract | | | | | |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect | Deny | | | | | |
| D7956 | Guided tissue regeneration, edentulous area – resorbable barrier, per site | Oral Surgery | | X | | | |
| D7957 | Guided tissue regeneration, edentulous area – non-resorbable barrier, per site | Oral Surgery | | X | | | |
| D7961 | Buccal/labial frenectomy (frenulectomy) | Oral Surgery | | X | | | |
| D7962 | Lingual frenectomy (frenulectomy) | Oral Surgery | | X | | | |
| D7963 | Lingual frenectomy (frenulectomy) | Oral Surgery | | X | | | |
| D7970 | Excision of hyperplastic tissue – per arch | Oral Surgery | | X | | | |
| D7971 | Excision of pericoronal gingiva | Oral Surgery | | X | | | |
| D7972 | Surgical reduction of fibrous tuberosity | Oral Surgery | | | | | Med EOB Op Rpt |
| D7979 | Non- surgical sialolithotomy | Oral Surgery | | X | | | |
| D7980 | Surgical sialolithotomy | Oral Surgery | | | | | Med EOB Op Rpt |
| D7981 | Excision of salivary gland, by report | Deny | | | | | |
| D7982 | Sialodochoplasty | Deny | | | | | |
| D7983 | Closure of salivary fistula | Oral Surgery | | | | | Med EOB Op Rpt |
| D7990 | Emergency tracheotomy | Deny | | | | | |
| D7991 | Coronoidectomy | Deny | | | | | |
| D7993 | Surgical placement of craniofacial implant-extra oral | Deny | | | | | |
| D7994 | Surgical placement: zygomatic implant | Deny | | | | | |
| D7995 | Synthetic graft – mandible or facial bones, by report | Deny | | | | | |
| D7996 | Implant–mandible for augmentation purposes (excluding alveolar ridge), by report | Deny | | | | | |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | Deny | | | | | |
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture | Deny | | | | | |
| D7999 | Unspecified oral surgery procedure, by report | By Rpt | | | | | Op Rpt |
| ORTHODONTICS D8000 – D8999 | | | | | | | |
| D8010 | Limited orthodontic treatment of the primary dentition | Ortho | | | | | |

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|--|------------------|-------|-----------|-------|-------------|----------------|
| D8020 | Limited orthodontic treatment of the transitional dentition | Ortho | | | | | |
| D8030 | Limited orthodontic treatment of the adolescent dentition | Ortho | | | | | |
| D8040 | Limited orthodontic treatment of the adult dentition | Ortho | | | | | |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | Ortho | | X | | | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | Ortho | | X | | | |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | Ortho | | X | | | |
| D8210 | Removable appliance therapy | Ortho | | X | | | |
| D8220 | Fixed appliance therapy | Ortho | | X | | | |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | NBP | | | | | |
| D8670 | Periodic orthodontic treatment visit | NBP | | | | | |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | Ortho | | X | | | |
| D8681 | Removable orthodontic retainer adjustment | Deny | | | | | |
| D8695 | Removal of fixed orthodontic appliances for reasons other than completion of treatment | Deny | | | | | |
| D8696 | Repair of orthodontic appliance - maxillary | Deny | | | | | |
| D8697 | Repair of orthodontic appliance- mandibular | Deny | | | | | |
| D8698 | Re-cement or re-bond fixed retainer - maxillary | Ortho | | | | | |
| D8699 | Re-cement or re-bond fixed retainer - mandibular | Ortho | | | | | |
| D8701 | Repair of fixed retainer, includes reattachment - maxillary | Ortho | | | | | |
| D8702 | Repair of fixed retainer, includes reattachment - mandibular | Ortho | | | | | |
| D8703 | Replacement of lost or broken retainer – maxillary | Ortho | | | | | |
| D8704 | Replacement of lost or broken retainer - mandibular | Ortho | | | | | |
| D8999 | Unspecific orthodontic procedure, by report | Ortho By Rpt | | X | | | Lab Invoice |

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|--|---|------------------|-------|-----------|-------|-------------|-------|
| ADJUNCTIVE GENERAL SERVICES D9000 – D9999 | | | | | | | |
| D9110 | Palliative treatment of dental pain – per visit | Adjunctive | | X | | | |
| D9120 | Fixed partial denture sectioning | Prosthodontics | | | | | |
| D9130 | Temporomandibular joint dysfunction-non-invasive physical therapies | TMJ | | | | | |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | NBP | | | | | |
| D9211 | Regional block anesthesia | NBP | | | | | |
| D9212 | Trigeminal division block anesthesia | NBP | | | | | |
| D9215 | Local anesthesia | NBP | | | | | |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | NBP | | | | | |
| D9222 | Deep sedation / general anesthesia – first 15 minutes | Adjunctive | | | | | |
| D9223 | Deep sedation/general anesthesia – each subsequent 15-minute increment | Adjunctive | | | | | |
| D9230 | Inhalation of nitrous oxide /analgesia, anxiolysis | ACA Only | | | | | |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes | Adjunctive | | | | | |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment | Adjunctive | | | | | |
| D9248 | Non-intravenous (conscious) sedation | Deny | | | | | |
| D9310 | Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician | Adjunctive | | X | | | |
| D9311 | Consultation with a medical health care professional | NBP | | | | | |
| D9410 | House/extended care facility call | Deny | | | | | |
| D9420 | Hospital or ambulatory surgical center call | ACA Only | | | | | |
| D9430 | Office visit for observation (during regularly scheduled hours) – no other services performed | Adjunctive | | X | | | |
| D9440 | Office visit – after regularly scheduled hours | Adjunctive | | X | | | |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning | Deny | | | | | |
| D9610 | Therapeutic parenteral drug, single administration | Group Contract | | | | | |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different injections | Group Contract | | | | | |
| D9613 | Infiltration of sustained release therapeutic drug – per quadrant | Deny | | | | | |
| D9630 | Drugs or medicaments dispensed in office for home use | Deny | | | | | |
| D9910 | Application of desensitizing medicaments | Deny | | | | | |

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HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------|---|--------------------------------|-------|-----------|-------|-------------|-------|
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | Deny | | | | | |
| D9912 | Pre-visit patient screening | NBP | | | | | |
| D9920 | Behavior management, by report | Deny | | | | | |
| D9930 | Treatment of complications (post-surgical) – unusual circumstances, by report | Adjunctive | | X | | | |
| D9932 | Cleaning and inspection of a removable complete denture, maxillary | Deny | | | | | |
| D9933 | Cleaning and inspection of a removable complete denture, mandibular | Deny | | | | | |
| D9934 | Cleaning and inspection of a removable partial denture, maxillary | Deny | | | | | |
| D9935 | Cleaning and inspection of a removable partial denture, mandibular | Deny | | | | | |
| D9941 | Fabrication of athletic mouthguard | Adjunctive (for most plans) | | | | | |
| D9942 | Repair and/or reline of occlusal guard | Deny | | | | | |
| D9943 | Occlusal guard adjustment | Deny | | | | | |
| D9944 | Occlusal guard - hard appliance, full arch | TMJ | | | | | |
| D9945 | Occlusal guard - soft appliance, full arch | TMJ | | | | | |
| D9946 | Occlusal guard - hard appliance, partial arch | TMJ | | | | | |
| D9947 | Custom sleep apnea appliance fabrication and placement | Deny | | | | | |
| D9948 | Adjustment of custom sleep apnea appliance | Deny | | | | | |
| D9949 | Repair of a custom sleep apnea appliance | Deny | | | | | |
| D9950 | Occlusion analysis – mounted case | Deny | | | | | |
| D9951 | Occlusal adjustment – limited | Group Contract | | | | | |
| D9952 | Occlusal adjustment – complete | Deny | | | | | |
| D9953 | Reline custom sleep apnea appliance (indirect) | Deny | | | | | |
| D9961 | Duplicate/copy patient's records | Deny | | | | | |
| D9970 | Enamel microabrasion | Deny | | | | | |
| D9971 | Odontoplasty – per tooth | Deny | | | | | |
| D9972 | External bleaching – per arch | Deny | | | | | |
| D9973 | External bleaching – per tooth | Deny | | | | | |
| D9974 | Internal bleaching – per tooth | Endo | X | | | | |
| D9975 | external bleaching for home application, per arch; includes materials and fabrication of custom trays | Deny | | | | | |
| D9985 | Sales tax | Deny | | | | | |
| D9986 | Missed appointment | Deny | | | | | |
| D9987 | Cancelled appointment | Deny | | | | | |

HDS PROCEDURE CODE GUIDELINES

SUBMISSION REQUIREMENTS

| Code | Description | Benefit Category | X-Ray | Narrative | Perio | Tooth Chart | Other |
|-------------|---|-------------------------|--------------|------------------|--------------|--------------------|--------------|
| D9990 | Certified translation or sign language services – per visit | NBP | | | | | |
| D9991 | Dental case management-addressing appointment compliance barriers | NBP | | | | | |
| D9992 | Dental case management- care coordination | NBP | | | | | |
| D9993 | Dental case management-motivational interviewing | Deny or NBP | | | | | |
| D9994 | Dental case management-patient education to improve oral health literacy | Deny or NBP | | | | | |
| D9997 | Dental case management – patients with special health care needs | NBP | | | | | |
| D9995 | Teledentistry – synchronous; real – time encounter | NBP | | | | | |
| D9996 | Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review | NBP | | | | | |
| D9999 | Unspecified adjunctive procedure, by report | By Rpt | | X | | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---------------------|-------------------------|------------------------------------|
|---------------------|-------------------------|------------------------------------|

DIAGNOSTIC D0100 - D0999

Clinical Oral Evaluations D0120 - D0180

The codes in this section have been revised to recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, diagnosis and treatment planning are the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately.

General Guidelines

1. The number and type of evaluations available for a patient are based on group contract. Any fees in excess of the approved fees are not billable to the patient.
 2. Comprehensive and periodic evaluations include, but are not limited to, evaluations of all hard and soft tissue of the oral cavity, periodontal charting and oral cancer examination.
 3. Multiple oral evaluations by the same dentist/dental office on the same day are not billable to the patient.
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D0120

periodic oral evaluation – established patient

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately.

1. This procedure is applied to the patient's annual exam benefit.
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| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0140 limited oral evaluation – problem focused | <p>An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.</p> <ol style="list-style-type: none"> 1. This is a benefit once per patient per dentist/dental office, per 12-month period. If this limit is exceeded, the benefit will be denied, and the patient is responsible to the Maximum Plan Allowance. 2. This procedure is not applied to the patient's annual exam benefit. 3. The benefit for this evaluation is not billable to the patient when performed in conjunction with a consultation by the same dentist/dental office. 4. Specific government programs (e.g., Supplemental Medicaid, Medicare) have a 1 per calendar year frequency limit for D0140. Verify if frequency limits apply per dental office in advance of patient treatment. | |
| D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver | <p>Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.</p> <ol style="list-style-type: none"> 1. D0145 includes any caries susceptibility tests (D0425) or oral hygiene instructions (D1330) on the same date. When performed on the same date as D0145, any fees for D0425 and D1330 are not billable to the patient. 2. When performed on a patient who is three years of age and older, D0145 is not billable to the patient. The correct evaluation code is required. 3. A comprehensive oral evaluation (D0150) submitted for a patient under three years of age will be processed as a D0145. 4. This procedure is applied to the patient's annual exam benefit. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0150 comprehensive oral evaluation – new or established patient | <p>Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.</p> <p>This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.</p> <ol style="list-style-type: none"> 1. This procedure is applied to the patient's annual exam benefit. 2. This procedure is a benefit once per 10 years per patient per dentist/dental office. However, if the patient has not received any services for 3 years from the same office, a comprehensive evaluation may be benefited. In all other cases, if the procedure is performed by the same dentist/dental office in less than 10 years, the benefit is limited to the allowance of a D0120 and processed to the limitations of a D0120. 3. Benefits for consultation, diagnosis and routine treatment planning are not billable to the patient as components of the benefits for this evaluation by the same dentist/dental office. 4. If the D0150 is done within 6 months of a D0180, the benefit is limited to the allowance of a D0120 and processed to the limitations of a D0120. 5. A comprehensive oral evaluation (D0150) submitted for a patient under three years of age will be processed as a D0145. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0160 detailed and extensive oral evaluation – problem focused, by report | <p>A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.</p> <ol style="list-style-type: none"> 1. The alternate benefit of D0140 is applied, refer to D0140 guidelines for benefit and time limitations. | |
| D0170 re-evaluation – limited, problem focused (established patient; not post-operative visit) | <p>Assessing the status of a previously existing condition. For example:</p> <ul style="list-style-type: none"> - a traumatic injury where no treatment was rendered but patient needs follow-up monitoring; - evaluation for undiagnosed continuing pain; - soft tissue lesion requiring follow-up evaluation. <ol style="list-style-type: none"> 1. The alternate benefit of D0140 is applied, refer to D0140 guidelines for benefit and time limitations. 2. By definition, this procedure code is not to be used for a post operative visit and for follow up to “nonsurgical” definitive care such as root canal treatment or seating of a crown. It is also included as part of definitive care that might follow or have preceded the evaluation. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0180 comprehensive periodontal evaluation – new or established patient | <p>This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history, and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, and occlusal relationships.</p> <ol style="list-style-type: none"> 1. This procedure is applied to the patient's annual exam benefit. 2. This procedure is a benefit once per 10 years per patient per dentist/dental office. However, if the patient has not received any services for 3 years from the same office, a periodontal evaluation may be benefited. In all other cases, if the procedure is performed by the same dentist/dental office in less than 10 years, the benefit is limited to the allowance of a D0120 and processed to the limitations of a D0120. 3. This procedure should be used primarily by a periodontist for a referred patient from a general dentist and should not be reported in addition to a D0150 by the same dentist/dental office in the same treatment series. 4. Benefits for consultation, diagnosis and routine treatment planning are not billable to the patient as a component of the benefit for this evaluation by the same dentist/dental office. 5. If the D0180 is done within 6 months of a D0150 by the same dentist/dental office, the benefit is limited to the allowance of a D0120 and processed to the limitations of D0120. 6. This procedure is not intended for use as a separate code for periodontal charting. 7. A comprehensive periodontal evaluation (D0180) submitted for a patient under three years of age will be processed as a D0145. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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Diagnostic Imaging D0210 - D0350

Images should be taken only for clinical reasons as determined by the patient's dentist. They should be of diagnostic quality and properly identified and dated. Images are a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records.

General Guidelines

1. Must be of diagnostic quality, properly oriented (tooth number, R, L), identified and dated.
2. Diagnostic services such as radiographic images must be necessary for clinical reasons. Radiographic images are adjunctive to diagnostic services and should be prescribed in accordance with the guidelines of the American Dental Association. The ADA white paper dictates that these services only be rendered in cases where they will provide additional information to the dentist/dental office and as such must be prescriptive rather than routine. (Reference ADA, FDA Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure, https://www.ada.org/~media/ADA/Publications/ADA%20News/Files/Dental_Radiographic_Examinations_2012.pdf?la=en)
3. A panoramic radiographic image D0330 or a panoramic radiographic image with associated periapicals (D0220/D0230) or bitewings (D0272/D0274) should not be submitted for payment as procedure code D0210 **intra-oral complete series**.
4. Any combination of intraoral radiographic images (periapical, occlusal, bitewing) and/or panoramic images taken by the same dentist/dental office on the same date of service are processed administratively as a complete series (D0210) when the total cumulative fees equal or exceeds the fee for a complete series (D0210). These images will be considered the equivalent of a complete series (D0210). Time and frequency limitations will be applied as determined by the group contract.
5. For oral surgeons and orthodontists, additional radiographic images may be allowed for diagnosis of specific conditions, pathology, or injury.
6. Radiographic, photographic, and diagnostic images are a part of the patient's clinical record and the original images should be retained by the dentist.
7. Charges for duplication (copying) of radiographic images for insurance purposes are not billable to the patient.
8. Radiographic images used to verify crown seatings are considered a component of the primary procedure and are not billable to the patient.
9. Poor quality or non-diagnostic radiographic images are not billable to HDS or the patient.

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| Image Capture with Interpretation D0210 - D0350 | | |
| D0210 intraoral – comprehensive series of radiographic images | <p>A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.</p> <ol style="list-style-type: none"> 1. Time and frequency limitations for this procedure are determined by the group contract and are counted per dentist/dental office. The D0210 will be denied if contract imitations are exceeded. | |
| D0220 intraoral – periapical first radiographic image | | |
| D0230 intraoral – periapical each additional radiographic image | <ol style="list-style-type: none"> 1. For endodontic treatment, one pre-operative diagnostic radiograph is benefited. 2. Working and post-operative radiographic images by the same dentist/dental office are considered a component of the complete treatment procedure and separate benefits are not billable to the patient. 3. Specific government programs (e.g., Supplemental Medicaid) have a frequency limit of 2 per calendar year combined for D0220 and D0230 and is not subject to processing as a complete series. Verify frequency limits in advance of patient treatment. | |
| D0240 intraoral – occlusal radiographic image | <ol style="list-style-type: none"> 1. Occlusal radiographic images taken by the same dentist/ dental office, on the same day as periapical, panoramic or bitewing radiographic images are processed as a complete series if the total fee equals or exceeds the complete series D0210 fee. Any fee in excess of a full mouth series is not billable to the patient. D0210 time and frequency limitations apply. 2. Specific government programs (e.g., Medicare) have a frequency limit of 4 per calendar year for D0240 and may not be subject to processing as a complete series. Verify frequency limits in advance of patient treatment. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0250 extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector | | |
| <p>These images include, but are not limited to: Lateral Skull; Posterior-Anterior Skull; Submentovertex; Waters; Reverse Tomes; Oblique Mandibular Body; Lateral Ramus.</p> <ol style="list-style-type: none"> 1. Specific government programs (e.g., Medicare) have a frequency limit of 5 per date of service for D0250. Verify frequency limits in advance of patient treatment. | | |
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| D0270 bitewing – single radiographic image | | |
| <ol style="list-style-type: none"> 1. Bitewing radiographic images taken by the same dentist/ dental office, on the same day as periapical, panoramic, or occlusal radiographic images are processed as a complete series if the total fee equals or exceeds the complete series D0210 fee. Any fee in excess of a full mouth series is not billable to the patient. D0210 time and frequency limitations apply. 2. Each D0270, D0272, D0273, D0274, D0277 when performed, are applied to the patient's annual bitewing benefit. 3. Specific government programs (e.g., Medicare) have a frequency limit of 1 per date of service for D0270 and does not count toward the annual bitewing benefit. Verify frequency limits in advance of patient treatment. 4. A claim consisting of only a bitewing - single radiographic image (D0270) with no other services are not billable to the patient. | | |
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| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0272 bitewings – two radiographic images | | |
| D0273 bitewings – three radiographic images | | |
| D0274 bitewings – four radiographic images | <ol style="list-style-type: none"> 1. Bitewing radiographic images taken by the same dentist/ dental office, on the same day as periapical, panoramic, or occlusal radiographic images are processed as a complete series if the total fee equals or exceeds the complete series D0210 fee. Any fee in excess of a full mouth series is not billable to the patient. D0210 time and frequency limitations apply. 2. Each D0270, D0272, D0273, D0274, D0277 when performed, is applied to the patient's annual bitewing benefit. 3. D0273 or D0274 performed on a patient under age 10 is processed as a D0272; fees in excess of a D0272 are not billable to the patient. | |
| D0277 vertical bitewings – 7 to 8 radiographic images | <p>This does not constitute a full mouth intraoral radiographic series.</p> <ol style="list-style-type: none"> 1. Each D0270, D0272, D0273, D0274, D0277 when performed, is applied to the patient's annual bitewing benefit. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0330 panoramic radiographic image | <ol style="list-style-type: none"> 1. A panoramic radiographic image (D0330) is considered as an intraoral complete series for benefit, time and frequency limitations. Time and frequency limitations are determined by the group contract and the D0330 will be denied when the limitations are exceeded. 2. An additional panoramic radiographic image is allowed by an Oral Surgeon or Orthodontist for diagnosis of specific disease or injury. Specific government programs (e.g., Supplemental Medicaid) have limitations on the additional panoramic radiographic image performed by an Oral Surgeon or Orthodontist. Verify limits in advance of patient treatment. 3. Panoramic radiographic images taken by the same dentist/ dental office, on the same day as periapical, bitewing or occlusal radiographic images are processed as a complete series if the total fee equals or exceeds the complete series D0210 fee. | |
| D0340 2D cephalometric radiographic image – acquisition, measurement and analysis | <ol style="list-style-type: none"> 1. Coverage for this procedure is limited to members who have Orthodontic Plan Benefits. 2. Benefits for a cephalometric radiographic image taken in conjunction with services other than orthodontic treatment are denied. | |
| D0350 2D oral/facial photographic image obtained intra-orally or extra-orally | <p>This includes photographic images, including those obtained by intraoral and extraoral cameras, excluding radiographic images. These photographic images should be a part of the patient's clinical record.</p> <ol style="list-style-type: none"> 1. Coverage for this procedure is limited to members who have Orthodontic Plan Benefits. 2. Benefits for photographic images taken in conjunction with services other than orthodontic treatment are denied. 3. Benefit is limited to once per Orthodontic case. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0372 Intraoral tomosynthesis – comprehensive series of radiographic images | | |
| A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas. | | |
| <ol style="list-style-type: none"> 1. Intraoral tomosynthesis comprehensive series is processed as the alternate benefit of a D0210. D0210 time and frequency limitations apply. 2. When billed with intraoral – complete series of radiographic images (D0210) by the same dentist/dental office, the fee for D0210 is not billable to the patient. 3. When billed with intraoral tomosynthesis – comprehensive series – capture only (D0387) by the same dentist/dental office, the fee for D0387 is not billable to the patient. 4. When billed with intraoral – complete series of radiographic images – image capture only (D0709) by the same dentist/dental office, the fee for D0709 is not billable to the patient. | | |
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| D0373 Intraoral tomosynthesis - bitewing – radiographic image | | |
| <ol style="list-style-type: none"> 1. Tomosynthesis bitewing image is processed as the alternate benefit of a D0270. Bitewing time and frequency limitations apply. 2. When billed with bitewings (D0270, D0272, D0273, D0274, D0277) by the same dentist/dental office, the fees for D0270, D0272, D0273, D0274, and D0277 are not billable to the patient. 3. When billed with intraoral tomosynthesis bitewing – radiographic image - capture only (D0388) by the same dentist/dental office, the fee for D0388 is not billable to the patient. 4. When billed with intraoral – bitewing radiographic image – image capture only (D0708) by the same dentist/dental office, the fee for D0708 is not billable to the patient. | | |
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| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0374 Intraoral tomosynthesis - periapical radiographic image | | |
| <ol style="list-style-type: none"> 1. Tomosynthesis periapical image is processed as the alternate benefit of a D0220. Refer to D0220 procedure code guidelines. 2. When billed with intraoral – periapical first radiograph image (D0220) and intraoral periapical each additional radiographic image (D0230) by the same dentist/dental office, the fees for D0220 and D0230 are not billable to the patient. 3. When billed with intraoral tomosynthesis - periapical radiographic image – capture only (D0389) by the same dentist/dental office, the fee for D0389 is not billable to the patient. 4. When billed with intraoral – periapical radiographic image – image capture only (D0707) by the same dentist/dental office, the fee for D0707 is not billable to the patient. | | |

Tests and Examinations D0419 - D0470

D0419

assessment of salivary flow by
measurement

This procedure is for identification of low salivary flow in patients at risk for hyposalivation and xerostomia, as well as effectiveness of pharmacological agents used to stimulate saliva production.

1. The benefit for assessment of salivary flow may be phased in as employer group contracts renew. Patient benefits should be verified.
2. Limited to one assessment every three years. Subsequent submissions are not billable to the patient within 12 months and denied between 12 and 36 months.

D0460

pulp vitality tests

Includes multiple teeth and contra lateral comparison(s), as indicated.

1. Pulp tests are payable per visit not per tooth and only for the diagnosis of emergency conditions.
2. Benefits for pulp tests are not billable to the patient as part of any other definitive procedure on the same day, by the same dentist/dental office except X-rays (D0210-D340), limited oral evaluation-problem focused (D0140), palliative treatment (D9110), pulpal debridement (D3221) and protective restoration (D2940). The exception also applies to consultation (D9310) for Individual Dental Plans (IDP).

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0470 diagnostic casts | Narrative | |
| Also known as diagnostic models or study models. | | |
| <ol style="list-style-type: none">1. Coverage for this procedure is limited to members who have Orthodontic Plan benefits.2. Diagnostic casts are payable only once per case in conjunction with orthodontic services. Additional casts taken by the same dentist/dental office during or after orthodontic treatment are included in the fee for orthodontics and separate benefits are not billable to the patient.3. Diagnostic casts are included in the fee for restorations and prosthetic procedures and therefore are not billable to the patient.4. Narrative must indicate the purpose for the diagnostic casts. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| Oral Pathology Laboratory D0472 - D0485 | | |
| These procedures do not include collection of the tissue sample, which is documented separately. | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> 1. If more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the patient. 2. By definition these procedures include the preparation and transmission of a report. | | |
| D0472 | | |
| accession of tissue, gross examination, preparation and transmission of written report | | |
| To be used in reporting architecturally intact tissue obtained by invasive means. | | |
| <ol style="list-style-type: none"> 1. Benefits are limited to one D0472, D0473 or D0474 per site on the same date of service by the same dental office | | |
| D0473 | | |
| accession of tissue, gross and microscopic examination, preparation and transmission of written report | | |
| D0474 | | |
| accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | | |
| D0480 | | |
| accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | | |
| To be used in reporting disaggregated, non-transepithelial cell cytology sample via mild scraping of the oral mucosa. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D0484 consultation on slides prepared elsewhere A service provided in which microscopic slides of a biopsy specimen prepared at another laboratory are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. The findings are delivered by written report. | | |
| <ol style="list-style-type: none"> 1. This benefit is not billable to the patient when billed in conjunction with an evaluation by the same dentist/dental office. 2. D0484 is benefited as D9310 (diagnostic service provided by dentist or physician other than practitioner providing treatment). | | |
| D0485 consultation, including preparation of slides from biopsy material supplied by referring source | Pathology Report | |
| A service that requires the consulting pathologist to prepare the slides as well as render a written report. The slides are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. | | |
| D0999 unspecified diagnostic procedure, by report | Narrative | |
| Used for procedure that is not adequately described by a code. Describe procedure. | | |
| <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, intraoral photographic image when available and X-ray image where appropriate. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| PREVENTIVE D1000 - D1999 | | |
| Dental Prophylaxis D1110 - D1120 | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> 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, <i>Total Health Plus.</i>) 2. Local anesthesia is considered an integral part of dental prophylaxis procedures. A separate charge is not billable to the patient. | | |
| D1110 prophylaxis – adult | <p>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.</p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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 | <p>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.</p> <ol style="list-style-type: none"> 1. This is a benefit through age 13. 2. Fees for toothbrush prophylaxis are not billable to the patient. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| Topical Fluoride Treatment (Office Procedure) D1206 - D1208 | | |
| <p>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.</p> | | |
| <ol style="list-style-type: none"> 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, <i>Total Health Plus</i>) 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 <u>medical</u> condition or medical risk factor to be eligible. <u>These specific medical conditions/diseases must be clearly documented in the patient's record.</u> <ul style="list-style-type: none"> • 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. | | |
| <hr/> D1206 topical application of fluoride varnish | | |
| <hr/> D1208 topical application of fluoride – excluding varnish | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| 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 application of caries arresting medicament – 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 unless it is a group contract specific benefit | | |
| 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. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| <ul style="list-style-type: none"> 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 |
| D1517 space maintainer – fixed – bilateral, mandibular | K - T, 18 - 31 |
| D1526 space maintainer – removable – bilateral, maxillary | A - J, 2 - 15 |
| D1527 space maintainer – removable – bilateral, mandibular | K - T, 18 - 31 |
| <ol style="list-style-type: none"> 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 |
| <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. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|---|------------------------------------|
| D1553 re-cement or re-bond unilateral space maintainer - per quadrant | <ol style="list-style-type: none"> 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. 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. | UR, UL LR, LL |
| D1556 removal of fixed unilateral space maintainer - per quadrant | <ol style="list-style-type: none"> Benefits for removal of fixed space maintainer by the same dentist/dental office who placed the appliance are not billable to the patient. D1556 is not billable to the patient when submitted with recementation on the same date of service. | UR, UL LR, LL |
| D1557 removal of fixed bilateral space maintainer – maxillary | | |
| D1558 removal of fixed bilateral space maintainer – mandibular | <ol style="list-style-type: none"> Benefits for removal of fixed space maintainer by the same dentist/dental office who placed the appliance are not billable to the patient. 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 distal shoe space maintainer – fixed – unilateral | | Missing Teeth # A,J,K,T |
| <p>Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has erupted.</p> <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 unspecified preventive procedure, by report | Narrative | 1-32, 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. | | |

RESTORATIVE D2000 - D2999**Restorative D2140 - D2394**Explanation of Restorations

| Location | Number of Surfaces | Characteristics |
|-----------------|---------------------------|--|
| Anterior | 1 | Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Facial (or Labial). |
| | 2 | Placed, without interruption, on two of the five surface classifications- e.g., Mesial-Lingual. |
| | 3 | Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Mesial-Facial (or Labial). |
| | 4 of more | Placed, without interruption, on four or more of the five surface classifications-e.g., Mesial-Incisor-Lingual-Facial (or Labial). |
| Posterior | 1 | Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual or Buccal. |
| | 2 | Placed, without interruption, on two of the five surface classifications- e.g., Mesial-Occlusal. |
| | 3 | Placed without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal |
| | 4 of more | Placed, without interruption, on four or more of the five surface classifications-e.g., Mesial-Occlusal-Lingual Distal. |

Source: CDT 2023 Dental Procedure Codes, American Dental Association

Note: Tooth surfaces are reported on the HIPAA standard electronic dental transaction and the ADA Dental Claim Form using the letters in the following table.

| Surface | Code |
|--------------------|-------------|
| Buccal | B |
| Distal | D |
| Facial (or Labial) | F |
| Incisal | I |
| Lingual | L |
| Mesial | M |
| Occlusal | O |

General Guidelines

- Restorations for occlusal wear, altering occlusion, vertical dimension, attrition, erosion, abrasion, abfraction, TMD, periodontal or orthodontic splinting are denied, and the approved amount is collectible from the patient. See "Definitions" listed on page 11 of the Restorative section.
- A treatment plan with a poor and or uncertain periodontal, restorative, or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
- By contract, HDS plans benefit restorations due to tooth structure loss from caries or fractured tooth surfaces. Cosmetic restorations associated with congenital conditions (e.g., peg laterals, enamel hypoplasia) are not payable by HDS. The patient must be informed and agree to assume the cost of non-benefit procedures.

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4. Restorations are not a benefit in conjunction with overdentures and benefits are denied.
 5. The following are non-covered procedures and require the agreement of the patient to assume cost:
 - Treatment involving specialized techniques
 - Precision attachments for crowns, fixed/removable partial dentures or implants (related procedures along with any associated appliances)
 6. For uniformity of terminology, HDS and DeltaUSA considers a fractured tooth, crazing and crack to be defined as the following:
 - **Fractured tooth** - a separation in the continuity of tooth structure that results in mobility of one or both segments.
 - **Crazing** - the appearance of minute cracks on the surface of artificial or natural teeth. (Dorland's Illustrated Medical Dictionary)
 - **Crack** - an incomplete split, break or fissure. (Dorland's Illustrated Medical Dictionary)
 7. The replacement of restorations on the same tooth and surface within 24 months is not billable to the patient if done by the same dentist or dental office and denied if done by a different dentist/dental office. Special consideration may be given by report. A narrative is required and should indicate the reason for replacement within 24 months.

The following are exceptions:

- One DO surface restoration and one MO surface restoration are allowed on the same date of service or within the 24-month period on molar teeth #1-3, 14-19, 30-32.
 - Two O surface restorations are allowed on the same date of service or within the 24-month period for molar teeth #3 and #14.
 - Surfaces (DL and ML); (DI and MI); (DF and MF) on anterior teeth 6-11, 22-27, C-H, M-R are allowed on the same date of service or within the 24-month period.
8. Specific government programs (e.g., Supplemental Medicaid) have combined occurrence limits for restorative and extraction procedures. Verify limits in advance of patient treatment.
 9. For amalgams, composites, inlays and onlays, identify the tooth surface(s) on the claim submission form. For benefit purposes, the restoration must extend beyond the respective surface line angle.
 10. The repair of crown/retainer margins due to caries should be submitted using **D2999 unspecified restorative procedure, by report** or the appropriate corresponding restorative procedure code.
 11. The fee for a restoration includes services such as, but is not limited to, working films and/or check films, adhesives, etching, liners, bases, local anesthesia, polishing, protective coat, occlusal adjustment within 6 months of the restoration, caries removal, and gingivectomy on the same date of service. Benefits for the procedures noted above when performed in conjunction with a restoration, are not billable to the patient.
 12. If an indirectly fabricated restoration is performed by the same dentist/dental office within 6 months of the placement of a restoration, the HDS payment for the restoration will be deducted from the indirectly fabricated restoration benefit.
 13. Any restoration performed by the same dentist/dental office on the same tooth within 12 months after crown insertion is not billable to the patient. Special consideration may be given by report.

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14. A narrative is required when a multi-surface restoration is completed 12 months or more after the insertion of a crown.
- The narrative should confirm that services are performed on a crowned tooth
 - When a narrative is not submitted or does not confirm that services were performed on a crowned tooth, the restoration is not billable to the patient and a narrative to support a restoration on a crowned tooth is requested.
15. A narrative is required when a multi-surface restoration is completed 12 months or more after the insertion of a crown.
- The narrative should confirm that services are performed on a crowned tooth
 - When a narrative is not submitted or does not confirm that services were performed on a crowned tooth, the restoration is not billable to the patient and a narrative to support a restoration on a crowned tooth is requested.
16. There are specific limitations for restorative and extraction procedures for specific government programs (e.g., Supplemental Medicaid). Refer to general guideline #8 above. Verify limits in advance of patient treatment.
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| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Amalgam Restoration (Including Polishing) D2140 - D2161 | | |
| Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951). | | |
| D2140 amalgam – one surface, primary or permanent | | 1 - 32 A - T Any surface(s) |
| D2150 amalgam – two surfaces, primary or permanent | | |
| D2160 amalgam – three surfaces, primary or permanent | | |
| D2161 amalgam – four or more surfaces, primary or permanent | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|--|
| Resin-Based Composite Restorations – Direct D2330 - D2394 | | |
| <p>Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).</p> <p><u>General Guidelines</u></p> <ol style="list-style-type: none"> 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 and hand piece or other instrument and cannot be delegated to a dental hygienist or auxiliary. The PRR (D1352) is not an HDS benefit. It should not be reported as D2391 unless the existing caries extends into dentin. 2. For most plans, composite restorations on posterior teeth (except for the buccal surface composite on premolars) are not a benefit. HDS will allow the alternate benefit of an amalgam restoration when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have the composite restoration done on a posterior tooth. Refer to current group benefit information for specific restoration coverage. 3. Specific government programs (e.g., Supplemental Medicaid) have combined occurrence limits for restorative and extraction procedures. Verify limits in advance of patient treatment. | | |
| D2330 resin-based composite – one surface, anterior | | 6 - 11, 22 - 27, C - H, M - R |
| D2331 resin-based composite – two surfaces, anterior | | Any surface(s) |
| D2332 resin-based composite – three surfaces, anterior | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|--|
| D2335 resin-based composite – four or more surfaces or involving incisal angle (anterior) | | 6 - 11, 22 - 27, C - H, M - R Any surface(s) |
| Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth. | | |
| 1. The restoration replaces a proximal incisal angle of an anterior tooth. Benefit of both angles is allowed within a 24-month period. | | |
| D2390 resin-based composite crown, anterior | X-ray | 6 - 11, 22 - 27, C - H, M - R |
| Full resin-based composite coverage of tooth. | | |
| 1. If D2390 is performed by the same dentist/dental office within 6 months of a restoration, the restoration will be deducted. | | |
| 2. A D2390 crown placed within 24 months of a stainless steel, resin-based composite, or resin crown (D2390, D2930, D2932, D2933, D2934) is not billable to the patient for the same dentist/dental office and denied for different dentist/dental office. | | |
| D2391 resin-based composite – one surface, posterior | | 4, 5 12, 13, 20, 21, 28, 29, (Surface F) |
| Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure. | | |
| 1. Only facial (buccal) surface on premolar teeth is benefited. | | |
| 2. See additional guidelines for D2391 alternate benefit shaded in gray on page 5. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|--|
| D2391 resin-based composite – one surface, posterior | | 1-5, 12-21, 28-32, A-B, I-L, S-T Any surface (excluding buccal surface on premolar) |
| D2392 resin-based composite – two surfaces, posterior | | 1-5, 12-21, 28-32, A-B, I-L, S-T |
| D2393 resin-based composite – three surfaces, posterior | | Any surface(s) |
| D2394 resin-based composite – four or more surfaces, posterior | | |
| <ol style="list-style-type: none"> For most plans, composite restorations on posterior teeth (except for the buccal surface composite on premolars) are not a benefit. HDS will allow the alternate benefit of an amalgam restoration when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have the composite restoration done on a posterior tooth. Refer to current group benefit information for specific restorative coverage. | | |

Gold Foil Restorations D2410 – D2430

| | | |
|---|--|--------------------------|
| D2410 gold foil – one surface | | 1 - 32 Any surface(s) |
| D2420 gold foil – two surfaces | | |
| D2430 gold foil – three surfaces | | |
| <ol style="list-style-type: none"> For most plans, the alternate benefit of an amalgam or composite restoration will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for gold restorations. | | |

Inlay/Onlay Restorations D2510 - D2664

General Guidelines

1. Restorations for occlusal wear, altering occlusion, vertical dimension, attrition, erosion, abrasion, abfraction, TMD, periodontal or orthodontic splinting are denied, and the approved amount is collectible from the patient. See "Definitions" listed on page 11 of the Restorative section.
2. The clinical criteria to benefit an inlay or onlay is the same as a crown. The inlay/onlay is a covered benefit only when required for restorative reasons (decay or fracture) and only when the tooth cannot be restored with a more conservative restoration. When an inlay or onlay has been requested and the submitted documentation suggests that the tooth can be more conservatively restored, the alternate benefit of an amalgam or resin-based composite restoration will be applied.
3. For payment purposes, CEREC or CAD/CAM restorations are held to the same tooth preparation requirements and outline forms noted in the definitions and references below.

Crown – An artificial replacement that restores missing tooth structure by surrounding the remaining coronal tooth structure or is placed on a dental implant. It is made of metal or polymer materials or a combination of such materials. It is retained by luting or mechanical means. (American College of Prosthodontics; The Glossary of Prosthodontic Terms)

Inlay – An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore cusp tips. (CDT 2016 Dental Procedure Codes, American Dental Association)

Onlay – A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface. (CDT 2016 Dental Procedure Codes, American Dental Association)

Three-quarter crown (partial veneer crown) – a restoration that restores all but one coronal surface of a tooth or dental implant abutment, usually not covering the facial surface. (Journal of Prosthetic Dentistry; Glossary of Prosthodontic Terms; July 2005)

4. When an inlay/onlay is being replaced and the X-ray image or attachments submitted do not indicate decay, fracture and/or the tooth being otherwise compromised, the provider is requested to state the reason(s) for replacing the inlay/onlay.
 5. Replacement of inlays and onlays may be benefited for restorations older than 5 years unless specified under group contract.
 6. Multistage procedures are reported and benefited upon completion. The completion date for crowns, veneers, onlays and inlays is the cementation date.
 7. Porcelain crowns, porcelain-fused to metal or plastic processed to metal type crowns, inlays or onlays are not a benefit for children under 12 years of age for vital teeth.
 8. **Regarding Implant-Limited Plans:** A crown, inlay or onlay placed adjacent to an implant tooth is subject to the implant contract time limitation. Implant procedures will be paid as an alternate benefit equivalent to the payment for two retainers of a 3-unit fixed partial denture. Therefore, the adjacent teeth are subject to treatment limitations for existing inlays, onlay, crowns, veneers and fixed and removable prosthodontics. Appropriate processing policies will be applied. As an example, for plans that have a 5-year limitation on crowns; a crown placed on a tooth adjacent to an implant is not a benefit for 5 years following implant placement. A corresponding benefit is applied for plans that have a 7-year limitation on crowns.
-

| Code & Nomenclature | Submission Requirements | Valid Tooth/Quad/Arch/ Surface |
|---|-------------------------|-----------------------------------|
| D2510 inlay – metallic – one surface | X-ray | 1 - 32, Any surface |
| <ol style="list-style-type: none"> Benefit only for an occlusal surface to close the RCT access of a pre-existing full gold crown For all other cases, the alternate benefit of an amalgam or composite restoration may be applied. | | |
| D2520 inlay – metallic – two surfaces | X-ray | 1 - 32, Any surface |
| D2530 inlay – metallic – three or more surfaces | | |
| <ol style="list-style-type: none"> For most plans, upon review of the X-ray image, the alternate benefit of an amalgam or composite will be applied if inlay criteria not met. | | |
| D2542 onlay – metallic – two surfaces | X-ray | 1 - 32, Any surface(s) |
| D2543 onlay – metallic – three surfaces | | |
| D2544 onlay – metallic – four or more surfaces | | |
| <ol style="list-style-type: none"> Upon review of the X-ray image, the alternate benefit of an amalgam or composite will be applied if onlay criteria not met. | | |
| D2610 inlay – porcelain/ceramic – one surface | X-ray | 1 - 32, Any surface |
| <ol style="list-style-type: none"> The alternate benefit of a D2510 will be applied only for an occlusal surface to close the RCT access of a pre-existing porcelain surface. For all other cases, the alternate benefit of an amalgam or composite restoration may be applied. For most plans, porcelain/ceramic or resin-based composite inlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite inlay done on a posterior tooth. Refer to current group benefit information for specific coverage for inlays. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/Quad/Arch/ Surface |
|---|-------------------------|-----------------------------------|
| D2620 inlay – porcelain/ceramic – two surfaces | X-ray | 1 - 32, Any surfaces |
| D2630 inlay – porcelain/ceramic – three or more surfaces | | |
| <ol style="list-style-type: none"> For most plans, porcelain/ceramic or resin-based composite inlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite inlay done on a posterior tooth. Refer to current group benefit information for specific coverage for inlays. | | |
| D2642 onlay – porcelain/ceramic – two surfaces | X-ray | 1 - 32, Any surfaces |
| D2643 onlay – porcelain/ceramic – three surfaces | | |
| D2644 onlay – porcelain/ceramic – four or more surfaces | | |
| <ol style="list-style-type: none"> For most plans, porcelain/ceramic or resin-based composite onlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite inlay done on a posterior tooth. Refer to current group benefit information for specific coverage for onlays. | | |
| D2650 inlay – resin-based composite – one surface | X-ray | 1 - 32, Any surface |
| <ol style="list-style-type: none"> The alternate benefit of a D2510 will be applied only for an occlusal surface to close the RCT access of a pre-existing resin crown. For all other cases, the alternate benefit of an amalgam or composite restoration may be applied. For most plans, porcelain/ceramic or resin-based composite onlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite onlay done on a posterior tooth. Refer to current group benefit information for specific coverage for inlays. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/Quad/Arch/ Surface |
|--|-------------------------|-----------------------------------|
| D2651 inlay – resin-based composite – two surfaces | X-ray | 1 - 32, Any surface |
| D2652 inlay – resin-based composite – three or more surfaces | | |
| 1. For most plans, porcelain/ceramic or resin-based composite inlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite onlay done on a posterior tooth. Refer to current group benefit information for specific coverage for inlays. | | |
| D2662 onlay – resin-based composite – two surfaces | X-ray | 1 - 32, Any surfaces |
| D2663 onlay – resin-based composite – three surfaces | | |
| D2664 onlay – resin-based composite – four or more surfaces | | |
| 1. For most plans, porcelain/ceramic or resin-based composite onlays will be processed as the alternate benefit of the metallic equivalent when performed on posterior teeth. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic or resin-based composite inlay done on a posterior tooth. Refer to current group benefit information for specific coverage for onlays. | | |

Crowns-Single Restorations Only D2710 – D2799General Guidelines

1. Restorations for occlusal wear, altering occlusion, vertical dimension, attrition, erosion, abrasion, abfraction, TMD, periodontal or orthodontic splinting are denied, and the approved amount is collectible from the patient. See definitions below.

Definitions:

- **Abfraction** - the pathological loss of hard tooth substance caused by biomechanical loading forces. Such loss is thought to be due to flexure and chemical fatigue degradation of enamel and/or dentin at some location distant from the actual point of loading.
- **Abrasion** - The wearing away of a substance or structure (such as the skin or teeth) through some unusual or abnormal mechanical process. An abnormal wearing away of the tooth substance by causes other than mastication.
- **Attrition** - The act of wearing or grinding down by friction. The mechanical wear resulting from mastication or parafunction, limited to contacting surfaces of the teeth.
- **Erosion** - the progressive loss of tooth substance by chemical processes that do not involve bacterial action producing defects that are sharply defined, wedge shaped depressions often in facial and cervical areas.

(Reference: *Journal of Prosthetic Dentistry*, Vol 94, No. 1, The Glossary of Prosthodontic Terms, 8th Edition 2005, pp-10-81)

2. By contract, HDS plans benefit restorations of tooth structure loss from caries or fractured tooth surfaces. Restorations provided for cosmetic purposes, congenital malformations (e.g., peg lateral incisors, enamel hypoplasia) are non-payable by HDS. The patient must be informed and agree to assume the cost of non-benefit procedures.

For uniformity in terminology, HDS and Delta USA considers a fractured tooth, crazing and crack to be defined as the following:

Fractured tooth - a separation in the continuity of tooth structure that results in mobility of one or both segments.

Crazing - the appearance of minute cracks on the surface of artificial or natural teeth.

Crack - an incomplete split, break or fissure.

3. A treatment plan with a poor and or uncertain periodontal, restorative or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
4. A crown (resin, ceramic or metal) is a covered benefit only when required for missing tooth structure (decay or fracture) and only when the tooth cannot be restored with a more conservative restoration. The patient must be informed that the crown is an elective procedure when the tooth can be restored with a more conservative restoration.

5. When a crown is planned for replacement and the X-ray image or other documentation does not demonstrate decay, fracture and or the tooth being otherwise compromised, a narrative stating the clinical reason(s) for replacement should be provided.
6. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.
7. If an indirectly fabricated restoration is performed by the same dentist/dental office within 6 months of the placement of an amalgam or resin-based composite restoration, the HDS payment for the amalgam or resin-based composite restoration will be deducted from the indirectly fabricated restoration benefit.
8. The fee for a restoration includes services such as, but not limited to:
 - crown removal
 - tooth preparation
 - diagnostic wax-up,
 - electro surgery
 - temporary restorations
 - liners and cement bases
 - impressions
 - laboratory fees
 - laser technology
 - occlusal adjustment within 6 months after the restoration
 - post-operative visits within 6 months after the restoration
 - local anesthesia
 - crown lengthening and gingivectomy on the same date of service

These procedures/services are not billable to the patient when submitted as a separate charge.

9. Replacement of partial coverage restorations, veneers, ceramic, porcelain fused to metal and resin based composite crowns due to defective margins, recurrent decay, restorative material failure or fractured tooth surfaces may be a benefit as specified under group contract.
10. Ceramic crowns, porcelain-fused to metal or resin based composite crowns processed to metal type crowns, inlays or onlays are not a benefit for children under 12 years of age for vital teeth.
11. Multistage procedures are reported and benefited upon completion. Claims should be submitted with the cementation date of the crown. For patients whose dental coverage has been terminated; indicate the preparation date in a narrative. If the preparation was done prior to the patient's termination date, the crown will be benefited if inserted within 30 days of the termination and if no other dental coverage exists.
12. When submitting for crowns, core buildup or post and core, an X-ray image may not be required for molar and premolar teeth with an HDS history of endodontic treatment.
13. Radiographic images used to verify crown seatings are considered working images and are not billable to the patient.
14. The repair of crown/retainer margins due to caries should be submitted using **D2999 unspecified restorative procedure, by report** or the appropriate corresponding restorative procedure code.
15. Regarding Cosmetic Services and Patient-Elected Services:
Services elected by the patient for cosmetic reasons or for restoring/altering vertical dimension are not covered benefits. The dentist must explain that the services may be denied.
 - HDS plans provide benefits for restoration of tooth structure loss from caries and or fractured/missing tooth surfaces. Restorations provided for cosmetic purposes are considered elective services.

- Replacement of cosmetic crowns and veneers is denied. Patient must be informed and agree to assume the cost of non-benefit procedures.
 - Even when a crown is elected by the patient for cosmetic reasons, there is still the possibility that the service may be benefited by HDS if there is clinical justification for the restoration. Therefore, the dentist must submit the service to HDS with the required attachments (if any). HDS will review the submission and determine if the service is covered. If the crown is benefited, the dentist is held to the Maximum Plan Allowance for the service.
 - When reviewing the treatment plan for a cosmetic service with the patient, the dentist should explain that the service may not be a benefit. It is recommended that the dentist obtain the patient's written consent on a form that clearly explains the charges that will be incurred.
16. When closing or restoring the endodontic access opening through an existing crown that will not be replaced, the following appropriate coding options will apply:
- D2140 amalgam one surface
 - D2330 resin one surface anterior
 - D2391 resin one surface posterior
 - D2999 unspecified restorative procedure, by report
17. **Regarding Implant-Limited Plans:** A crown, inlay or onlay placed adjacent to an implant tooth is subject to the implant contract time limitation. Implant procedures will be paid as an alternate benefit equivalent to the payment for two retainers of a 3-unit fixed partial denture. Therefore, the adjacent teeth are subject to treatment limitations for existing inlays, onlays, crowns, veneers and fixed and removable prosthodontics. Appropriate processing policies will be applied. As an example, for plans that have a 5-year limitation on crowns, a crown placed on a tooth adjacent to an implant is not a benefit for 5 years following implant placement. A corresponding benefit is applied for plans that have a 7-year limitation on crowns.

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Crowns – Single Restorations Only D2710 – D2799 | | |
| D2710 crown – resin-based composite (indirect) | X-ray | 4 - 13, 20 - 29 |
| 1. See additional guidelines for D2710 alternate benefit shaded in gray. | | |
| D2710 crown – resin-based composite (indirect) | X-ray | 1 - 3, 14 -19, 30 - 32 |
| 1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D2712 crown – ³ / ₄ resin-based composite (indirect) | X-ray | 4 - 13, 20 - 29 |
| This procedure does not include facial veneers. | | |
| 1. See additional guidelines for D2712 alternate benefit shaded in gray. | | |
| D2712 crown – ³ / ₄ resin-based composite (indirect) | X-ray | 1 - 3, 14 -19, 30 - 32 |
| This procedure does not include facial veneers. | | |
| 1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |
| D2720 crown – resin with high noble metal | X-ray | 4 - 13, 20 - 29 |
| D2721 crown – resin with predominantly base metal | | |
| D2722 crown – resin with noble metal | | |
| 1. See additional guidelines for D2720, D2721 and D2722 alternate benefits shaded in gray. | | |
| D2720 crown – resin with high noble metal | X-ray | 1 - 3, 14 -19, 30 - 32 |
| D2721 crown – resin with predominantly base metal | | |
| D2722 crown – resin with noble metal | | |
| 1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D2740 crown – porcelain/ceramic | X-ray | 4 - 13, 20 - 29 |
| <p>Porcelain margin charges associated with this procedure are not billable to the patient.</p> <p>1. See additional guidelines for D2740 alternate benefit shaded in gray.</p> | | |
| D2740 crown – porcelain/ceramic | X-ray | 1 - 3, 14 -19, 30 - 32 |
| <p>1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns.</p> <p>2. Porcelain margin charges associated with this procedure are not billable to the patient.</p> | | |
| D2750 crown – porcelain fused to high noble metal | X-ray | 4 - 13, 20 - 29 |
| D2751 crown – porcelain fused to predominantly base metal | | |
| D2752 crown – porcelain fused to noble metal | | |
| D2753 crown - porcelain fused to titanium or titanium alloy | | |
| <p>1. The additional lab cost for porcelain gingival margin on anterior and premolar crowns may be charged to the patient when the following conditions are met:</p> <ul style="list-style-type: none"> Submit as code D2999 or D6999 (Miscellaneous by report codes) describing the service, including a narrative stating, "Service elected by patient for cosmetic reasons". Lab invoice showing the additional amount charged for porcelain margin. <p>2. See additional guidelines for D2750, D2751, D2752 and D2753 alternate benefit shaded in gray.</p> | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D2750 crown – porcelain fused to high noble metal | X-ray | 1 - 3, 14 -19, 30 - 32 |
| D2751 crown – porcelain fused to predominantly base metal | | |
| D2752 crown – porcelain fused to noble metal | | |
| D2753 crown – porcelain fused to titanium or titanium alloy | | |
| <ol style="list-style-type: none"> For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |
| D2780 crown – 3/4 cast high noble metal | X-ray | 1 - 32 |
| D2781 crown – 3/4 cast predominantly base metal | | |
| D2782 crown – 3/4 cast noble metal | | |
| D2783 crown – 3/4 porcelain/ceramic | X-ray | 4 -13, 20 - 29 |
| This procedure does not include facial veneers. | | |
| <ol style="list-style-type: none"> See additional guidelines for D2783 alternate benefit shaded in gray. | | |
| D2783 crown – 3/4 porcelain/ceramic | X-ray | 1 - 3, 14 -19, 30 - 32 |
| This procedure does not include facial veneers. | | |
| <ol style="list-style-type: none"> For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ ceramic, porcelain-fused to metal, resin-based composite crown completed on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D2790 crown – full cast high noble metal | X-ray | 1 - 32 |
| D2791 crown – full cast predominantly base metal | X-ray | 1 - 32 |
| D2792 crown – full cast noble metal | | |
| D2794 crown – titanium and titanium alloys | X-ray | 1 - 32 |
| <ol style="list-style-type: none"> For most plans, upon review of the X-ray images, the alternate benefit of a D2790 will be applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific coverage for crowns. | | |
| D2799 interim crown – further treatment or completion of diagnosis necessary prior to final impression | X-ray, Narrative | 1 - 32 |
| <p>Not to be used as a temporary crown for a routine prosthetic restoration.</p> <ol style="list-style-type: none"> Covered as a benefit only in the event of an injury/trauma. Narrative must detail the cause and nature of the injury/trauma. The presence of caries is not considered an injury or trauma. Temporary, interim or provisional restorations are not separate benefits and are included in the fee for the permanent restoration. Benefits are not billable to the patient. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Other Restorative Services D2910 - D2999 | | |
| D2910 re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | | 1 - 32 |
| D2915 re-cement or re-bond indirectly fabricated or prefabricated post and core | | |
| D2920 re-cement or re-bond crown | | 1 - 32 A - T |
| <ol style="list-style-type: none"> Benefit for recementation within 6 months of the initial placement is not billable to the patient when performed by the same dentist or dental office. Recementation by a different provider (within 6 months of initial placement) is a benefit once. Benefits are allowed for one recementation after 6 months have elapsed since initial placement. Subsequent requests for recementation are allowed every 12 months thereafter. D2920 and D2915 are not benefited on the same tooth on the same service date by the same dentist or dental office. If submitted, D2915 is not billable to the patient. | | |
| D2921 reattachment of tooth fragment, incisal edge or cusp | | 1 - 32 |
| <ol style="list-style-type: none"> The replacement of a D2921 performed within 24 months by the same dentist/dental office is not billable to the patient. Benefits are allowed for permanent teeth. Reattachment of a tooth fragment on a primary tooth is denied. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---|------------------------------------|
| D2928 prefabricated porcelain/ceramic crown – permanent tooth | <ol style="list-style-type: none"> 1. If D2928 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2928 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 3. For most plans, the alternate benefit allowance of D2931 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific restorative coverage. | 1 - 32 |
| D2929 prefabricated porcelain/ceramic crown – primary tooth | <ol style="list-style-type: none"> 1. If D2929 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2929 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 3. For most plans, if submitted for a posterior primary tooth the alternate benefit allowance of D2930 is applied. If submitted for an anterior primary tooth, the alternate benefit allowance of D2934 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific restorative coverage. | A - T |
| D2930 prefabricated stainless steel crown – primary tooth | <ol style="list-style-type: none"> 1. If D2930 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2930 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. | A - T |
| D2931 prefabricated stainless steel crown – permanent tooth | <ol style="list-style-type: none"> 1. If D2931 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2931 placed within 24 months of a stainless steel, resin-based or resin crown (D2390, D2930, D2932, D2933, D2934) is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. | 1 - 32 |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| D2932 prefabricated resin crown | | C - H, M - R |
| | <ol style="list-style-type: none"> 1. If D2932 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2932 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 3. See additional guidelines for D2932 alternate benefit shaded in gray. | |
| D2932 prefabricated resin crown | | A-B, I-L, S-T |
| | <ol style="list-style-type: none"> 1. If D2932 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2932 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 3. For most plans, if submitted for a posterior primary tooth or permanent tooth, the alternate benefit allowance of D2930 or D2931 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific coverage for restorative coverage. | |
| D2933 prefabricated stainless steel crown with resin window | | C - H, M - R |
| | Open-face stainless steel crown with aesthetic resin facing or veneer. | |
| | <ol style="list-style-type: none"> 1. If D2933 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2933 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 3. If submitted for a posterior primary tooth or a permanent tooth, the alternate benefit D2930 or D2931 is applied. 4. See additional guidelines for D2933 alternate benefit shaded in gray. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D2933 prefabricated stainless steel crown with resin window | | A-B, I-L, S-T |
| Open-face stainless steel crown with aesthetic resin facing or veneer. | | |
| <ol style="list-style-type: none"> 1. If D2933 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2933 placed within 24 months of a crown is not billable to the patient by same dentist/dental office and denied by different dentist/dental office. 3. For most plans, if submitted for a posterior primary tooth or a permanent tooth, the alternate benefit D2930 or D2931 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific restorative coverage. | | |
| D2934 prefabricated esthetic coated stainless steel crown – primary tooth | | C - H, M - R |
| <ol style="list-style-type: none"> 1. If D2934 is performed by same dentist/dental office within 6 months of an amalgam or resin-based restoration, the restoration will be deducted. 2. A D2934 placed within 24 months of a crown is not billable to the patient for same dentist/dental office and denied for different dentist/dental office. 3. See additional guidelines for D2394 alternate benefit shaded in gray. | | |
| D2934 prefabricated esthetic coated stainless steel crown – primary tooth | | A-B, I-L, S-T |
| <ol style="list-style-type: none"> 1. If D2934 is performed by same dentist/dental office within 6 months of an amalgam or resin-based composite restoration, the restoration will be deducted. 2. A D2934 placed within 24 months of a crown is not billable to the patient for same dentist/dental office and denied for different dentist/dental office. 3. For most plans, if submitted for a posterior primary tooth, the alternate benefit of D2930 is applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific restorative coverage. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D2940 protective restoration | | A - T, 1 - 32 |
| <p>Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under a restoration.</p> <ol style="list-style-type: none"> 1. Allowed once per tooth, per dentist/dental office, per 24 months. D2940 is not billable to the patient for same dentist/dental office and denied for different dentist/dental office when performed within 24 months of the initial placement. 2. Benefits for a protective restoration are not billable to the patient when performed in conjunction with a definitive service and/or palliative treatment (D9110) on the same tooth. | | |
| D2950 core buildup, including any pins when required | X-ray | 1 - 32 |
| <p>Refers to building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.</p> <ol style="list-style-type: none"> 1. A core buildup is a benefit only when there is insufficient sound tooth structure (less than 50% remaining tooth structure) to support and retain a crown or retainer. 2. A core buildup is not billable to the patient when the radiographic image and other supporting documents indicate that sufficient tooth structure remains to support and retain a crown or retainer. 3. An X-ray image may not be required for molar and premolar teeth with an HDS history of endodontic treatment. 4. Do not submit this code for the closure of an endodontic access through an existing crown unless a new crown will be fabricated. 5. A core buildup is not billable to the patient when performed in conjunction with inlay and onlay procedures. | | |
| D2951 pin retention – per tooth, in addition to restoration | | 1 - 32 |
| <ol style="list-style-type: none"> 1. Only allowed for amalgam and composite restorations. 2. Fees for additional pins on the same tooth are not billable to the patient as a component of the initial pin placement. 3. A fee for pin retention when billed in conjunction with a buildup is not billable to the patient. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D2952 post and core in addition to crown, indirectly fabricated | X-ray | 1 - 32 |
| Post and core are custom fabricated as a single unit. | | |
| <ol style="list-style-type: none"> 1. Post and cores (D2952 and D2954) are benefits only when insufficient crown retention exists due to extensive caries and/or tooth fracture. Post and cores will be denied when the x-ray documentation shows a minimal loss of tooth structure due to the endodontic access opening, caries and/or fracture. 2. Benefits for post and core are not billable to the patient when radiographs indicate an absence of endodontic treatment, incompletely filled canal space or unresolved pathology associated with the involved tooth. 3. An X-ray image may not be required for molar and premolar teeth with an HDS history of endodontic treatment. 4. Restorations are not a benefit in conjunction with overdentures and benefits are denied as an elective technique. | | |
| D2954 prefabricated post and core in addition to crown | X-ray | 1 - 32 |
| Core is built around a prefabricated post. This procedure includes the core material. | | |
| <ol style="list-style-type: none"> 1. Post and cores (D2952 and D2954) are benefits only when insufficient crown retention exists due to extensive caries and/or tooth fracture. Post and cores will be denied when the x-ray documentation shows a minimal loss of tooth structure due to the endodontic access opening, caries and/or fracture. 2. Benefits for post and core are not billable to the patient when radiographs indicate an absence of endodontic treatment, incompletely filled canal space or unresolved pathology associated with the involved tooth. 3. An X-ray image may not be required for molar and premolar teeth with an HDS history of endodontic treatment. 4. Restorations are not a benefit in conjunction with overdentures and benefits are denied as an elective technique. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D2955 post removal | X-ray, Narrative | 1 - 32 |
| <ol style="list-style-type: none"> 1. Post removal is considered an integral component of endodontic retreatment procedure codes D3346, D3347, D3348. Post removal associated with endodontic retreatment performed by the same dentist/dental office is not billable to the patient. 2. A benefit allowance may be made based on the submitted X-ray image and narrative (i.e. removal of a broken/fractured post when endodontic treatment is not anticipated or planned). | | |
| D2960 labial veneer (resin laminate) – direct | | 4 - 13, 20 - 29 |
| Refers to labial/facial direct resin bonded veneers. | | |
| <ol style="list-style-type: none"> 1. Veneers to treat caries and incisal fractures are considered covered benefits if the tooth qualifies for a crown and patient payments are limited to co-payments of the HDS eligible amount. 2. The placement or replacement of veneers on permanent anterior teeth and premolars for cosmetic purposes are considered non-covered benefits and the patient must be informed and agree to assume the cost up to the submitted charge amount. 3. Benefit limit is determined by the group contract. 4. Replacement of veneers should be accompanied by a narrative explaining the need to replace the veneer. While not routinely required, photographic images may be beneficial to support the claim submission. 5. See the General Guidelines, page 11 for services provided for cosmetic reasons. | | |
| D2961 labial veneer (resin laminate) – indirect | X-ray | 4 - 13, 20 - 29 |
| Refers to labial/facial indirect resin bonded veneers. | | |
| <ol style="list-style-type: none"> 1. Veneers to treat caries and incisal fractures are considered covered benefits if the tooth qualifies for a crown and patient payments are limited to co-payments of the HDS eligible amount. 2. The placement or replacement of veneers on permanent anterior teeth and premolars for cosmetic purposes are considered non-covered benefits and the patient must be informed and agree to assume the cost up to the submitted charge amount. 3. Benefit limit is determined by the group contract. 4. Replacement of veneers should be accompanied by a narrative explaining the need to replace the veneer. While not routinely required, photographic images may be beneficial to support the claim submission. 5. See the General Guidelines, page 11 for services provided for cosmetic reasons. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D2962 labial veneer (porcelain laminate) – indirect | X-ray | 4 - 13, 20 - 29 |
| <p>Refers also to facial veneers that extend interproximally and/or cover the incisal edge. Porcelain/ceramic veneers presently include all ceramic and porcelain veneers.</p> <ol style="list-style-type: none"> Veneers to treat caries and incisal fractures are considered covered benefits if the tooth qualifies for a crown and patient payments are limited to co-payments of the HDS eligible amount. The placement or replacement of veneers on permanent anterior teeth and premolars for cosmetic purposes are considered non-covered benefits, and the patient must be informed and agree to assume the cost up to the submitted charge amount. Benefit limit is determined by the group contract. Replacement of veneers should be accompanied by a narrative explaining the need to replace the veneer. While not routinely required, photographic images may be beneficial to support the claim submission. See the General Guidelines, page 11 for services provided for cosmetic reasons. | | |
| D2971 additional procedures to customize a crown to fit under an existing partial denture framework | | 1 - 32 |
| <p>This procedure is in addition to the separate crown procedure documented with its own code.</p> <ol style="list-style-type: none"> This procedure must be submitted with a crown procedure. Patient history of partial denture (D5213, D5214) is required for benefit of this procedure. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---------------------------|------------------------------------|
| D2980 crown repair necessitated by restorative material failure | Narrative, Lab Invoice | 1 - 32 |
| D2981 inlay repair necessitated by restorative material failure | | |
| D2982 onlay repair necessitated by restorative material failure | | |
| D2983 veneer repair necessitated by restorative material failure | | |
| <ol style="list-style-type: none"> Includes removal of prosthesis, if necessary. The repair of crown/retainer margins due to caries should be submitted using D2999 unspecified restorative procedure, by report or the appropriate corresponding restorative procedure code. For most plans, ceramic repairs on molars are not benefits and the patient is responsible for the cost. Refer to current group benefit information for specific coverage for porcelain/ceramic repairs on molars. Repair is a benefit 6 months after the initial insertion and then only a benefit once every 12 months. Any restoration performed by the same dentist on the same tooth within 12 months after crown insertion is not billable to the patient. Special consideration may be given by report. The submitted information should include: <ul style="list-style-type: none"> Clinical diagnosis The tooth surfaces involved in the repair Type of restorative materials used for the repair (composite, amalgam, etc.) Tooth number Chair time Laboratory invoice when appropriate X-ray or photographic image(s) when available Additional other supporting information Upon review of the submitted narrative and other documentation, an appropriate benefit allowance will be applied. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---------------------------|------------------------------------|
| D2999 unspecified restorative procedure, by report | Narrative, Lab Invoice | A-T, 1-32 |
| <p>Use for procedure that is not adequately described by a code. Describe procedure (e.g., rigid splinting of crowns).</p> <ol style="list-style-type: none"> Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time. Intraoral photographic images (when available), x-ray images when appropriate or additional supporting information may be requested. Upon review of documentation, the appropriate benefit allowance will be applied. The repair of crown/retainer margins due to caries should be submitted using D2999 unspecified restorative procedure, by report or the appropriate corresponding restorative procedure code. The additional lab cost for porcelain gingival margin on anterior and premolar crowns may be charged to the patient when the following conditions are met: <ul style="list-style-type: none"> Submit as code D2999 or D6999 (Miscellaneous by report codes) describing the service, including a narrative stating, "service elected by patient for cosmetic reasons". Lab invoice showing the additional amount charged for porcelain margin. For most plans, additional cost for porcelain gingival margin on molar crowns are not benefits and the patient is responsible for the cost. Refer to current group benefit information for specific coverage for porcelain services performed on molar crowns When closing or restoring the endodontic access opening through an existing crown that will not be replaced, the appropriate coding options are: <ul style="list-style-type: none"> D2140 amalgam one surface D2330 resin one surface anterior D2391 resin one surface posterior D2999 unspecified restorative procedure, by report | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| ENDODONTICS D3000 - D3999 | | |
| Local anesthesia is usually considered to be part of Endodontic procedures. | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> 1. A treatment plan with a poor and or uncertain periodontal, restorative or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report. 2. Endodontic exploratory surgery is denied. 3. Incomplete obturation and treatment of the root canal system is not payable by HDS or patient. 4. The benefit for root canal therapy on a primary tooth is denied when the radiographs reveal insufficient root structure, internal resorption, furcal perforation, or extensive periapical pathosis. | | |
| Pulp Capping D3110 - D3120 | | |
| D3110 pulp cap – direct (excluding final restoration) | X-ray | 1 - 32, A - T |
| <p>Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.</p> <ol style="list-style-type: none"> 1. Calcium Hydroxide or Mineral Trioxide Aggregate (MTA) is considered the material of choice for direct and indirect pulp cap. 2. A separate benefit for a pulp cap by the same dentist/dental office is not billable to the patient as a component of a protective restoration (D2940). | | |
| D3120 pulp cap – indirect (excluding final restoration) | X-ray | 1 - 32, A - T |
| <p>Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries have been removed.</p> <ol style="list-style-type: none"> 1. Calcium hydroxide or Mineral Trioxide Aggregate (MTA) is considered the material of choice for direct and indirect pulp cap. 2. A separate benefit for a pulp cap by the same dentist/dental office is not billable to the patient as a component of a protective restoration (D2940). | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| Pulpotomy D3220 - D3222 | | |
| D3220 therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament | | 1 - 32, A - T |
| <p>Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.</p> <ul style="list-style-type: none"> - To be performed on primary or permanent teeth. - This is not to be construed as the first stage of root canal therapy. - Not to be used for Apexogenesis. <p>1. This benefit is allowed once per tooth per lifetime.</p> | | |
| D3221 pulpal debridement, primary and permanent teeth | | 1 - 32, A - T |
| <p>Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day.</p> <ol style="list-style-type: none"> 1. The benefit for D3221 is not billable to the patient when performed by the same dentist/dental office on the same day as endodontic therapy (D3230-D3333). 2. This benefit (D3221) is allowed once per tooth per lifetime. Additional D3221 on the same tooth by the same dentist is not billable to the patient. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D3222 partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | X-ray | 2 - 15, 18 - 31 |
| Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy. | | |
| 1. The benefit for partial pulpotomy is not billable to the patient when performed within 30 days of root canal therapy (D3230–D3333) or procedures D3351-D3353 on the same tooth by the same dentist/dental office. | | |
| 2. This is a benefit only for teeth with incomplete root development. | | |
| 3. The fees for D9110 in conjunction with D3222 are not billable by the same dentist/dental office. | | |
| Endodontic Therapy on Primary Teeth D3230 - D3299 | | |
| Endodontic therapy on primary teeth with succedaneous teeth and placement of resorbable filling. This includes pulpectomy, cleaning, and filling of canals with resorbable material. | | |
| D3230 pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | X-ray | C - H, M - R |
| Primary incisors and cuspids. | | |
| 1. Pulpal therapy is only benefited when performed on a non-vital primary tooth that has a successor. | | |
| 2. If submitted for a non-vital primary tooth with no successor, benefit is limited to a D3310 (anterior) root canal. | | |
| 3. Pulpal therapy submitted for a permanent tooth is not billable to the patient. Please resubmit with proper coding. | | |
| 4. This benefit is allowed once per tooth per lifetime. | | |
| 5. Fees for D3221 and D3222 are not billable to the patient when performed within 30 days on the same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| 6. The fees for D9110 in conjunction with D3230 are not billable to the patient by the same dentist/dental office. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D3240 pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) | X-ray | A, B, I - L, S, T |
| Primary first and second molars. | | |
| 1. Pulpal therapy is only benefited when performed on a non-vital primary tooth that has a successor. | | |
| 2. If submitted for a non-vital primary tooth with no successor, benefit is limited to a D3320 (premolar) root canal. | | |
| 3. Pulpal therapy submitted for a permanent tooth is not billable to the patient. Please resubmit with proper coding. | | |
| 4. Fees for D3221 and D3222 are not billable to the patient when performed within 30 days on the same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| 5. The fees for D9110 in conjunction with D3240 are not billable to the by the same dentist/dental office. | | |

Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care) D3310 - D3333

Includes primary teeth without succedaneous teeth and permanent teeth. Complete root canal therapy; pulpectomy is part of root canal therapy.

Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images.

1. Administrative Criteria:

- Always submit a labeled and dated X-ray image that is diagnostic and clearly demonstrates the periapical region 2-3 millimeters beyond the radiographic apex. The image should clearly demonstrate the entire obturation of the root canal system and be free of positional errors and artifacts. An angled film may be required to view all endodontically treated canals.
- In the case of endodontic retreatment or treatment of obstructions, clearly label or indicate if the image is a pre-operative or post-operative image.
- When submitting a narrative to support a claim, ensure that a valid AAE (American Association of Endodontists) pulpal and apical diagnosis is included. (Source: <https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/07/endodonticdiagnosisfall2013.pdf>)
- The narrative should contain a clear, concise description of the procedure, patient symptoms, and any other pertinent information related to the claim.
- Interim working films should not be submitted for payment.
- A final obturation that is greater than 2.0 millimeters short of the apex or overextended more than 1.5 millimeters past the apex should have an accompanying narrative that details the clinical circumstances as well as the current and long-term prognosis. This is not a guarantee of payment or benefit.

2. Clinical Criteria:

The clinical criteria listed below are utilized by HDS dental consultants when reviewing endodontic treatment claims.

- The tooth should not be perforated.
 - The tooth should be restorable.
 - The final obturation should be complete, within the confines of the root canal system and ideally positioned ½ to 1.5 millimeters from the radiographic apex. (See Pathways of the Pulp 10th edition).
 - The gutta percha obturation should be solid and free of significant voids.
 - The final obturation should not be significantly over-extended (> 1.5 millimeters).
 - Extrusion of sealer may be unavoidable, but it should not be excessive.
-

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|---------------------------------------|
| D3310 endodontic therapy, anterior tooth (excluding final restoration) | Post-op X-ray | 6 - 11, 22 - 27 |
| D3320 endodontic therapy, premolar tooth (excluding final restoration) | | 4, 5, 12, 13, 20, 21, 28, 29 |
| D3330 endodontic therapy, molar tooth (excluding final restoration) | | 1 - 3, 14 - 19, 30 - 32 |
| <ol style="list-style-type: none"> 1. A separate fee for palliative treatment is not billable to the patient when done in conjunction with root canal therapy by the same dentist/dental office on the same date of service. 2. One diagnostic radiographic image is allowed per tooth. Additional films are considered as part of the root canal treatment and are not billable to the patient. 3. When a radiograph indicates obturation of an endodontically treated tooth has been performed without the use of a biologically acceptable nonresorbable semisolid or solid core material, benefit is not billable to the patient. 4. When a root canal is left unfinished, an allowance may be made for pulpal debridement (D3221) and fees in excess of a D3221 are not billable to the patient. 5. When a root canal is completed and filled with biologically acceptable material on a retained primary tooth, whose permanent successor is missing, indicate the primary tooth number and include a narrative stating that there is no permanent successor. 6. Root canal therapy is not a benefit in conjunction with overdentures and benefits is denied as an elective technique. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--------------------------------|------------------------------------|
| D3331 treatment of root canal obstruction; non-surgical access | Pre-op X-ray, Post-op X-ray | 1 - 32 |
| <p>In lieu of surgery, for the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.</p> <ol style="list-style-type: none"> 1. Post removal is not included in this procedure. 2. Fees for D3221 and D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| D3332 incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | Narrative | 1 - 32 |
| <p>Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable.</p> <ol style="list-style-type: none"> 1. Benefit is limited to once per tooth per lifetime. Subsequent endodontic therapy is not billable to the patient when performed by the same dentist/dental office. 2. The narrative should indicate the pre-operative diagnosis and treatment performed. 3. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| D3333 internal root repair of perforation defects | X-ray, Narrative | 1 - 32 |
| <p>Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by same provider.</p> <ol style="list-style-type: none"> 1. Benefit is limited to once per tooth per lifetime. Subsequent internal root repair of perforation defects is not billable to the patient when performed by the same dentist/dental office. Special consideration may be given by report. 2. The narrative should indicate the pre-operative diagnosis and treatment performed. 3. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| Endodontic Retreatment D3340 - D3349 | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> 1. This procedure includes the removal of a post, pin(s), old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling. Separate fees for these procedures are not billable to the patient. 2. Multiple visits to complete the endodontic retreatment are considered a component of the primary procedure and are not billable to the patient. | | |
| D3346 retreatment of previous root canal therapy – anterior | Narrative, Pre-op X-ray, Post-op X-ray | 6 - 11, 22 - 27 |
| D3347 retreatment of previous root canal therapy – premolar | | 4, 5, 12, 13, 20, 21, 28, 29 |
| D3348 retreatment of previous root canal therapy – molar | | 1 - 3, 14 - 19, 30 - 32 |
| <ol style="list-style-type: none"> 1. Retreatment of root canal therapy or retreatment of apical surgery by the same dentist/dental office within 24 months is considered part of the original procedure. Benefits are denied when performed by a different dentist within 24 months. Special consideration for exceptional circumstances are reviewed on a per case basis. 2. When radiographs indicate obturation of an endodontically treated tooth has been performed without the use of a solid core material, benefits for the endodontic therapy and/or restoration of the tooth are not billable to the patient. 3. The narrative should indicate the pre-operative diagnosis and treatment performed. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Apexification/Recalcification and Pulpal Regeneration Procedures D3351-D3357 | | |
| D3351 apexification/recalcification – initial visit (apical closure/calific repair of perforations, root resorption, etc.) | X-ray | 1 - 32 |
| <p>Includes opening tooth, pulpectomy, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure includes first phase of complete root canal therapy.)</p> <ol style="list-style-type: none"> 1. Apexification is only benefited on permanent teeth with incomplete root development or for repair of a perforation. 2. Benefit is limited to once per tooth. Subsequent visits are benefited as recalcification – interim medication replacement (D3352). 3. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| D3352 apexification/recalcification – interim medication replacement | Post-op X-ray | 1 - 32 |
| <p>For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.</p> <ol style="list-style-type: none"> 1. Apexification is only allowable on permanent teeth with incomplete root development or for repair of a perforation. 2. A prior apexification/recalcification- initial visit (D3351) performed on the same tooth is required. 3. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353 | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D3353 apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calific repair of perforations, root resorption, etc.) | Post-op X-ray | 1 - 32 |
| Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.) | | |
| <ol style="list-style-type: none"> 1. Apexification is allowable only on permanent teeth with incomplete root development or for repair of a perforation. 2. A prior apexification/recalcification- initial visit (D3351) performed on the same tooth is required. 3. Benefit is limited to once per tooth. Subsequent submissions are not billable to the patient by same dentist/dental office. 4. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/ dental office as root canal therapy (D3230 – D3333) or codes D3351-D3353. | | |
| D3355 pulpal regeneration – initial visit | X-ray | 1 - 32 |
| Includes opening tooth, preparation of canal spaces, and placement of medication. | | |
| <ol style="list-style-type: none"> 1. One diagnostic radiographic image is allowed per tooth. Additional radiographic images are considered part of the pulpal regeneration treatment and are not billable to the patient. 2. Benefit is limited to once per tooth per lifetime. Subsequent submissions of this code are not billable to the patient by the same dentist/dental office. 3. Pulpal regeneration is only a benefit on permanent teeth with incomplete development of the root and an open apex (blunderbuss canal). | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D3356 pulpal regeneration – interim medication replacement | Post-op X-ray | 1 - 32 |
| <ol style="list-style-type: none"> Includes all necessary radiographic images. All radiographic images are considered part of the initial pulpal regeneration procedure and are not billable to the patient. Patient history of a previous pulpal regeneration – initial visit (D3355) performed on the same tooth is required. This procedure code is only submitted for visits in which the initial intra-canal medication is replaced with new intra-canal medication. | | |
| D3357 pulpal regeneration – completion of treatment | Post-op X-ray | 1 - 32 |
| Does not include final restoration. <ol style="list-style-type: none"> Benefit is limited to once per tooth per lifetime. One post-operative radiographic image is allowed. Additional radiographic images are considered part of the pulpal regeneration treatment and are not billable to the patient. Patient history of a previous pulpal regeneration – initial visit (D3355) performed on the same tooth is required. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--------------------------------|------------------------------------|
| APICOECTOMY/PERIRADICULAR SERVICES D3410 - D3470 | | |
| Periradicular surgery is a term used to describe surgery to the root surface (e.g., apicoectomy), repair of a root perforation or resorptive defect, exploratory curettage to look for root fractures, removal of extruded filling materials or instruments, removal of broken root fragments, sealing of accessory canals, etc. This does not include retrograde filling material placement. | | |
| <u>General Guidelines</u> | | |
| 1. Endodontic exploratory surgery is denied. | | |
| D3410 apicoectomy – anterior | Pre-op X-ray, Post-op X-ray | 6 - 11, 22 - 27 |
| For surgery on root of anterior tooth. Does not include placement of retrograde filling material. | | |
| <ol style="list-style-type: none"> 1. The benefit for a biopsy of oral tissue is not billable to the patient as included in the fee for an apicoectomy when performed in the same location and on the same date of service by the same dentist/dental office. 2. Retreatment of an apicoectomy is not billable to the patient within 24 months of the initial treatment by the same dentist/dental office. | | |
| D3421 apicoectomy - premolar (first root) | Pre-op X-ray, Post-op X-ray | 4, 5, 12, 13, 20, 21, 28, 29 |
| For surgery on one root of a premolar. Does not include placement of retrograde filling material. If more than one root is treated, see D3426. | | |
| <ol style="list-style-type: none"> 1. The benefit for a biopsy of oral tissue is not billable to the patient as included in the fee for an apicoectomy when performed in the same location and on the same date of service by the same dentist/dental office. 2. Retreatment of an apicoectomy is not billable to the patient within 24 months of the initial treatment by the same dentist/dental office. | | |
| D3425 apicoectomy – molar (first root) | Pre-op X-ray, Post-op X-ray | 1 - 3, 14 - 19, 30 - 32 |
| For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426. | | |
| <ol style="list-style-type: none"> 1. The benefit for a biopsy of oral tissue is as included in the fee for an apicoectomy when performed in the same location and on the same date of service by the same dentist/dental office. 2. Retreatment of an apicoectomy is not within 24 months of the initial treatment by the same dentist/dental office. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--------------------------------|------------------------------------|
| D3426 apicoectomy (each additional root) | Pre-op X-ray, Post-op X-ray | 1 - 32 |
| <p>Typically used for premolar and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.</p> <ol style="list-style-type: none"> 1. The benefit for a biopsy of oral tissue is not billable to the patient as included in the fee for an apicoectomy when performed in the same location and on the same date of service by the same dentist/dental office. 2. Retreatment of an apicoectomy is not billable to the patient within 24 months of the initial treatment by the same dentist/dental office. | | |
| D3430 retrograde filling – per root | Post-op X-ray | 1 - 32 |
| <p>For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root report as D3999 and describe.</p> <ol style="list-style-type: none"> 1. Service is limited to once per 24 months. 2. Retrograde filling includes all retrograde procedures per root. | | |
| D3450 root amputation – per root | X-ray | 1 - 5, 12 - 21, 28 – 32 |
| <p>Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920.</p> | | |
| D3471 surgical repair of root resorption – anterior | Operative Report | 6-11, 22-27 |
| <p>For surgery on root of anterior tooth. Does not include placement of restoration.</p> <ol style="list-style-type: none"> 1. The benefit is not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date as internal root repair of perforation defects D3333, apicoectomy (D3410-D3426), retrograde filling (D3430) and root amputation (D3450). 2. The repair of iatrogenic perforations occurring during periodontal procedures: D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285 are not billable to the patient. 3. When performed on the same tooth by the same dentist/dental office as D4341 or D4342, the fees for scaling and root planing are not billable to the patient | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D3472 surgical repair of root resorption – premolar | Operative Report | 4-5, 12-13, 20-21, 28-29 |
| For surgery on root of premolar tooth. Does not include placement of restoration. | | |
| <ol style="list-style-type: none"> 1. The benefit is not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date as apicoectomy (D3410-D3426), retrograde filling (D3430) and root amputation (D3450). 2. The repair of iatrogenic perforations occurring during periodontal procedures: D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285 are not billable to the patient. 3. When performed on the same tooth by the same dentist/dental office as D4341 or D4342, the fees for scaling and root planing are not billable to the patient. | | |
| D3473 surgical repair of root resorption – molar | Operative Report | 1-3, 14-16, 17-19, 30-32 |
| For surgery on root of molar tooth. Does not include placement of restoration. | | |
| <ol style="list-style-type: none"> 1. The benefit is not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date as apicoectomy (D3410-D3426), retrograde filling (D3430) and root amputation (D3450). 2. Retreatment of periradicular surgery without apicoectomy is not billable to the patient within 24 months of the initial treatment by the same dentist/dental office. 3. Fees surgical repair of root resorption are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333, D3410-D3426, D3430, D3450, D3503, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285. 4. When performed on the same tooth by the same dentist/dental office as D4341 or D4342, the fees for scaling and root planing are not billable to the patient. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D3501 surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | Operative Report | 6-11, 22-27 |
| <p>Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.</p> <ol style="list-style-type: none"> 1. Fees for surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333, D3410 - D3426, D3430, D3450, D3471, D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285. 2. When performed on the same tooth by the same dentist/dental office as D4341 or D4342 the fees for scaling and root planing are not billable to the patient. | | |
| D3502 surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | Operative Report | 4-5, 12-13, 20-21, 28-29 |
| <p>Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.</p> <ol style="list-style-type: none"> 1. Fees for surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333, D3410 - D3426, D3430, D3450, D3471, D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285. 2. When performed on the same tooth by the same dentist/dental office as D4341 or D4342 the fees for scaling and root planing are not billable to the patient. | | |
| D3503 surgical exposure of root surface without apicoectomy or repair of root resorption – molar | Operative Report | 1-3, 14-16, 17-19, 30-32 |
| <p>Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.</p> <ol style="list-style-type: none"> 1. Fees for surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333, D3410 - D3426, D3430, D3450, D3471, D4210 - D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285. 2. When performed on the same tooth by the same dentist/dental office as D4341 or D4342 the fees for scaling and root planing are not billable to the patient. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Other Endodontic Procedures D3920 - D3999 | | |
| D3920 hemisection (including any root removal), not including root canal therapy | X-ray | 1 - 3, 14 -19, 30 -32 |
| <p>Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections.</p> <ol style="list-style-type: none"> 1. No benefit is allowed for the replacement of the missing portion of existing tooth. 2. This benefit is allowed once per tooth per lifetime. 3. Benefits for bone replacement grafts (D4263 and D4264) are denied when submitted with D3920. | | |
| D3921 decoronation or submergence of an erupted tooth | Operative Report | 1 -32 |
| <p>Intentional removal of coronal tooth structure for preservation of root and surrounding bone.</p> <ol style="list-style-type: none"> 1. Sealing of the remaining root with glass ionomer, amalgam, composite is considered a component of the primary D3921 procedure. 2. This benefit is allowed once per tooth per lifetime. | | |
| D3999 unspecified endodontic procedure, by report | Narrative | A - T, 1 - 32 |
| <p>Used for procedure that is not adequately described by a code. Describe procedure.</p> <ol style="list-style-type: none"> 1. Provide a complete description of services and treatment including tooth number. 2. Upon review the appropriate benefit allowance will be applied. 3. Narrative should include the pre-operative diagnosis, treatment performed, restorative materials used, tooth number and surfaces, chair time and laboratory invoices (when applicable). 4. When available, intraoral photographic images may be requested to support the claim submission. | | |

PERIODONTICS D4000 - D4999

Local anesthesia is usually considered to be part of Periodontal procedures.

General Guidelines

1. Periodontal services are only benefited when performed on natural teeth for treatment of periodontal disease. Unless otherwise specified by contract, benefits for these procedures when billed in conjunction with implants, ridge augmentation, extraction sites and/or periradicular surgery are denied and the approved amount is collectable from the patient.
2. Periodontal benefits are based on the following hierarchy:

When more than one surgical procedure involves the same teeth or area on the same date of service, benefits will be based on the most inclusive procedure.

Certain procedures are interrelated by sequence and timing. Fees for the services involved in the relationships listed below may not be billable to the patient in the absence of extraordinary circumstances.

These inter-related services include, but are not limited to, the following hierarchy:

D4260 **most inclusive**

D4261

D4249

D4240

D4241

D4210

D4211

D4341

D4342

D4355

D4910

D1110

D1120

3. When two or more **different** 1-3 teeth services are performed in the **same quadrant on the same service date**, payment of the 1-3 teeth procedures will be made, not to exceed the quadrant fee of the highest hierarchy service performed.
4. A treatment plan with a poor and or uncertain periodontal, restorative or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
5. Prophylaxis is not payable as a separate benefit when provided on the same date as periodontal scaling and root planing, or periodontal maintenance.
6. The following categorizes procedures for reporting and adjudicating by quadrant, site or individual tooth.

Quadrant: D4210, D4341: Four or more diseased teeth/periodontium distal to the midline are considered a quadrant. Bounded tooth spaces are not counted in making this determination. When these periodontal procedures do not meet all of these criteria use codes D4211 and D4342 respectively.

D4240, D4260: Four or more diseased teeth/periodontium or bounded tooth spaces distal to the midline are considered a quadrant. A bounded tooth space counts as one space irrespective of the number of teeth that would normally exist in the space. When these procedures do not meet all of these criteria, use codes D4241 and D4261 respectively.

Site: A term used to describe a single area, position, or locus. The word "site" is frequently used to indicate an area of soft tissue recession on a single tooth or an osseous defect adjacent to a single tooth; also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions.

- If two contiguous teeth have areas of soft tissue recession, each tooth is a single site.
- If two contiguous teeth have adjacent but separate osseous defects, each defect is a single site.
- If two contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site.
- All non-communicating osseous defects are single sites.
- All edentulous non-contiguous tooth positions are single sites.
- Up to two contiguous edentulous tooth positions may be considered a single site.

Tooth Bounded Space: space created by one or more missing teeth that has a tooth on each side.

7. Once the quadrant fee is paid within the service time limitation, subsequent episodes of the same procedure will be denied.
8. Delta Dental Plans and HDS consider the use of a laser (e.g., laser disinfection, bacteria reduction, debridement) or perioscopy in conjunction with periodontal services or dental prophylaxis (D1110) to be a component of the primary procedure. Additional charges exceeding the Maximum Plan Allowance are not billable to the patient.
9. When laser disinfection and or perioscopy is performed as a **stand-alone procedure** with no other periodontal services or prophylaxis on that same date of service, submit charges as D4999 unspecified periodontal procedure, by report. In this situation, HDS will DENY these fees and the patient is responsible for the cost.
10. Intra-coronal and extra-coronal splints as a standalone procedure are denied unless covered by the group contract. A separate fee for splinting, wiring or banding is not billable to the patient when performed by the same dentist/dental office rendering the primary procedure. The fees for intra-coronal and extra-coronal splints submitted in conjunction with prosthetic crowns (D2700-D2799), implant prosthetics crowns (D6058-D6067, D6082-D6085, D6086-D6088, D6094, D6097), fixed partial dentures (D6205-D6794) and implant fixed partial denture retainers (D6068-D6077, D6098, D6099, D6120-D6123, D6194, D6195) are not billable to the patient. Refer to the group contract for specific benefit information as a stand alone procedure.
11. Gingival irrigation is considered part of any periodontal procedure when performed on the same day and is not billable to the patient. When completed on the same day as periodontal scaling and root planing, gingival irrigation is not billable to the patient.

Surgical Services (Including Usual Post-Operative Care) D4210 - D4278

General Guidelines

1. Periodontal surgical procedures include all necessary postoperative care, finishing procedures, evaluations (D9430, D9110, D0140) for three months. Surgical re-entry is not billable to the patient when performed within three years. When a surgical procedure is billed in the same site within three months of the initial procedure, a separate benefit for the surgery is not billable to the patient.
 2. If periodontal surgery is performed in less than 30 days after scaling and root planing, the benefit for scaling and root planing will be deducted from the surgery.
 3. The benefits for biopsy (D7285, D7286), frenectomy (D7961, D7962), frenuloplasty (D7963) and excision of hard and soft tissue lesions (D7410, D7411, D7450, D7451) are not billable to the patient when the procedures are performed on the same date, same surgical site/area by the same dentist/dental office as the codes D4210 – D4275.
 4. Diseased teeth/periodontium: For payment and processing purposes periodontically involved teeth that would qualify for surgical pocket reduction benefits under procedure codes D4210, D4211, D4240, D4241, D4260 and D4261 must be documented to have at least 5 mm pocket depths. If pocket depths are under 5 mm the surgical procedure is denied and the approved amount is chargeable to the patient.
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| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D4210 gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant | Perio Chart | UR, UL LR, LL |
| D4211 gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant | Perio Chart | 1 - 32 |
| <p>It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.</p> <ol style="list-style-type: none"> 1. Procedure is a benefit once every three years. 2. Procedure is a benefit if the pocket depth is greater than or equal to 5mm. 3. For D4211, if more than one tooth; indicate additional teeth numbers in narrative. 4. A separate benefit for gingivectomy or gingivoplasty per tooth is not billable to the patient when performed in conjunction with the preparation of a crown or other restoration by the same dentist/dental office. A separate benefit for D4210/4211 will be denied if performed for “cosmetic reasons”. 5. Bounded tooth spaces are not counted as the procedure does not require a flap extension. | | |
| D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | Perio Chart, X-ray | 1 - 32 |
| <ol style="list-style-type: none"> 1. A separate benefit for gingivectomy or gingivoplasty per tooth is not billable to the patient when performed in conjunction with the preparation of a crown or other restoration by the same dentist/dental office. Individual consideration may be allowed based on dental consultant review. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D4240 gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant | Perio Chart | UR, UL LR, LL |
| D4241 gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant | Perio Chart | 1 - 32 |
| <p>A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.</p> <ol style="list-style-type: none"> 1. Procedure D4240 includes root planing (D4341/4342) and the benefit for root planing will be not billable to the patient when performed in conjunction with D4240/4241. 2. Procedure is a benefit once every three years. 3. Procedure is a benefit if the pocket is greater than or equal to 5mm. 4. For D4241, if more than one tooth; indicate additional teeth numbers in narrative. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D4249 clinical crown lengthening – hard tissue | X-ray | 1 - 32 |
| <p>This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.</p> <p>Definition: A surgical procedure exposing more tooth for restorative purposes by apically positioning the gingival margin and removing supporting bone. (American College of Prosthodontics; The Glossary of Prosthodontic Terms)</p> <ol style="list-style-type: none"> 1. Crown lengthening is a benefit only when subgingival caries or fracture requires removal of soft and hard tissue to enable restoration of the tooth or when less than 3 mm of tooth structure remain between the restorative margin and alveolar crest. Crown lengthening for cosmetic purposes or to correct congenital or developmental defects is denied. 2. This code should not be submitted when only gingival soft tissue has been removed via a laser or electrosurgery. 3. Crown lengthening (D4249) is benefited only when bone is removed and sufficient time is allowed for healing. 4. Benefits for crown lengthening are not billable to the patient when performed on the same day as crown preparations or restorations. 5. A separate fee for crown lengthening is not billable to the patient when performed in conjunction with osseous surgery on the same teeth. 6. The fee for multiple crown lengthening sites within a single quadrant will not exceed the benefit for D4260. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D4260 osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | Perio Chart | UR, UL, LR, LL |
| D4261 osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | Perio Chart | 1 - 32 |

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260, D4261 and should be reported using their own unique codes.

1. Osseous surgery is a benefit on the same tooth once every three years.
2. This procedure is a benefit if the pocket depth is greater than or equal to 5mm.
3. Usually only two full quadrants of osseous surgery are allowed on the same date of service. Benefits in excess of two full osseous surgeries on the same date of service are denied unless a narrative is supplied to explain exceptional circumstances.
4. If periodontal surgery is performed less than 30 days after scaling and root planing, the benefit for the scaling and root planing will be deducted from the surgery.
5. For one to three teeth, when subsequent treatment of the same procedure is required within the same quadrant, the total benefit is limited to the allowance of the quadrant fee.
6. This code should not be submitted for laser-assisted new attachment procedure (LANAP). Refer to D4999.
7. The fee for osseous surgery includes:
 - Osseous contouring
 - Distal or proximal wedge surgery
 - Scaling and root planing (D4341, D4342)
 - Gingivectomy (D4210, D4211)
 - Flap procedures (D4240, D4241)
 - Frenectomy (Frenulectomy D7961, D7962), Frenuloplasty (D7963)
8. The following procedures may be benefited separately on the same day:
 - Bone replacement graft (D4263, D4264)
 - Soft tissue grafts (D4273, D4275, D4277, D4278)
 - Guided tissue regeneration (D4266)
 - Biologic materials with demonstrated efficacy in aiding periodontal tissue regeneration (D4265)
 - Exotosis removal (D7471)
 - Hemisection (D3920)
 - Extraction (D7140)
 - Apicoectomy (D3410)
 - Root amputation (D3450)
9. For D4261, if more than one tooth, indicate teeth numbers in narrative.

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|---|------------------------------------|
| D4263 bone replacement graft –retained natural tooth- first site in quadrant | <p>This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.</p> <ol style="list-style-type: none"> 1. Benefits for bone grafting are available only when performed on retained natural teeth and must be submitted with a gingival flap (D4240/D4241) or osseous surgery (D4260/D4261) entry procedure. 2. Bone grafting is denied when billed in conjunction with implants, ridge augmentation, periradicular surgery or extraction sites – refer to D7950, D7951 and D7953. 3. This procedure is a benefit if the pocket depth is greater than or equal to 5 mm. 4. Maximum benefit for bone replacement grafts is two sites per quadrant. Bone graft for the second site in the same quadrant will be processed as D4264. | 1 - 32 |
| D4264 bone replacement graft – retained natural tooth-each additional site in quadrant | <p>This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space or an extraction site.</p> <ol style="list-style-type: none"> 1. Benefits for bone grafting are available only when billed for natural teeth and performed for periodontal purposes. 2. Bone grafting is denied as a specialized or elective technique when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. – refer to D7950, D7951 and D7953. 3. This procedure must be submitted with a gingival flap (D4240/D4241) or osseous surgery (D4260/D4261) entry procedure. 4. This procedure is a benefit if the pocket depth is greater than or equal to 5 mm. 5. Maximum benefit for bone replacement grafts is two sites per quadrant. Bone graft for the second site in the same quadrant will be processed as D4264. | 1 - 32 |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|---|
| D4265 biologic materials to aid in soft and osseous tissue regeneration, per site | <p>Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and /or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.</p> <ol style="list-style-type: none"> 1. Benefits are available once per site every three years when reported with periodontal flap surgery (D4240, D4241, D4260, and D4261). 2. Benefits are available only when billed for natural teeth. Benefits are denied when billed in conjunction with implants, ridge augmentation, extraction sites and periradicular surgery as a specialized or elective technique. 3. When performed on the same day as D4263, D4264, D4266, D4267, D4273, D4275, D4277, D4278, D4283, D4285 in the same surgical site, the benefit for D4265 is denied. | 1 - 32 |
| D4266 guided tissue regeneration – natural teeth -resorbable barrier, per site | <p>This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth.</p> <ol style="list-style-type: none"> 1. Benefits for guided tissue regeneration are denied in conjunction with soft tissue grafts (D4273, D4275, D4277, D4278, D4283 and D4285) in the same surgical area. 2. A bone graft is required in order to benefit the guided tissue regeneration. 3. Benefits are available only when billed for natural teeth. Benefits for these procedures when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. are denied as a specialized or elective technique. 4. Maximum benefit for guided tissue regeneration is two sites per quadrant. GTR for more than two sites will be denied to the Maximum Plan Allowance. | 1 - 5, 12 - 16, 17 - 21, 28 - 32 |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|---|
| D4267 guided tissue regeneration – nonresorbable barrier, per site | | 1 - 5, 12 - 16, 17 - 21, 28 - 32 |
| <p>This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.</p> <ol style="list-style-type: none"> 1. For most plans, upon review of the documentation, the alternate benefit of a D4266 (guided tissue regeneration) may be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage. 2. A bone graft is required in order to benefit the guided tissue regeneration. 3. Benefits are available only when billed for natural teeth. Benefits for these procedures when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. are denied as a specialized or elective technique. 4. Benefits for guided tissue regeneration are denied in conjunction with soft tissue grafts (D4273, D4275, D4277, D4278, D4283 and D4285) in the same surgical area. 5. Maximum benefit for guided tissue regeneration is two sites per quadrant. GTR for more than two sites within a quadrant will be denied to the Maximum Plan Allowance. | | |
| D4286 Removal of non-resorbable barrier | Narrative | 1 - 5, 12 - 16, 17 - 21, 28 - 32 |
| <ol style="list-style-type: none"> 1. Fees for removal of barrier membrane (D4286) by the same dentist/dental office who placed the barrier (D4267) are not billable to the patient. 2. Benefits for removal of a barrier membrane (D4286) by a different dentist/dental office than who placed the barrier are denied. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Periodontal Grafts D4273 - D4278 | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> 1. A periodontal graft is a benefit once every three years per tooth unless otherwise specified in the group contract. 2. Benefits for guided tissue regeneration (D4266) are denied in conjunction with soft tissue grafts in the same surgical area. 3. Benefits for frenectomy (frenulectomy D7962, D7963) or frenuloplasty (D7963) are not billable to the patient in conjunction with soft tissue graft (D4273, D4275, D4277, D4278, D4283 and D4285) when performed in the same surgical site. 4. Maximum benefit for periodontal graft procedures is two teeth per quadrant. Periodontal graft procedures exceeding two teeth within a quadrant will be denied to the Maximum Plan Allowance. 5. This is a benefit only for natural teeth. Grafting of an edentulous site or any implant site is denied. 6. Periodontal grafts are not a benefit when performed for cosmetic purposes. 7. Narrative should specify the clinical diagnosis and the indications/reason for the graft procedure. Clinical photos, if available are encouraged to enhance the supporting documentation. | | |
| D4273 autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | Narrative | 1 - 32 |
| <p>There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.</p> | | |
| 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 | Narrative | 1 - 32 |
| Used in conjunction with D4273. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D4275 non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft <p>There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.</p> | Narrative | 1 - 32 |
| 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 <p>Used in conjunction with D4275.</p> | Narrative | 1 - 32 |
| D4277 free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | Narrative | 1 - 32 |
| D4278 free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site <p>Used in conjunction with D4277.</p> | Narrative | 1 - 32 |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Non-Surgical Periodontal Service D4341 - D4355 | | |
| D4341 periodontal scaling and root planing – four or more teeth per quadrant | Perio Chart | UR, UL, LR, LL |
| D4342 periodontal scaling and root planing – one to three teeth per quadrant | Perio Chart | 1-32 |

This procedure 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/or as a part of pre-surgical procedures in others.

1. Periodontal scaling and root planing per quadrant are covered benefits once every 2 years.
2. Scaling and root planing (D4341, D4342) is considered an integral component of the periodontal surgery (D4210, D4211, D4212, D4240, D4241, D4245, D4260, D4261) and is not billable to the patient when submitted on the same date of service and performed on the same teeth.
3. Scaling and root planing is a benefit when the clinical attachment loss is greater than or equal to 4 mm. When there is no evident alveolar bone loss or attachment loss, D4341 or D4342 is denied.
4. If periodontal surgery is performed less than 30 days after scaling and root planing, the benefit for the scaling and root planing will be deducted from the surgery.
5. Prophylaxis (D1110) is not billable to the patient if performed on the same day as D4341 or D4342.
6. When 3 or 4 quadrants of periodontal scaling and root planing are completed on the same day, the following is required for claim submission:
 - a. X-ray image(s) of the treated teeth to verify alveolar bone loss and attachment loss.
 - b. Periodontal charting to include pocket depth (PD) and gingival margin (GM) measurements of the treated teeth to identify clinical attachment loss (CAL).
 - c. Periodontal diagnosis.

When documentation does not support alveolar bone loss or attachment loss, D4341 or D4342 is denied.

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| <ol style="list-style-type: none"> 7. For D4342, if more than one tooth, indicate teeth numbers in narrative. 8. Delta Dental Plans and HDS consider the use of a laser (e.g. laser disinfection, bacteria reduction, debridement) in conjunction with periodontal services or dental prophylaxis (D1110) to be a component of the primary procedure. Additional charges exceeding the Maximum Plan Allowance are not billable to the patient. 9. Gingival irrigation is considered part of any periodontal procedure when performed on the same day and is not billable to the patient. When completed on the same day as periodontal scaling and root planing, gingival irrigation is not billable to the patient. | | |

D4346

scaling in presence of generalized moderate or severe
gingival inflammation – full mouth, after oral evaluation

The removal of plaque, calculus, and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

1. This procedure is applied to the patient's annual prophylaxis benefit and benefited at the preventive co-pay percentage.
2. Benefits for D4346 include prophylaxis fees for D1110, D1120, D4341, D4342, D4355 or D4910 and are not billable to the patient when submitted by the same dentist/dental office on the same day.

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D4355 full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | | |
| <ol style="list-style-type: none">1. A D4355 is a benefit when the dentist is unable to accomplish an accurate comprehensive evaluation (D0150) and periodontal probing/screening due to heavy plaque, calculus etc.2. A D4355 is not billable to the patient when performed by the same dentist/dental office on the same day as D0150, D0160, or D0180.3. This procedure is allowed as a benefit under the following circumstances:<ul style="list-style-type: none">• The patient has not had a prophylaxis or debridement for at least 24 months.• The patient must be 14 years or older.• The patient has not had periodontal treatment for at least 36 months.4. This procedure is applied to the prophylaxis benefit and benefited at the preventive co-pay percentage.5. When benefit criteria are not met, this procedure is limited to and processed as a prophylaxis (D1110). | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| Other Periodontal Services D4910 - D4999 | | |
| D4910 periodontal maintenance | <p>This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.</p> <ol style="list-style-type: none"> 1. D4910 benefits are available to members who are currently in a periodontal maintenance program or who have a history of periodontal treatment (D4210, D4211, D4240, D4241, D4260, D4261, D4341, and D4342). Contract may specify different limits or submission requirements for specific medical conditions. 2. D4910 is a benefit twice per calendar year following active periodontal treatment for the next 18 months. 3. An extension of this benefit may be considered for continuing periodontal disease. A current periodontal chart (recorded within 6 months of the date of service) must be submitted with the D4910. <ul style="list-style-type: none"> • The periodontal chart should document the patient's on-going periodontal status. • Benefits for D4910 are denied when the documentation submitted does not indicate active periodontal disease. • Current patient periodontal maintenance limits can be viewed on HDSOnline and the DenTel faxback. 4. Benefits for D4910 include prophylaxis and scaling and root planing procedures. | |
| D4920 unscheduled dressing change (by someone other than treating dentist or their staff) | <ol style="list-style-type: none"> 1. Unscheduled dressing changes by the treating dentist are not billable to the patient. 2. This benefit is limited to once per dentist/dental office per patient and subsequent treatment is not billable to the patient when performed by same dentist/dental office. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|---|
| D4999 unspecified periodontal procedure, by report | Narrative | 1 - 32, LL, LR, UL, UR, UA, LA |
| <p>Use for this procedure that is not adequately described by a 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. Indicate tooth number as needed. 3. Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time, laboratory invoices, intraoral photographic images when available, X-ray images when appropriate or additional supporting information. 4. Delta Dental Plans and HDS consider the use of a laser (e.g., laser disinfection, bacteria reduction, debridement) in conjunction with periodontal services or dental prophylaxis (D1110) to be a component of the primary procedure. Additional charges exceeding the Maximum Plan Allowance are not billable to the patient. 5. When submitting for laser-assisted new attachment procedure (LANAP): <ul style="list-style-type: none"> • Maintain an appropriate Patient Consent Form on file documenting that the LANAP procedure was explained to the patient and alternatives to the LANAP procedure were also explained. • Inform the patient of the cost difference if they elect LANAP and that they will be responsible for the difference between the HDS payment and the submitted fee for LANAP. • Submit CDT procedure code D4999 for each quadrant or tooth (when only 1 to 3 teeth involved). • Indicate LANAP in the narrative along with the quadrant or tooth number. • Submit a copy of the patient's periodontal chart. • HDS will process the submission as an alternate benefit of a gingival flap procedure, D4240/D4241 if the pocket depth is greater than or equal to 5mm. | | |

PROSTHODONTICS (REMOVABLE) D5000 - D5899General Guidelines

1. A treatment plan with a poor and or uncertain prosthodontic, periodontal, restorative, or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
 2. HDS provides for replacement of missing teeth with complete or partial dentures. Treatment involving specialized techniques, precious metals for removable appliances, precision attachments for partial dentures or fixed partial dentures, implants, and related procedures along with any associated appliances are not covered and any additional fee is the patient's responsibility.
 3. Restorations and associated services are not a benefit for overdentures and benefits are denied.
 4. The replacement of replaceable part of semi-precision or precision attachment, per attachment (D5867) or semi-precision attachments (D5862, D5867) for partial dentures are not a benefit and are denied.
 5. Fixed partial dentures, resin based partial dentures and removable cast partials are not a benefit for patients under age 16.
 6. The fabrication, repair, adjustment, reline/rebase of an extra ("spare") denture/partial are not benefits and are denied.
 7. Replacement of Removable Prosthodontic appliances, one per edentulous space, may be benefited for appliances older than 5 years unless specified under group contract. This includes complete dentures, immediate dentures, partial dentures, or fixed partial dentures.
 8. The fees for prosthetic procedures include services such as, but not limited to, tooth preparation, impressions, all models, guide planes, diagnostic wax-up, laboratory fees, occlusal adjustment within 6 months after the insertion and other associated procedures. These services are not billable to the patient when performed in conjunction with the Removable Prosthodontic procedure.
 9. Complete or partial dentures, except in the case of immediate dentures, include any relining/rebase, adjustment or repair required within 6 months of insertion date; relining/rebase is denied if performed after 6 months and prior to two years following insertion date. Thereafter, relining/rebase is allowed once every two years.
 10. In the case of immediate dentures, relining is allowed any time following the insertion and thereafter once every two years. The rebase allowance includes the allowance for relining and a separate charge cannot be made to the patient.
 11. Indicate the insertion date of the prosthesis when submitting for payment. For patients whose coverage has terminated, also include the preparation date in the narrative.
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| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---|------------------------------------|
| Complete Dentures (Including Routine Post-Delivery Care) D5110 – D5140 | | |
| D5110 complete denture – maxillary | | |
| D5120 complete denture – mandibular | | |
| | 1. Includes any reline/rebase, adjustment or repair required within six months of insertion date by the same dentist/dental office, except in the case of immediate dentures. | |
| D5130 immediate denture – maxillary | | |
| D5140 immediate denture – mandibular | | |
| | 1. Includes limited follow-up care only; does not include future rebasing / relining procedure(s). | |
| Partial Dentures (Including Routine Post-Delivery Care) D5211 - D5283 | | |
| <u>General Guidelines</u> | | |
| 1. A posterior fixed partial denture and removable partial denture are not a benefit in the same arch in the same treatment plan. An anterior fixed partial denture with no more than 4 pontics is allowed in the same arch with a posterior removable partial denture. | | |
| 2. Indicate missing teeth in tooth chart. | | |
| D5211 maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth) | Tooth Chart | |
| D5212 mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth) | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D5213 maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Tooth Chart | |
| D5214 mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | | |
| D5225 maxillary partial denture – flexible base (including retentive/clasping materials, rests, and teeth) | | |
| D5226 mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth) | | |
| D5221 immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) | Tooth Chart | |
| D5222 immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) | | |
| D5223 immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | | |
| D5224 immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | | |
| D5227 immediate maxillary partial denture – flexible base (including any clasps, rests and teeth) | | |
| D5228 immediate mandibular partial denture – flexible base (including any clasps, rests and teeth) | | |
| 1. Includes limited follow-up care only; does not include future rebasing / relining procedure(s). | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D5282 removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary | Tooth Chart | UR, UL, 1-16 |
| D5283 removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular | Tooth Chart | LR, LL 17-32 |
| D5284 removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth)- per quadrant | Tooth Chart | UR, UL, LR, LL |
| D5286 removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant | Tooth Chart | UR, UL, LR, LL |

General Guidelines

1. The benefit for complete dentures includes any adjustments or repairs required within 6 months of insertion date, except in the case of immediate dentures. The adjustment or repair of dentures is not billable to the patient when performed by the same dentist/ dental office or denied when performed by different dentist within six months of initial placement.

D5410
adjust complete denture – maxillary

D5411
adjust complete denture – mandibular

D5421
adjust partial denture – maxillary

D5422
adjust partial denture – mandibular

1. Adjustments to complete or partial dentures are limited to once every six months (after six months have elapsed since initial placement).

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Repairs to Complete Dentures D5511 - D5520 | | |
| <u>General Guidelines</u> | | |
| 1. The benefit for complete dentures includes any adjustments or repairs required within 6 months of insertion date, except in the case of immediate dentures. The adjustment or repair of dentures is not billable to the patient when performed by the same dentist/ dental office or denied when performed by different dentist within six months of initial placement. | | |
| D5511 repair broken complete denture base, mandibular | | |
| D5512 repair broken complete denture base, maxillary | | |
| 1. Benefit allowance for this service is limited to once every 6 months. | | |
| D5520 replace missing or broken teeth - complete denture (each tooth) | | 1 - 32 |
| 1. Benefit allowance for this service is limited to once every 6 months. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Repairs to Partial Dentures D5611 - D5671 | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none">1. Benefit allowance for this service is limited to once every 6 months. The repair of dentures is not billable to the patient if performed by the same dentist/dental office or denied when performed by a different dentist within 6 months of initial insertion date.2. The HDS benefit for combined repairs, rebase and reline will not exceed the allowable benefit of a removable prosthesis.3. The benefit for partial dentures includes any adjustments or repairs required within six months of insertion date, except in the case of immediate dentures. If performed by the same dentist/dental office within 6 months of initial placement, fees for the adjustments or repairs are not billable to the patient. | | |
| D5611 repair resin partial denture base, mandibular | | |
| D5612 repair resin partial denture base, maxillary | | |
| D5621 repair cast partial framework, mandibular | | |
| D5622 repair cast partial framework, maxillary | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D5630 repair or replace broken clasp – per tooth | | 1 - 32 |
| D5640 replace broken teeth – per tooth | | |
| D5650 add tooth to existing partial denture | | |
| D5660 add clasp to existing partial denture – per tooth | | |
| D5670 replace all teeth and acrylic on cast metal framework (maxillary) | Tooth Chart | |
| D5671 replace all teeth and acrylic on cast metal framework (mandibular) | | |
| <ol style="list-style-type: none"> Benefit is allowed once per partial denture. Benefit is allowed two years following date of partial denture insertion. The allowance for this benefit includes reline and rebase and a separate charge cannot be made to the patient. These procedures only apply to partials with four or more teeth. For situations involving fewer than four teeth, the per tooth repair codes (D5640/D5650) should be used. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Denture Rebase Procedures D5710 - D5721 | | |
| Rebase - process of refitting a denture by replacing the base material. | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> 1. The benefit for the rebase includes the fee for relining. The benefit for a reline procedure performed in conjunction with (within 6 months of) a rebase by the same dentist/dental office is not billable to the patient. 2. Complete or partial dentures, except in the case of immediate dentures, include any reline/rebase, adjustment or repair required within 6 months of insertion date; reline/rebase is denied if performed after 6 months and prior to two years following insertion date. Thereafter, reline/rebase is a benefit once every two years. 3. If a new denture is placed within 24 months of a rebase, HDS payment for the rebase will be deducted from the allowance for the new denture. | | |
| D5710 | | |
| rebase complete maxillary denture | | |
| D5711 | | |
| rebase complete mandibular denture | | |
| D5720 | | |
| rebase maxillary partial denture | | |
| D5721 | | |
| rebase mandibular partial denture | | |
| D5725 | | |
| rebase hybrid prosthesis | | |
| Replacing the base material connected to the framework. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| Denture Reline Procedures D5730 - D5761 | | |
| Reline is the process of resurfacing the tissue side of a denture with new base material. | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> Complete or partial dentures, except in the case of immediate dentures, include any reline/rebase, adjustment or repair required within 6 months of insertion date; reline/rebase is denied if performed after 6 months and prior to two years following insertion date. Thereafter, reline/rebase is a benefit once every two years. In the case of immediate dentures, reline is allowed any time following the insertion and thereafter once every two years. | | |
| D5730 | | |
| reline complete maxillary denture (chairside) | | |
| D5731 | | |
| reline complete mandibular denture (chairside) | | |
| D5740 | | |
| reline maxillary partial denture (chairside) | | |
| D5741 | | |
| reline mandibular partial denture (chairside) | | |
| <ol style="list-style-type: none"> If a new denture is placed within 6 months of a chairside reline, the reline will be deducted. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D5750 reline complete maxillary denture (laboratory) | | |
| D5751 reline complete mandibular denture (laboratory) | | |
| D5760 reline maxillary partial denture (laboratory) | | |
| D5761 reline mandibular partial denture (laboratory) | | |
| <ol style="list-style-type: none"> 1. If a new denture is placed within 12 months of a laboratory reline, the reline will be deducted. | | |
| D5765 soft liner for complete or partial removable denture – indirect | | UA, LA |
| <p>A discrete procedure provided when the dentist determines placement of the soft liner is clinically indicated.</p> <ol style="list-style-type: none"> 1. If a new denture is placed within 12 months of a laboratory reline, the reline will be deducted. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Interim Prosthesis D5810 - D5821 | | |
| A prosthesis designed for use over a limited period of time, after which it is to be replaced by a definitive restoration. | | |
| D5820 interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary | Narrative | 5 - 12 |
| D5821 interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular | Narrative | 22 - 27 |
| <ol style="list-style-type: none"> Interim partial denture is allowed once per 12 months per arch and limited to once per tooth per lifetime. Benefit of D5820 is available for anterior and 1st premolar teeth. Benefit of D5821 is available only for anterior teeth. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---|------------------------------------|
| Other Removable Prosthetic Services D5765, D5850 - D5899 | | |
| D5850 tissue conditioning, maxillary | | |
| D5851 tissue conditioning, mandibular | | |
| | Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration. | |
| | <ol style="list-style-type: none"> 1. A maximum of two tissue conditioning treatments per denture is allowed prior to impressions for reline, rebase or denture prostheses. The patient is responsible for the cost of additional treatments. 2. Tissue conditioning is a benefit if done prior to insertion, but not on the same day as insertion. | |
| D5863 overdenture – complete maxillary | | |
| D5864 overdenture – partial maxillary | Tooth Chart | |
| D5865 overdenture – complete mandibular | | |
| D5866 overdenture – partial mandibular | Tooth Chart | |
| | <ol style="list-style-type: none"> 1. Restorations and associated services are not a benefit for overdentures and benefits are denied. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|---------------------------|------------------------------------|
| D5899 unspecified removable prosthodontic procedure, by report | Narrative, Lab Invoice | |
| Use for a procedure that is not adequately described by a code. Describe procedure. | | |
| 1. Documentation should include materials used, tooth number, arch, quadrant, or area of the mouth, chair time, laboratory invoices, X-ray images or any other supporting information. | | |
| 2. Restorations and associated services are not a benefit for overdentures and benefits are denied. | | |
| 3. Upon review of documentation, the appropriate benefit allowance will be applied. | | |

Maxillofacial Prosthetics D5900 - D5999

| | | |
|--|---------------------------|--|
| D5999 unspecified maxillofacial prosthesis, by report | Narrative, Lab Invoice | |
| Used for a procedure that is not adequately described by a code. Describe procedure. | | |
| 1. Narrative should include the restorative materials used, tooth number, arch, quadrant, or area of the mouth, chair time. Laboratory invoices, intraoral photographic images when available, X-ray images or additional supporting information may be requested. | | |
| 2. Upon review of documentation, the appropriate benefit allowance will be applied. | | |

IMPLANT SERVICES D6000 - D6199

Implant services are not benefits of all HDS plans. Some plans may have contracted to provide different benefits / limitations. Please refer to the current Group Benefits or Patient Eligibility Verification (available on HDS Online or DenTel) for specific group coverage.

General Guidelines

1. Implant fees and benefits are defined by the group contract.
 2. A treatment plan with a poor and or uncertain implant outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
 3. Implants are denied when a treatment plan for a fixed partial denture includes retainers on natural teeth and implants.
 4. The following are non-covered procedures and require the agreement of the patient to assume cost:
 - Treatment involving specialized techniques
 - Locators for implants
 - Precision attachments for crowns, fixed/removable partial dentures or implants (related procedures along with any associated appliances)
 5. Separate charges are not allowed for preparation, models, temporary restorations, impressions, laboratory fees, laser technology, local anesthesia, occlusal adjustments within six months after the insertion, and other associated procedures as these services are components of a complete procedure for which a single charge is made. If submitted as a separate charge(s) the fees for these procedures, unless otherwise specified are not billable to the patient.
 6. Oral Surgery benefits do not apply to Implant surgical services.
-

Surgical Services D6010, D6013, D6101 - D6102, D6105

An implant body and mini implant are not covered by all HDS plans. **Please refer to current group benefit information for specific coverage.** Three options for implant benefits are available to HDS groups:

- “Implant-Limited” allows an alternate benefit only if replacing one missing permanent tooth between two natural teeth in lieu of a 3-unit fixed partial denture.
- “Implant-Alternate Benefit” allows an alternate benefit for all clinically acceptable treatment plans.
- “Implant” allows a benefit for all clinically acceptable treatment plans. The dentist is held to the Maximum Plan Allowance.

A comparison of the three plans is provided on pages 4 and 5 of Implant Services.

General Guidelines

1. The time limitation for the replacement of a surgical placement of implant body: endosteal implant (D6010) or surgical placement of mini implant (D6013) follows the same replacement time limitation for Prosthodontics (Fixed) restorations as specified in the group contract.
2. Implants and implant/abutment supported prosthetics are denied for patients under age 19 or as specified in the group contract.

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---|---|
| D6010 surgical placement of implant body: endosteal implant | X-ray | 2 - 15 18 - 31 |
| D6013 surgical placement of mini implant | | |
| Implant-Limited | Implant-Alternate Benefit | Implant |
| Alternate benefit available only if replacing one missing permanent tooth between two natural teeth. | Alternate benefit available for all clinically acceptable treatment plans. | Benefit is available for all clinically acceptable treatment plans. The dentist is held to the Maximum Plan Allowance. |
| Adjacent teeth are subject to time limitations for existing crowns, removable prosthodontics, inlays, onlays and veneers. (Rationale: By contract, implant is paid as an alternate benefit equivalent to the payment for two retainers of a 3-unit fixed partial denture. Appropriate treatment limitations and processing policies are applied.) | Time limitations apply only for tooth replaced with an implant. | Time limitations apply only for tooth replaced with an implant. The dentist is held to the Maximum Plan Allowance. |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---|------------------------------------|
| D6100 surgical removal of implant body | | |
| Operative Report | | |
| <ol style="list-style-type: none"> 1. Surgical removal of implant body is not a benefit unless it is a group contract specific benefit. 2. Surgical removal of implant body is denied when performed after 3 months of D6010/D6013 on the same tooth. 3. D6100 when performed within 3 months of D6010/D6013 on the same tooth by the same dentist/dental office is not billable to the patient. | | |
| 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 | | |
| Narrative | | 2 - 15 18 - 31 |
| <ol style="list-style-type: none"> 1. This procedure is denied when implants are not a benefit of the plan. 2. Narrative should include the clinical diagnosis. 3. D6101 is not billable to the patient when performed in the same surgical site by the same dentist/dental office on the same day as D6102. | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Denied. | 1. Benefit is subject to the review of the narrative. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|---|------------------------------------|
| D6102 debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure | Narrative | 2 - 15 18 - 31 |
| <div>1. This procedure is denied when implants are not a benefit of the plan.</div> <div>2. Narrative should include the clinical diagnosis.</div> <div>3. This procedure is not billable to the patient when billed separately in conjunction with D4260 or D4261 or D6101.</div> | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Denied. | 1. Benefit is subject to the review of the narrative. | |

| | | |
|--|---|-------------------|
| D6105 Removal of implant body not requiring bone removal nor flap elevation | | 2 - 15 18 - 31 |
| <div>1. D6105 when performed within 6 months of D6010/D6013 on the same tooth by the same dentist/dental office is not billable to the patient. Benefits are denied if done by a Different dentist/dental office within 6 months of D6010/D6013 on the same tooth.</div> | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Denied. | 1. D6105 when performed within 6 months of D6010/D6013 on the same tooth by the same dentist/dental office is not billable to the patient. Benefits are denied if done by a Different dentist/dental office within 6 months of D6010/D6013 on the same tooth. | |

Implant Supported Prosthetics D6055 - D6077, D6094, D6110 - 6117, D6194General Guidelines

1. Implant supported prosthetic benefits are determined by the employer group implant contract.
2. Implants and implant/abutment supported prosthetics are denied for patients under age 19 or as specified in the group contract.
3. The submitted X-ray image must show the implant body. When submitting for preauthorization, attach the most current X-ray image for tentative approval. The X-ray image demonstrating the implant body is required when submitting for payment on a previously approved preauthorization.
4. An implant treatment plan with a poor and or uncertain outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth.
5. A fixed partial denture between an implant tooth and a natural tooth is denied.

| Clinical Scenario | Implant-Limited | Implant-Alternate Benefit | Implant |
|---|---|--|--|
| Anterior Teeth: Replacing 1 to 4 missing teeth with an implant supported prosthesis. | Benefited as the alternate benefit up to 4 pontics in the anterior segment, only when there are teeth present anterior and posterior to the implants. | Benefited as the alternate benefit of the appropriate pontic procedure code(s). Subject to the current group benefit and time limitations of previous prosthodontic /restorative services performed. | Benefited procedure. Subject to the current group benefit and time limitations of previous prosthodontic/ restorative services performed. The dentist is held to the Maximum Plan Allowance. |
| Posterior Teeth: Replacing 1 to 3 missing teeth with an implant supported prosthesis. | Benefited as the alternate benefit up to 3 pontics in the posterior segment, only when there are teeth present anterior and posterior to the implants. | | |
| Anterior fixed partial denture spanning more than 4 pontics or posterior fixed partial denture spanning more than 3 pontics | Processed as the alternate benefit of a removable partial denture. Special consideration/exception may be made by submission of a narrative report. | | |

HDS PROCEDURE CODE GUIDELINES

IMPLANT SERVICES

| When a distal extension edentulous space is involved, the appropriate benefit will be applied as follows: | | | |
|--|---|---|---|
| Clinical Scenario | Implant-Limited | Implant-Alternate Benefit | Implant |
| If the implant crown is for one tooth, and it is adjacent to a natural tooth | The alternate benefit of one pontic will be applied. This benefit is allowed twice per arch (once on the left side and once on the right side) within a 5-year period unless specified by group contract. | Benefited as the alternate benefit of the appropriate pontic procedure code(s). Subject to the current group benefit and time limitations of previous prosthodontic/restorative services performed. | Benefited procedure. Subject to the current group benefit and time limitations of previous prosthodontic/restorative services performed. The dentist is held to the Maximum Plan Allowance. |
| If adjacent implant crowns are for more than one tooth | The alternate benefit of a removable partial denture will be applied. This benefit is allowed once per arch per 5-year period (unless specified by group contract) on the left or right side. If an implant crown is placed on the opposite side within the time limitation, the combined benefit (of the implant crowns on both sides) will not exceed the benefit of two pontics. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| Supporting Structures D6056 - D6057 | | |
| D6056 prefabricated abutment – includes modification and placement Modification of a prefabricated abutment may be necessary. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | Implant | |
| 1. Denied. | 1. The X-ray image must show the implant body. | |
| D6057 custom fabricated abutment – includes placement Created by a laboratory process, specific for an individual application. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | Implant | |
| 1. Denied. | 1. The X-ray image must show the implant body. | |
| Implant/Abutment Supported Removable Dentures D6110 - D6113 | | |
| D6110 Implant/abutment supported removable denture for edentulous arch – maxillary | X-ray | |
| D6111 Implant/abutment supported removable denture for edentulous arch – mandibular | | |
| 1. For most plans, upon review, the alternate benefit of D5110/D5120 will be applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific coverage for implant services. | | |
| 2. The X-ray image must show the implant body. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D6112 Implant/abutment supported removable denture for partially edentulous arch – maxillary | X-ray | |
| D6113 Implant/abutment supported removable denture for partially edentulous arch – mandibular | | |
| <ol style="list-style-type: none"> For most plans, upon review, the alternate benefit of D5213/D5214 will be applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific coverage for implant services. The X-ray image must show the implant body. | | |

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis) D6114 - D6117

| | | |
|---|-------|--|
| D6114 Implant/abutment supported fixed denture for edentulous arch – maxillary | X-ray | |
| D6115 Implant/abutment supported fixed denture for edentulous arch – mandibular | | |
| <ol style="list-style-type: none"> For most plans, upon review, the alternate benefit of D5110/D5120 will be applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific coverage for implant services. The X-ray image must show the implant body. | | |

| | | |
|--|-------|--|
| D6116 Implant/abutment supported fixed denture for partially edentulous arch – maxillary | X-ray | |
| D6117 Implant/abutment supported fixed denture for partially edentulous arch – mandibular | | |
| <ol style="list-style-type: none"> For most plans, upon review, the alternate benefit of 5213/D5214 will be applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific coverage for implant services. The X-ray image must show the implant body. | | |

Code & Nomenclature

Submission Requirements

Valid Tooth/ Quad/Arch/
Surface**Single Crowns, Abutment Supported D6058 - D6064, D6094**

| | | |
|---|-------|--|
| D6058 abutment supported porcelain/ceramic crown A single crown restoration that is retained, supported and stabilized by an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit 1. Upon review, the alternate benefit of D6210, D6240, will be applied. 2. The X-ray image must show the implant body. | | Implant 1. The X-ray image must show the implant body. |
| D6059 abutment supported porcelain fused to metal crown (high noble metal) A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit 1. Upon review, the alternate benefit of D6210, D6240, will be applied. 2. The X-ray image must show the implant body. | | Implant 1. The X-ray image must show the implant body. |
| D6060 abutment supported porcelain fused to metal crown (predominantly base metal) A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit 1. Upon review, the alternate benefit of D6211, D6241 will be applied. 2. The X-ray image must show the implant body. | | Implant 1. The X-ray image must show the implant body. |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|--|
| D6061 abutment supported porcelain fused to metal crown (noble metal) A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant. | X-ray | 2-15, 18-31 |
| | Implant-Limited and Implant-Alternate Benefit | Implant |
| | 1. Upon review, the alternate benefit D6212/D6242 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. |
| D6097 abutment supported crown - porcelain fused to titanium and titanium alloys A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant. | X-ray | 2-15, 18-31 |
| | Implant-Limited and Implant-Alternate Benefit | Implant |
| | 1. Upon review, the alternate benefit D6210/D6240 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. |
| D6062 abutment supported cast metal crown (high noble metal) A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant. | X-ray | 2-15, 18-31 |
| | Implant-Limited and Implant-Alternate Benefit | Implant |
| | 1. Upon review, the alternate benefit D6210 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| D6063 abutment supported cast metal crown (predominantly base metal) A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit D6211 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6064 abutment supported cast metal crown (noble metal) A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit D6212 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6094 Abutment supported crown-titanium and titanium alloys A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body. | 2. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| Single Crowns, Implant Supported D6065 - D6067 | | |
| D6065 implant supported porcelain/ceramic crown | X-ray | 2-15, 18-31 |
| A single crown restoration that is retained, supported and stabilized by an implant. | | |
| 1. This procedure code should not be submitted to report an abutment supported implant crown; refer to D6058, D6059, D6060, D6061, D6062, D6063, D6064 and D6094. | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit D6210/D6240 will be applied. | 1. The X-ray image must show the implant body. | |
| 2. The X-ray image must show the implant body. | | |
| D6066 implant supported crown - porcelain fused to high noble alloys | X-ray | 2-15, 18-31 |
| A single crown restoration that is retained, supported and stabilized by an implant. | | |
| 1. This procedure code should not be submitted to report an abutment supported implant crown; refer to D6058, D6059, D6060, D6061, D6062, D6063, D6064 and D6094. | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210, D6240 may be applied. | 1. The X-ray image must show the implant body. | |
| 2. The X-ray image must show the implant body. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| D6082 implant supported crown - porcelain fused to predominantly base alloys A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6211 will be applied. | 1. The X-ray image must show the implant body. | |
| 2. The X-ray image must show the implant body. | 2. | |
| D6083 implant supported crown - porcelain fused to noble alloys A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210 will be applied. | 3. The X-ray image must show the implant body. | |
| 2. The X-ray image must show the implant body. | 4. | |
| D6084 implant supported crown - porcelain fused to titanium and titanium alloys A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210 will be applied. | 5. The X-ray image must show the implant body. | |
| 2. The X-ray image must show the implant body. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|------------------------------------|
| D6067 implant supported crown - high noble alloys A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant. 1. This procedure code should not be submitted to report an abutment supported implant crown; refer to D6058, D6059, D6060, D6061, D6062, D6063, D6064 and D6120. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit D6210 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6086 implant supported crown - predominantly base alloys A single metal crown restoration that is retained, supported and stabilized by an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit D6211 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6087 implant supported crown - noble alloys A single metal crown restoration that is retained, supported and stabilized by an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit D6210 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|------------------------------------|
| D6088 implant supported crown - titanium and titanium alloys A single metal crown restoration that is retained, supported and stabilized by an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit D6210 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

Fixed Partial Denture Retainer, Abutment Supported D6068 - D6194

| | | |
|--|--|----------------|
| D6068 abutment supported retainer for porcelain/ ceramic FPD A ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit D6210/D6240 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

| | | |
|---|--|----------------|
| D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal) A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit D6210/D6240 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| D6070 abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6211/D6241 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6071 abutment supported retainer for porcelain fused to metal FPD (noble metal) A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6212/D6242 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6195 abutment supported retainer - porcelain fused to titanium and titanium alloys A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6212/D6242 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|------------------------------------|
| D6072 abutment supported retainer for cast metal FPD (high noble metal) A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6073 abutment supported retainer for cast metal FPD (predominantly base metal) A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6211 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6074 abutment supported retainer for cast metal FPD (noble metal) A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6212 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| D6194 abutment supported retainer crown for FPD – titanium and titanium alloys A retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

Fixed Partial Denture Retainer, Implant Supported D6075 - D6077

| | | |
|---|--|----------------|
| D6075 implant supported retainer for ceramic FPD A ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210/D6240 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|------------------------------------|
| D6076 implant supported retainer for FPD - porcelain fused to high noble alloys A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210/D6240 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6098 implant supported retainer - porcelain fused to predominantly base alloys A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6211, D6241 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6099 implant supported retainer for FPD - porcelain fused to noble alloys A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210/D6240 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| D6120 implant supported retainer – porcelain fused to titanium and titanium alloys A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210/D6240 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6077 implant supported retainer for cast metal FPD - high noble alloys A metal retainer for a fixed partial denture that gains retention, support and stability from an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6121 implant supported retainer for metal FPD – predominantly base alloys A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6211 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|------------------------------------|
| D6122 implant supported retainer for metal FPD – noble alloys A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |
| D6123 implant supported retainer for metal FPD – titanium and titanium alloys A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant. | X-ray | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body. | 1. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|------------------------------------|
| Other Implant Services D6080 - D6095 | | |
| D6080 implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code and is indicated for implant supported fixed prostheses. | | 2-15, 18-31 |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Denied. | 1. Patient history of an implant performed on the same tooth is required. 2. This benefit is allowed once every 3 years. | |
| 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 This procedure is not performed in conjunction with D1110, D4910, or D4346. | | Narrative 2-15, 18-31 |
| 1. Narrative should include the clinical diagnosis. 2. Benefit is allowed once per tooth per 24 months. Retreatment by the same dentist/dental office within 24 months is considered part of the original procedure and is not billable to the patient. 3. D6081 is not billable to the patient when performed in the same surgical site by the same dentist/dental office on the same day as D4341/D4342 or D4240/D4241, D4260/D4261 or D6101/ D6102. 4. D6081 is not billable to the patient when performed in conjunction with D1110, D4346 or D4910. 5. D6081 is not billable to the patient when performed within 12 months of restoration placement (D6058-D6077, D6120 and D6194) on the same tooth by the same dentist/dental office. | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Denied. | 1. The X-ray image must show the implant body. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|---|------------------------------------|
| D6090 repair implant supported prosthesis, by report | Narrative, Lab Invoice | 2-15, 18-31 |
| This procedure involves the repair or replacement of any part of the implant supported prosthesis. | | |
| 1. Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time, laboratory invoices, intraoral photographic images when available, X-ray images when appropriate or any other supporting information. | | |
| 2. Upon review of documentation, the appropriate benefit allowance will be applied. | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Denied. | 1. Upon review of documentation, the appropriate benefit allowance will be applied. | |

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|--|-------------|
| D6092 re-cement or re-bond implant/abutment supported crown | 2-15, 18-31 |
| D6093 re-cement or re-bond implant/abutment supported fixed partial denture | |
| 1. Benefit for recementation within 6 months of the initial placement is not billable to the patient if performed by the same dentist or dental office. | |
| 2. Recementation by a different dentist (within 6 months of initial placement) is a benefit once. | |
| 3. Benefits are allowed for one recementation after 6 months have elapsed since initial placement. Subsequent requests for recementation are allowed every 12 months thereafter. | |
| 4. This procedure is covered under the Prosthodontics benefit category. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---|------------------------------------|
| D6095 repair implant abutment, by report | Narrative, Lab Invoice | 2-15, 18-31 |
| This procedure involves the repair or replacement of any part of the implant abutment. | | |
| 1. Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time, laboratory invoices, intraoral photographic images when available, X-ray images when appropriate or any other supporting information. | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Denied. | 1. Upon review of documentation, the appropriate benefit allowance will be applied. | |
| D6096 remove broken implant retaining screw | | 2-15, 18-31 |
| 1. The code is submitted to report the removal of a broken implant retaining screw. | | |
| 2. This code should not be submitted to report the tightening of an intact implant retaining screw. | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Denied. | 1. Benefit is limited to once every 12 months beginning 6 months after the initial placement. | |
| D6199 Unspecified implant procedure, by report | Narrative | 2-15, 18-31 |
| Used for procedure that is not adequately described by a code. Describe procedure. | | |
| 1. Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time. Laboratory invoices and intraoral photographic images when available, X-ray images when appropriate or additional supporting information may be requested. | | |
| 2. Upon review of documentation, the appropriate benefit allowance will be applied. | | |
| Implant-Limited and Implant-Alternate Benefit | | Implant |
| 1. Denied. | 1. Upon review of documentation, the appropriate benefit allowance will be applied. | |
| | 2. Benefit is limited to once every 12 months beginning 6 months after the initial placement. | |

PROSTHODONTICS, FIXED D6200 - D6999

Each retainer and each pontic constitutes a unit in a fixed partial denture.

Local anesthesia is usually considered to be part of Fixed Prosthodontic procedures.

The term “fixed partial denture” or FPD is synonymous with fixed bridge or bridgework.

Fixed partial denture prosthetic procedures include routine temporary prosthetics. When indicated, interim or provisional codes should be reported separately.

General Guidelines

1. The fee for a restoration includes services such as, but not limited to:

- | | |
|---------------------------|--|
| • crown removal | • laboratory fees |
| • tooth preparation | • laser technology |
| • diagnostic wax-up | • occlusal adjustment within 6 months after the restoration |
| • electro surgery | • post-operative visits within 6 months after the restoration |
| • temporary restorations | • local anesthesia |
| • liners and cement bases | • crown lengthening and gingivectomy on the same date of service |
| • impressions | |

These procedures are not billable to the patient when submitted as a separate charge.

2. The following are not covered benefits and require the agreement of the patient to assume the cost:
- Treatment involving specialized techniques
 - Precision attachment (D5862, D6950) for crowns, fixed/removable partial dentures or implants (related procedures along with any associated appliances)
 - Additional abutments needed because of congenital or unusual conditions
 - Additional pontics needed to restore a space beyond the normal complement of natural teeth
 - Restorations performed for the following reasons (see “Definitions” listed on page 9 of the Restorative section):
 - Altering occlusion, involving vertical dimension
 - Replacing tooth structure lost by attrition, erosion, abrasion, abfraction, occlusal wear or for periodontal, orthodontic or other splinting
3. A treatment plan with a poor and or uncertain periodontal, restorative or endodontic outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
4. Cantilever fixed partial dentures are limited to only one pontic. Additional pontics are denied.
5. When a fixed partial denture (bridge) is planned for replacement and the X-ray images and other submitted attachments do not indicate decay, fracture and/or the tooth being otherwise compromised, the provider should provide a narrative to state the clinical reason(s) for replacement.
6. A posterior fixed partial denture and removable partial denture are not a benefit in the same arch in the same treatment plan. An anterior fixed partial denture with not more than 4 pontics is allowed in the same arch with a posterior removable partial denture.

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7. Replacement of prosthodontic fixed restorations due to defective marginal integrity, recurrent decay and fracture of tooth structure may be a benefit when older than 5 years or as specified under group contract.
 8. If any unit or tooth within a new fixed partial denture has had a prior fixed (indirect) restoration still subject to the time limitations, that unit of the fixed partial denture will be denied and the patient is responsible for the cost.
 9. Fixed partial dentures and removable cast partials are not benefits for patients under age 16.
 10. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns.
 11. Porcelain/ceramic/resin retainers and pontics will be processed as the conventional fixed prosthetics with the patient responsible for the difference to the submitted amount.
 12. Always indicate the insertion date of the appliance when submitting for payment. For patients whose coverage has terminated, also indicate the date of preparation.
 13. Use a separate line on the claim for each tooth involved in the fixed partial denture and indicate a separate fee for each tooth.
 14. Anterior fixed partial dentures spanning more than 4 pontics or posterior fixed partial dentures spanning more than 3 pontics will be processed as the alternate benefit of a removable partial denture.
 15. When rebonding or recementing a Maryland Bridge, submit procedure code D6930.
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| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| Fixed Partial Denture Pontics D6205 - D6253 | | |
| D6205 pontic – indirect resin based composite | X-ray | 1 - 32 |
| 1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |
| D6210 pontic – cast high noble metal | X-ray | 1 - 32 |
| D6211 pontic – cast predominantly base metal | | |
| D6212 pontic – cast noble metal | | |
| D6214 pontic - titanium and titanium alloys | | |
| D6240 pontic – porcelain fused to high noble metal | X-ray | 4 - 13 20 - 29 |
| D6241 pontic – porcelain fused to predominantly base metal | | |
| D6242 pontic – porcelain fused to noble metal | | |
| D6243 pontic - porcelain fused to titanium and titanium alloys | | |
| 1. See additional guidelines for D6240, D6241, D6242 and D6243 alternate benefits shaded in gray. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D6240 pontic – porcelain fused to high noble metal | X-ray | 1 -3, 14 -16, 17-19, 30-32 |
| D6241 pontic – porcelain fused to predominantly base metal | | |
| D6242 pontic – porcelain fused to noble metal | | |
| D6243 pontic – porcelain fused to titanium and titanium alloys | | |
| 1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |
| D6245 pontic– porcelain/ceramic | X-ray | 1 - 32 |
| 1. For most plans, upon review- the alternate benefit D6240/D6210 will be applied. Patients should be informed that they are responsible for the cost difference if they elect this service. Refer to current group benefit information for specific coverage for crowns. | | |
| D6250 pontic – resin with high noble metal | X-ray | 4 - 13, 20 - 29 |
| D6251 pontic – resin with predominantly base metal | | |
| D6252 pontic – resin with noble metal | | |
| 1. See additional guidelines for D6250, D6251 and D6252 alternate benefits shaded in gray. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D6250 pontic – resin with high noble metal | X-ray | 1 -3, 14 -16, 17-19, 30-32 |
| D6251 pontic – resin with predominantly base metal | | |
| D6252 pontic – resin with noble metal <ol style="list-style-type: none"> For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |
| D6253 Interim pontic – further treatment or completion of diagnosis necessary prior to final impression | X-ray, Narrative | 1 - 32 |
| Not to be used as a temporary pontic for routine prosthetic fixed partial dentures. <ol style="list-style-type: none"> Covered as a benefit only in the event of an injury/trauma. Narrative must detail the cause and nature of the injury/trauma. D6253 when used as a temporary, interim or provisional fixed prostheses for routine prosthetic fixed partial denture, is not billable to the patient. Temporary, interim or provisional fixed prostheses are not separate benefits and are considered an integral component of the permanent prosthesis. As such, is not billable to the patient. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Fixed Partial Denture Retainers – Inlays/Onlays D6545 - D6634 | | |
| D6545 retainer – cast metal for resin bonded fixed prosthesis | X-ray | 1 - 32 |
| <ol style="list-style-type: none"> Limited to two retainers, one on each side of space. | | |
| D6548 retainer – porcelain/ ceramic for resin bonded fixed prosthesis | X-ray | 1 - 32 |
| D6549 resin retainer – for resin bonded fixed prosthesis | | |
| <ol style="list-style-type: none"> Generally used for Maryland Bridge retainer. For most plans, upon review- the alternate benefit D6545 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns. | | |
| D6600 retainer inlay – porcelain/ ceramic, two surfaces | X-ray | 1 - 32 Any surfaces |
| D6601 retainer inlay – porcelain/ ceramic, three or more surfaces | | |
| <ol style="list-style-type: none"> For most plans, upon review- the alternate benefit D6602 (2 surface) or D6603 (3 surface) will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D6602 retainer inlay – cast high noble metal, two surfaces | X-ray | 1 - 32 Any surfaces |
| D6603 retainer inlay – cast high noble metal, three or more surfaces | | |
| D6604 retainer inlay – cast predominantly base metal, two surfaces | | |
| D6605 retainer inlay – cast predominantly base metal, three or more surfaces | | |
| D6606 retainer inlay – cast noble metal, two surfaces | | |
| D6607 retainer inlay – cast noble metal, three or more surfaces | | |
| D6608 retainer onlay – porcelain/ceramic, two surfaces | X-ray | 1 - 32 Any surfaces |
| D6609 retainer onlay – porcelain/ceramic, three or more surfaces | | |
| 1. For most plans, upon review- the alternate benefit D6610 (2 surface) or D6611 (3 surface) will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D6610 retainer onlay – cast high noble metal, two surfaces | X-ray | 1 - 32 Any surfaces |
| D6611 retainer onlay – cast high noble metal, three or more surfaces | | |
| D6612 retainer onlay – cast predominantly base metal, two surfaces | | |
| D6613 retainer onlay – cast predominantly base metal, three or more surfaces | | |
| D6614 retainer onlay – cast noble metal, two surfaces | | |
| D6615 retainer onlay – cast noble metal, three or more surfaces | | |
| D6624 retainer inlay – titanium | X-ray | 1 - 32 |
| <ol style="list-style-type: none"> For most plans, upon review the alternate benefit D6602/D6603 will be applied. Patients should be informed that they are responsible for the cost difference if they elect this service. Refer to current group benefit information for specific coverage for crowns. | | |
| D6634 retainer onlay – titanium | X-ray | 1 - 32 |
| <ol style="list-style-type: none"> For most plans, upon review- the alternate benefit D6610/D6611 will be applied. Patients should be informed that they are responsible for the cost difference if they elect this service. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Fixed Partial Denture Retainers – Crowns D6710 - D6793 | | |
| D6710 retainer crown – indirect resin based composite | X-ray | 1 - 32 |
| <ol style="list-style-type: none"> For most plans, upon review- the alternate benefit D6721/D6791 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns. | | |
| D6720 retainer crown – resin with high noble metal | X-ray | 4 - 13, 20 - 29 |
| D6721 retainer crown – resin with predominantly base metal | | |
| D6722 retainer crown – resin with noble metal | | |
| <ol style="list-style-type: none"> See additional guidelines for D6720, D6721 and D6722 alternate benefits shaded in gray. | | |
| D6720 retainer crown – resin with high noble metal | X-ray | 1 -3, 14 -16, 17-19, 30-32 |
| D6721 retainer crown – resin with predominantly base metal | | |
| D6722 retainer crown – resin with noble metal | | |
| <ol style="list-style-type: none"> For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D6740 retainer crown – porcelain/ceramic | X-ray | 1 - 32 |
| 1. For most plans, upon review- the alternate benefit D6750/D6790 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have a ceramic crown, porcelain-fused to metal, resin-based processed to metal type crown done on a posterior tooth. Refer to current group benefit information for specific coverage for crowns. | | |
| D6750 retainer crown – porcelain fused to high noble metal | X-ray | 4 - 13, 20 - 29 |
| 1. See additional guidelines for D6750 alternate benefits shaded in gray. | | |
| D6750 retainer crown – porcelain fused to high noble metal | X-ray | 1 -3, 14 -16, 17-19, 30-32 |
| 1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |
| D6751 retainer crown – porcelain fused to predominantly base metal | X-ray | 4 - 13, 20 – 29 |
| 1. See additional guidelines for D6751 alternate benefits shaded in gray. | | |
| D6751 retainer crown – porcelain fused to predominantly base metal | X-ray | 1 -3, 14 -16, 17-19, 30-32 |
| 1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D6752 retainer crown – porcelain fused to noble metal | X-ray | 4 - 13, 20 - 29 |
| 1. See additional guidelines for D6752 alternate benefits shaded in gray. | | |
| D6752 retainer crown – porcelain fused to noble metal | X-ray | 1 -3, 14 -16, 17-19, 30-32 |
| 1. For most plans, porcelain/ceramic, porcelain-fused to metal, and resin-based composite crowns placed on molar teeth will be processed as the alternate benefit of the metallic equivalent crown. Patients should be informed that they are responsible for the cost difference if they elect to have a porcelain/ceramic, porcelain-fused to metal or resin-based composite processed to metal type crown on a molar tooth. Refer to current group benefit information for specific coverage for crowns. | | |
| D6753 retainer crown - porcelain fused to titanium and titanium alloys | X-ray | 4 - 13, 20 - 29 |
| 1. See additional guidelines for D6753 alternate benefits shaded in gray. | | |
| D6753 retainer crown - porcelain fused to titanium and titanium alloys | X-ray | 1 -3, 14 -16, 17-19, 30-32 |
| 1. For most plans, upon review- the alternate benefit of D6790 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns. | | |
| D6780 retainer crown – ¾ cast high noble metal | X-ray | 1 - 32 |
| D6781 retainer crown – ¾ cast predominantly base metal | | |
| D6782 retainer crown – ¾ cast noble metal | | |
| D6784 retainer crown ¾ - titanium and titanium alloys | | |
| D6783 retainer crown – ¾ porcelain/ceramic | X-ray | 1 - 32 |
| 1. For most plans, upon review- the alternate benefit of D6780 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D6790 retainer crown – full cast high noble metal | X-ray | 1 - 32 |
| D6791 retainer crown – full cast predominantly base metal | | |
| D6792 retainer crown – full cast noble metal | | |
| D6793 Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression | X-ray, Narrative | 1 - 32 |
| <p>Not to be used as a temporary retainer crown for routine prosthetic fixed partial dentures.</p> <ol style="list-style-type: none"> 1. Covered as a benefit only in the event of an injury/trauma. Narrative must detail the cause and nature of the injury/trauma. 2. D6793 is not billable to the patient when used as temporary retainer crown for a fixed partial denture. | | |
| D6794 retainer crown - titanium and titanium alloys | X-ray | 1 - 32 |
| <ol style="list-style-type: none"> 1. For most plans, upon review- the alternate benefit of D6790 will be applied. Patients should be informed that they are responsible for the cost difference if they elect to have this service. Refer to current group benefit information for specific coverage for crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Other Fixed Partial Denture Services D6920 – D6999 | | |
| D6930 re-cement or re-bond fixed partial denture | | 1 - 32 |
| <ol style="list-style-type: none"> Benefit is limited to once every 12 months beginning 6 months after the fixed partial denture is inserted. Fees for recementation of fixed partial dentures are not billable to the patient if done within six months of the initial seating date by the same dentist or dental office. Recement by a different dentist within 6 months of the initial seating date may be benefited. | | |
| D6940 stress breaker | X-ray, Lab Invoice | 1 - 32 |
| <p>A non-rigid connector.</p> <ol style="list-style-type: none"> Coverage is limited to once every 5 years unless specified otherwise by group contract. Procedure D6940 includes: <ul style="list-style-type: none"> Rest for fixed partial denture (in lieu of abutment). Misaligned fixed partial denture abutments. This procedure code is not to be submitted for the rigid splinting of crowns. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|---------------------------|--------------------------------------|
| D6980 fixed partial denture repair necessitated by restorative material failure | Narrative, Lab Invoice | 1 - 32 |
| <ol style="list-style-type: none"> Includes removal of fixed partial denture, if necessary. Repairs are allowed 6 months after the insertion date. Benefit is limited to once every 12 months. Repair is a benefit 6 months after the initial insertion and then only a benefit once every 12 months. For most plans, ceramic repairs on molars are not benefits and the patient is responsible for the cost. Refer to current group benefit information for specific coverage for porcelain/ceramic repairs on molars. Fixed partial denture repair due to caries should be submitted using D6999 unspecified restorative procedure, by report or the appropriate corresponding restorative procedure code. Any restoration performed by the same dentist on the same tooth within 12 months after crown insertion will be not billable to the patient. Special consideration may be given by report. The submitted information should include: <ul style="list-style-type: none"> Clinical diagnosis The tooth surfaces involved in the repair Type of restorative materials used for the repair (composite, amalgam, etc.) Tooth number Chair time Laboratory invoice when appropriate X-ray or photographic image(s) when available Additional other supporting information Upon review of the submitted narrative and other documentation, an appropriate benefit allowance will be applied. | | |
| D6999 unspecified, fixed prosthodontic procedure, by report | Narrative, Lab Invoice | 1 - 32, LL, LR, UL, UR, UA, LA |
| <p>Used for procedure that is not adequately described by a code.</p> <ol style="list-style-type: none"> Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time. Intraoral photographic images (when available), X-ray images when appropriate or other supporting information may be requested. Upon review of documentation, the appropriate benefit allowance will be applied. | | |

ORAL AND MAXILLOFACIAL SURGERY D7000 - D7999

Local anesthesia is usually considered to be part of Oral and Maxillofacial Surgical procedures.

For dental benefit reporting purposes, a quadrant is defined as four or more contiguous teeth and/or teeth spaces distal to the midline.

General Guidelines

1. The fee for all oral and maxillofacial surgery includes local anesthesia, suturing if needed, debridement and curettage and granulation tissue and postoperative care 30 days following surgery (e.g., dry socket, bleeding). Separate fees for these procedures when performed in conjunction with oral and maxillofacial surgery are not billable to the patient when done by the same dentist/dental office and are denied and the approved amount is collectable from the patient when done by another dentist/dental office.
 2. When a medical carrier statement is required, the procedure should be submitted to the patient's medical carrier first. When submitting to HDS, a copy of the explanation of benefits (EOB) or payment voucher from the medical carrier should be included with the claim, pathology report if appropriate, and any other pertinent information. In the absence of such information, the procedure will not be benefited by HDS.
 3. Medical carrier statement of payment is not required for HMO. Indicate the HMO name in a narrative.
 4. Impaction codes are based on the anatomical position of the tooth, rather than the surgical procedure necessary for removal.
 5. Exploratory surgery is denied.
 6. Benefits are not billable to the patient for incomplete or unsuccessful attempts at extractions.
 7. When submitting for surgical extraction (D7210) and the tooth is not cariously broken down, fractured, or otherwise compromised, the provider should submit a narrative that states the clinical reason(s) which prevented removal of the tooth via customary elevation and forceps.
 8. When a "narrative" is required, the corresponding guidelines may state what is expected in the narrative. When "narrative" expectations are not specifically stated in the guidelines, the narrative must include:
 - a. Diagnosis
Example: Acute periapical abscess #30 with fluctuant swelling on buccal.
 - b. Determination of Treatment (Brief description of the procedure performed)
Example: I & D of Acute periapical abscess.
 - c. Procedure or Treatment Performed (Steps of surgical procedure, to include location and instrument used)
Example: Incision on buccal of #30 with #15 scalpel, drain placed and secured with one 3-0 black silk suture.
 9. Oral surgery benefits do not apply to Implant surgical services.
 10. General Guidelines are subject to the group contract. Specific government programs (e.g., Supplemental Medicaid) have defined limits for the number of restorative and extraction procedures. Verify the benefit eligibility in advance of patient treatment.
-

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care) D7111 - D7140 | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> Upon request, the clinical necessity for an extraction may be required. The benefit criteria for extraction may include but are not limited to: <ul style="list-style-type: none"> Non-restorable caries or fracture Recurrent infection / Pericoronitis / cellulitis / abscess / osteomyelitis Associated cysts/tumors Resorption/damage to adjacent teeth Damage/destruction of bone Non-treatable pulpal / periapical pathology Internal/ external resorption of third molar Ectopic position or eruption of third molar Specific government programs (e.g., Supplemental Medicaid) have defined limits for the number of restorative and extraction procedures. Verify the benefit eligibility in advance of patient treatment. | | |
| D7111 extraction, coronal remnants – primary tooth | | A - T |
| Removal of soft tissue-retained coronal remnants. | | |
| <ol style="list-style-type: none"> Includes soft tissue-retained coronal remnants. D7111 is considered part of any other primary surgery in the same surgical area on the same date and the fee is not billable to the patient if performed by the same dentist/dental office. | | |
| D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal) | | A - T, 1 - 32 |
| Includes removal of tooth structure, minor smoothing of socket bone and closure, as necessary. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| Surgical Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care) D7210 - D7251 | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> 1. The fee for surgical extraction includes local anesthesia, suturing if needed, and postoperative care 30 days following surgery (e.g., dry socket, bleeding). 2. When the x-ray or other submitted documentation does not support the procedure code D7210, the procedure code will be processed as D7140. 3. Upon request, the clinical necessity for an extraction may be required. The benefit criteria for extraction may include but are not limited to: <ul style="list-style-type: none"> • Non-restorable caries or fracture • Recurrent infection / Pericoronitis / cellulitis / abscess / osteomyelitis • Associated cysts/tumors • Resorption/damage to adjacent teeth • Damage/destruction of bone • Non-treatable pulpal / periapical pathology • Internal/ external resorption of third molar • Ectopic position or eruption of third molar 4. Specific government programs (e.g., Supplemental Medicaid) limit the number and type of extractions to non-emergent services only. Refer to specific group benefit contracts where this exception applies. | | |
| D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | X-ray | A - T, 1 - 32 |
| Includes cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure. | | |
| <ol style="list-style-type: none"> 1. When extracting a tooth that is not significantly broken down due to caries or fracture, the provider should submit a narrative which details the reason(s) that prevented non-complicated removal via elevator/forceps. 2. Incisional biopsy of oral tissue – soft (D7286) and removal of benign odontogenic cyst or tumor up to 1.25 cm (D7450) are subject to dental consultant review and may not be billable to the patient in conjunction with this procedure. | | |
| D7220 removal of impacted tooth – soft tissue | X-ray | A - T, 1 - 32 |
| Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|----------------------------|------------------------------------|
| D7230 removal of impacted tooth – partially bony | X-ray | A - T, 1 - 32 |
| Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. | | |
| D7240 removal of impacted tooth – completely bony | X-ray | A - T, 1 - 32 |
| Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. | | |
| 1. For benefit purposes, completely bony is considered as 90% of the crown covered by bone. | | |
| D7241 removal of impacted tooth – completely bony, with unusual surgical complications | X-ray, Operative Report | A - T, 1 - 32 |
| Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position. | | |
| 1. Operative report must clearly indicate the specific complication/s incurred during the course of the surgical procedure. | | |
| 2. When the operative report does not indicate the complication or difficulty incurred during the course of the surgical procedure, this service will be processed as D7240 or the appropriate procedure code. | | |
| D7250 removal of residual tooth roots (cutting procedure) | X-ray | A - T, 1 - 32 |
| Includes cutting of soft tissue and bone, removal of tooth structure, and closure. | | |
| 1. This benefit applies only to retained sub-osseous root tips. | | |
| 2. This benefit is not billable to the patient if submitted in conjunction with a surgical extraction on the same tooth by the same dentist/dental office. | | |
| 3. When the submitted X-ray image or other documentation does not support the HDS clinical criteria for D7250, the procedure may be processed as noted below: | | |
| <ul style="list-style-type: none"> When the residual root is not fully encased in bone (sub-osseous), the procedure will be processed as either D7210 (surgical removal of erupted tooth) or D7140 (extraction, erupted tooth or exposed root) based on the clinical circumstances and submitted documentation. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|----------------------------|---------------------------------|
| D7251 coronectomy – intentional partial tooth removal, impacted teeth only | Pre-op X-ray, Narrative | 17, 32 |
| <p>Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.</p> <ol style="list-style-type: none"> 1. Benefited under individual consideration and only for documented probable neurovascular complications such as proximity to the inferior alveolar nerve. 2. This procedure code is not to be submitted for incomplete or failed extractions. | | |
| Other Surgical Procedures D7260 - D7291 | | |
| D7260 oroantral fistula closure | Operative Report | 1 - 16, UL, UR |
| Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap. | | |
| D7261 primary closure of a sinus perforation | Operative Report | 1 - 16, UL, UR |
| <p>Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oronasal communication in absence of fistulus tract.</p> <ol style="list-style-type: none"> 1. Procedure is by report. D7261 is not billable to the patient when submitted with D7241 (removal of impacted tooth, completely bony, with unusual complications). | | |
| D7270 tooth reimplantation and/ or stabilization of accidentally evulsed or displaced tooth | X-ray, Narrative | A - T, 1 - 32 |
| Includes splinting and/or stabilization. | | |
| <ol style="list-style-type: none"> 1. Includes postoperative care for and removal of splint by the same dentist/dental office. 2. Narrative should indicate all teeth involved and describe the method of stabilization. | | |
| D7280 Exposure of an unerupted tooth | X-ray | A - T, 1 - 32 |
| An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|--|
| D7282 mobilization of erupted or malpositioned tooth to aid eruption | X-ray | A - T, 1 - 32 |
| To move/luxate teeth to eliminate ankylosis; not in conjunction with an extraction. | | |
| D7283 Placement of device to facilitate eruption of impacted tooth | X-ray | A - T, 1 - 32 |
| Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280. | | |
| <ol style="list-style-type: none"> Coverage for this procedure is limited to members who have Orthodontic plan benefits. Services listed with the description of "limited to members who have Orthodontic plan benefits" are only covered under those plans that have Orthodontic coverage and are payable as part of the diagnostic or basic benefits. | | |
| D7285 incisional biopsy of oral tissue-hard (bone, tooth) | Pathology Report | 1 - 32 UA, LA, UL, UR, LL, LR |
| For partial removal of specimen only. This procedure involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision. | | |
| <ol style="list-style-type: none"> This service is not billable to the patient when performed in conjunction with an apicoectomy (D3410, D3421, D3425 or D3426), or surgical extraction (D7210), by the same dentist/dental office in the same surgical area and on the same date of service. In the absence of the pathology report, this service is not billable to the patient. | | |
| D7286 incisional biopsy of oral tissue-soft | Pathology Report | 1 - 32 UA, LA, UL, UR, LL, LR |
| For partial removal of an architecturally intact specimen only. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision. | | |
| <ol style="list-style-type: none"> This service is not billable to the patient when performed in conjunction with an apicoectomy (D3410, D3421, D3425 or D3426). Procedure code D7286 performed in conjunction with extractions in the same surgical area on the same date of service are subject to dental consultant review and may not be billable to the patient. In absence of the pathology report, this service is not billable to the patient. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| D7290 surgical repositioning of teeth | X-ray | 1 - 32 A - T |
| <p>Grafting procedure(s) is/are additional.</p> <ol style="list-style-type: none"> Coverage for this procedure is limited to members who have Orthodontic plan benefits. Services listed with the description of “limited to members who have Orthodontic plan Benefits” are only covered under those plans that have Orthodontic coverage and are payable as part of the diagnostic or basic benefits. | | |
| D7291 transseptal fiberotomy/supra crestal fiberotomy, by report | Operative Report | 1 - 32 A - T |
| <p>The supraosseous connective tissue attachment is surgically severed around the involved teeth. Where there are adjacent teeth, the transseptal fiberotomy of a single tooth will involve a minimum of three teeth. Since the incisions are within the gingival sulcus and tissue and the root surface is not instrumented, this procedure heals by the reunion of connective tissue with the root surface on which viable periodontal tissue is present (reattachment).</p> <ol style="list-style-type: none"> Coverage for this procedure is limited to members who have Orthodontic plan benefits. Services listed with the description of “limited to members who have Orthodontic plan benefits” are only covered under those plans that have Orthodontic coverage and are payable as part of the diagnostic or basic benefits. Upon review of documentation, the appropriate benefit allowance will be applied. | | |

Alveoloplasty – Preparation of Ridge D7310 - D7321

| | | |
|--|--|------------------|
| D7310 alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | | UR, UL LR, LL |
| <p>The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery. Alveoloplasty is included in the fee for surgical extractions (D7210-D7250), and is not billable to the patient if performed by the same dentist/dental office in the same surgical area on the same date of service.</p> <ol style="list-style-type: none"> Allowed with multiple D7140 (extraction, erupted tooth or exposed root) in the same quadrant, when periodontal disease is present. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D7311 alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | | 1 - 32 |
| <p>The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.</p> <ol style="list-style-type: none"> 1. Alveoloplasty is included in the fee for surgical extractions and is not billable to the patient if performed by the same dentist/dental office in the same surgical area on the same date of service as surgical extraction(s) (D7210-7250). 2. Allowed with D7140 in the same quadrant when periodontal disease is present. 3. If more than one tooth, indicate additional teeth numbers in narrative. | | |
| D7320 alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | | UR, UL, LR, LL |
| <p>No extractions performed in an edentulous area. See D7310 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.</p> | | |
| D7321 alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | | 1 - 32 |
| <p>No extractions performed in an edentulous area. See D7311 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.</p> <ol style="list-style-type: none"> 1. If more than one tooth, indicate additional teeth numbers in narrative. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|--|
| Excision of Soft Tissue Lesions D7410 - D7415, D7465 | | |
| <u>General Guidelines</u> | | |
| 1. Pathology Report should include site and size of growth. | | |
| D7410 excision of benign lesion up to 1.25 cm | Medical Carrier Statement, Pathology Report | 1 - 32, UA, LA, UR, UL LR, LL |
| D7411 excision of benign lesion greater than 1.25 cm | | |
| <ol style="list-style-type: none"> The benefit for D7410/D7411 is subject to the review of the pathology report and may be included in the benefit for another surgery when performed on the same date of service. This service is not billable to the patient if not submitted with a pathology report. | | |
| D7413 excision of malignant lesion up to 1.25 cm | Medical Carrier Statement, Pathology Report | 1 - 32, UA, LA, UR, UL LR, LL |
| D7414 excision of malignant lesion greater than 1.25 cm | | |
| <ol style="list-style-type: none"> This service is not billable to the patient if not submitted with a pathology report. Excision of malignant lesion is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same date of service by the same dentist/dental office. | | |
| D7465 destruction of lesion(s), by physical or chemical method, by report | Narrative | 1 - 32, UA, LA, UR, UL LR, LL |
| Examples include using cryo, laser or electro surgery. | | |
| 1. Narrative should describe lesion and method of destruction. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|---|
| Excision of Intra-Osseous Lesions D7440 - D7461 | | |
| <ol style="list-style-type: none"> All procedures are subject to coverage under medical. Pathology Report should include site and size of growth. | | |
| D7440 excision of malignant tumor – lesion diameter up to 1.25 cm | Medical Carrier Statement, Pathology Report | 1 - 32, UR, UL, LR, LL, UA, LA |
| D7441 excision of malignant tumor – lesion diameter greater than 1.25 cm | | |
| D7450 removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm | Medical Carrier Statement, Pathology Report | 1 - 32, UR, UL, LR, LL, UA, LA |
| D7451 removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm | | |
| Odontogenic Cyst – Cyst derived from the epithelium of odontogenic tissue (developmental, primordial). | | |
| <ol style="list-style-type: none"> The benefit for D7450 / D7451 is subject to the review of the pathology report and may be included in the benefit for another surgery when performed in the same area of the mouth on the same date of service by the same dentist/dental office. This service is not billable to the patient if not submitted with a pathology report. | | |
| D7460 removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm | Medical Carrier Statement, Pathology Report | 1 - 32, UR, UL, LR, LL, UA, LA |
| D7461 removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm | | |
| <ol style="list-style-type: none"> This service is not billable to the patient if not submitted with a pathology report. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|---|
| Excision of Bone Tissue D7471 – D7490 | | |
| D7471 removal of lateral exostosis (maxilla or mandible) | Operative Report | 1 - 32, UL, UR, LL, LR, UA, LA |
| D7472 removal of torus palatinus | Operative Report | UA |
| D7473 removal of torus mandibularis | Operative Report | LL, LR |
| D7485 reduction of osseous tuberosity | Operative Report | UL, UR |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---|------------------------------------|
| D7490 radical resection of maxilla or mandible | Medical Carrier Statement, Operative Report, Pathology Report | UL, UR, LL, LR |
| <p>Partial resection of maxilla or mandible; removal of lesion and defect with margin of normal appearing bone. Reconstruction and bone grafts should be reported separately.</p> <p>1. This service is not billable to the patient if not submitted with a pathology report.</p> | | |

Surgical Incision D7510 - D7560

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|--|--|------------------------------|
| D7510 incision and drainage of abscess – intraoral soft tissue | Operative Report | A - T, 1 - 32 |
| <p>Involves incision through mucosa, including periodontal origins.</p> <p>1. The benefit for D7510 is subject to the review of the operative report and may be included in the benefit for another procedure when performed on the same date of service by the same dentist/dentist office.</p> <p>2. For benefit purposes, the Operative Report must include a clinical diagnosis, site of incision and instrument used.</p> <p>3. This is not an appropriate code when performing endodontic access opening and drainage.</p> | | |
| D7511 incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | Medical Carrier Statement, Operative Report | A - T 1 - 32 |
| <p>Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.</p> <p>1. The benefit for D7511 is subject to the review of the operative report and may be included in the benefit for another procedure when performed on the same date of service by the same dentist/dentist office.</p> | | |
| D7520 incision and drainage of abscess – extraoral soft tissue | Operative Report | LL, LR, UL, UR, LA, UA |
| <p>Involves incision through skin.</p> <p>1. Incision and drainage of abscess - extraoral soft tissue is a benefit only if dental related infection is present.</p> <p>2. The benefit is denied if not related to a dental infection.</p> | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|------------------------------------|
| D7521 incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | Medical Carrier Statement, Operative Report | LL, LR UL, UR LA, UA |
| Incision is made extraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis. | | |
| 1. This procedure is subject to coverage under medical. | | |
| 2. Incision and drainage of abscess-extraoral soft tissue is a benefit only if an odontogenic related infection is present. | | |
| 3. Upon review of documentation, the appropriate benefit allowance will be applied. | | |
| D7530 removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | Medical Carrier Statement, Operative Report | A - T, 1 - 32 |
| D7540 removal of reaction producing foreign bodies, musculoskeletal system | Operative Report | A - T, 1 - 32 |
| May include, but is not limited to, removal of splinters, pieces of wire, etc., from muscle and/or bone. | | |
| D7550 partial ostectomy/ sequestrectomy for removal of non-vital bone | Operative Report | A - T, 1 - 32 |
| Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply. | | |
| D7560 maxillary sinusotomy for removal of tooth fragment or foreign body | Operative Report | A - T, 1 - 32 |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| Treatment of Closed Fractures - D7610 - D7680 | | |
| <u>General Guidelines</u> | | |
| <ol style="list-style-type: none"> All procedures are subject to coverage under medical. A separate fee for splinting, wiring or banding is not billable to the patient when performed by the same dentist/dental office rendering the primary procedure. | | |
| D7610 maxilla – open reduction (teeth immobilized, if present) | Medical Carrier Statement, Operative Report | |
| Teeth may be wired, banded or splinted together to prevent movement. Incision required for interosseous fixation. | | |
| D7620 maxilla – closed reduction (teeth immobilized, if present) | Medical Carrier Statement, Operative Report | |
| No incision required to reduce fracture. See D7610 if interosseous fixation is applied. | | |
| D7630 mandible – open reduction (teeth immobilized, if present) | Medical Carrier Statement, Operative Report | |
| Teeth may be wired, banded or splinted together to prevent movement. Incision required to reduce fracture. | | |
| D7640 mandible – closed reduction (teeth immobilized, if present) | Medical Carrier Statement, Operative Report | |
| No incision required to reduce fracture. See D7630 if interosseous fixation is applied. | | |
| D7650 malar and /or zygomatic arch – open reduction | Medical Carrier Statement, Operative Report | |
| D7660 malar and /or zygomatic arch – closed reduction | Medical Carrier Statement, Operative Report | |
| D7670 alveolus – closed reduction, may include stabilization of teeth | Medical Carrier Statement, Operative Report, X-ray | |
| D7671 alveolus – open reduction, may include stabilization of teeth | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| Treatment of Open Fractures - D7710 - D7771 | | |
| D7710 maxilla – open reduction | Medical Carrier Statement, Operative Report | |
| Incision required to reduce fracture. | | |
| D7720 maxilla – closed reduction | Medical Carrier Statement, Operative Report | |
| D7730 mandible – open reduction | Medical Carrier Statement, Operative Report | |
| Incision required to reduce fracture. | | |
| D7740 mandible – closed reduction | Medical Carrier Statement, Operative Report | |
| D7750 malar and/or zygomatic arch – open reduction | Medical Carrier Statement, Operative Report | |
| Incision required to reduce fracture. | | |
| D7760 malar and/or zygomatic arch – closed reduction | Medical Carrier Statement, Operative Report | |
| D7770 alveolus – open reduction stabilization of teeth | Medical Carrier Statement, Operative Report | |
| Fractured bone(s) are exposed to mouth or outside the face. Incision required to reduce fracture. | | |
| D7771 alveolus, closed reduction stabilization of teeth | Medical Carrier Statement, Operative Report | |
| Fractured bone(s) are exposed to mouth or outside the face. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|------------------------------------|
| Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions D7810 - D7830 | | |
| D7810 open reduction of dislocation | Medical Carrier Statement, Operative Report | |
| Access to TMJ via surgical opening | | |
| 1. Coverage is limited to members who have TMJ benefits | | |
| D7820 closed reduction of dislocation | Medical Carrier Statement, Operative Report | |
| Joint manipulated into place; no surgical exposure. | | |
| 1. Coverage is limited to members who have TMJ benefits. | | |
| D7830 manipulation under anesthesia | Medical Carrier Statement, Operative Report | |
| 1. Coverage is limited to members who have TMJ benefits. | | |

Repair of Traumatic Wounds D7910

Excludes closure of surgical incisions.

| | | |
|--|--|--|
| D7910 suture of recent small wounds up to 5 cm | Medical Carrier Statement, Operative Report | |
| Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure) | | |
| 1. Specify site in operative report. | | |
| 2. Repair of traumatic wounds is limited to oral structures. | | |
| 3. Operative report should include diagnosis and treatment. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|---|
| Other Repair Procedures D7920 - D7999 | | |
| D7953 bone replacement graft for ridge preservation – per site | | 1 - 32 |
| <p>Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to plan prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.</p> | | |
| <ol style="list-style-type: none"> 1. Bone replacement graft for ridge preservation – per site is denied and the approved amount is collectable from the patient unless it is a group contract specific benefit. 2. Benefit is limited to once in a 24-month period. | | |
| D7956 Guided tissue regeneration, edentulous area – resorbable barrier, per site | Narrative | 1 - 5, 12 - 16, 17 - 21, 28 - 32 |
| <p>This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction.</p> | | |
| <ol style="list-style-type: none"> 1. Guided tissue regeneration (GTR) when billed in conjunction with implants, soft tissue grafts on implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections etc. are denied as a specialized procedure. | | |
| D7957 Guided tissue regeneration, edentulous area – nonresorbable barrier, per site | Narrative | 1 - 5, 12 - 16, 17 - 21, 28 - 32 |
| <p>This procedure does not include flap entry and closure, or, when indicated wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction.</p> | | |
| <ol style="list-style-type: none"> 1. Guided tissue regeneration (GTR) when billed in conjunction with implants, soft tissue grafts on implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections etc. are denied as a specialized procedure. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| D7961 buccal/labial frenectomy (frenulectomy) | Narrative | UA, LA, 1 - 32 |
| <ol style="list-style-type: none"> 1. Narrative should include diagnosis and clinical reason(s) for the procedure. 2. The fee for frenectomy is not billable to the patient when billed on the same date as any other surgical procedure(s) in the same surgical area by the same dentist/dental office. 3. This code should not be submitted for ankyloglossia (tongue-tie). | | |
| D7962 lingual frenectomy (frenulectomy) | Narrative | UA, LA, 1 - 32 |
| <ol style="list-style-type: none"> 1. Narrative should include diagnosis and clinical reason(s) for the procedure. 2. The fee for frenectomy is not billable to the patient when billed on the same date as any other surgical procedure(s) in the same surgical area by the same dentist/dental office. | | |
| D7963 frenuloplasty | Narrative | UA, LA, 6 -11, 22 - 27 |
| <p>Excision of the frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure.</p> <ol style="list-style-type: none"> 1. Narrative should include diagnosis and clinical reason(s) for the procedure. 2. The fee for frenectomy is not billable to the patient when billed on the same date as any other surgical procedure(s) in the same surgical area by the same dentist/dental office. | | |
| D7970 excision of hyperplastic tissue – per arch | Narrative | UA, LA |
| <ol style="list-style-type: none"> 1. The benefit for excision of hyperplastic tissue is not billable to the patient when billed in conjunction with other surgical procedure(s) in the same surgical area by the same dentist/dental office. 2. Limited to edentulous areas. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|--|---|
| D7971 excision of pericoronal gingiva | Narrative | 1 - 2, 15 - 16, 17 - 18, 31 - 32 |
| Removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth. | | |
| <ol style="list-style-type: none"> 1. The benefit for excision of pericoronal gingiva is not billable to the patient when billed in conjunction with other surgical procedure(s) in the same surgical area by the same dentist/dental office. 2. This procedure is applicable only to the excision of gingival tissue (operculum) distal to the 2nd or 3rd molars. | | |
| D7972 surgical reduction of fibrous tuberosity | Medical Carrier Statement, Operative Report | UA, UR, UL |
| <ol style="list-style-type: none"> 1. The benefit for surgical reduction of fibrous tuberosity is not billable to the patient when billed in conjunction with other surgical procedure(s) in the same surgical area by the same dentist/dental office. | | |
| D7979 non-surgical sialolithotomy | Narrative | LA, LL, LR |
| A sialolith is removed from the gland or ductal portion of the gland without surgical incision into the gland or the duct of the gland, for example via manual manipulation, ductal dilation, or any other non-surgical method. | | |
| D7980 surgical sialolithotomy | Medical Carrier Statement, Operative Report | LA, LL, LR |
| Surgical procedure by which a stone within a salivary gland or its duct is removed either intraorally or extraorally. | | |
| D7983 closure of salivary fistula | Medical Carrier Statement, Operative Report | UA, UR, UL, LA, LL, LR |
| Closure of an opening between a salivary duct and/or gland and the cutaneous surface or an opening into the oral cavity through other than the normal anatomic pathway. | | |
| D7999 unspecified oral surgery procedure, by report | Operative Report | |
| Used for procedure that is not adequately described by a code. Describe procedure. | | |
| <ol style="list-style-type: none"> 1. Documentation should include a clinical diagnosis, materials used, tooth number, arch, quadrant, or area of the mouth, chair time, intraoral photographic images when available, X-ray images or additional supporting information. 2. Upon review of documentation, the appropriate benefit allowance will be applied. | | |

ORTHODONTICS D8000 - D8999

All of the following orthodontic treatment codes may be used more than once for the treatment of a particular patient depending on the particular circumstance. A patient may require more than one limited or comprehensive procedure depending on their particular problems.

Primary Dentition: Teeth developed and erupted first in order of time.

Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.

Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.

General Guidelines

1. Orthodontic benefits may be based on individual plan design and may not be a benefit for some plans. Some plans may have contracted to provide different benefits/limitations. Please refer to the current Group Benefits or Patient Eligibility Verification (available on HDS Online or DenTel) for specific group coverage.
2. Under certain plans where Enhanced ACA Pediatric Benefits apply, the orthodontic treatment must meet the medical necessity criteria in order to benefit. Orthodontic coverage is limited to cases involving cleft lip and palate or other severe facial birth defects or injury for which the function of speech, swallowing or chewing is restored.
3. The fee for orthodontic treatment includes appliances, adjustments, insertion and removal, associated office visits and any post-treatment.
 - a. Radiographic images, extractions and other services related to orthodontic treatment are benefited under diagnostic or basic coverage and are not deducted from the lifetime orthodontic benefits maximum unless otherwise specified.
4. Orthodontics, including oral evaluations and all treatment, must be performed by a licensed dentist or his or her supervised staff, acting within the scope of applicable law. The dentist of record must perform an in-person clinical evaluation of the patient (or the telehealth equivalent where required under applicable law to be reimbursed as an alternative to an in-person clinical evaluation) to establish the need for orthodontics and have adequate diagnostic information, including appropriate radiographic imaging, to develop a proper treatment plan. Self-administered (or any type of "do it yourself") orthodontics is denied.
5. Payments are scheduled according to the plan's contractual agreement and the payment schedule is designated in the current Group Benefits or Patient Eligibility Verification information (available on HDS Online or DenTel).
6. For two phase treatment plans, submit a narrative for each phase. Phase I may be benefited as Limited treatment instead of Comprehensive. Phase II will be benefited as Comprehensive treatment.
7. When clear aligners, cosmetic or specialized brackets are elected by the patient for cosmetic purposes, it is not a covered benefit. The dentist must explain to the patient that additional laboratory costs as specified on the laboratory invoice are denied and chargeable. A patient consent form must be maintained on file stating that the additional charges are the patient's responsibility. The claim must be submitted as follows:
 - Enter the orthodontic procedure code and charge amount.

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- Enter a separate line as procedure code D8999 with the additional fee for the clear aligner laboratory charges, cosmetic or specialized brackets. Include a narrative describing the additional charge.
 - Provide a dental laboratory invoice that documents the additional charge. The amount would include any discounts,
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| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| Limited Orthodontic Treatment D8010 - D8040 | | |
| Orthodontic treatment utilizing any therapeutic modality with a limited objective or scale of treatment. Treatment may occur in any stage of dental development or dentition. | | |
| The objective may be limited by: | | |
| - not involving the entire dentition. | | |
| - not attempting to address the full scope of the existing or developing orthodontic problem. | | |
| - mitigating an aspect of a greater malocclusion (i.e., crossbite, overjet, overbite, arch length, anterior alignment, one phase of multi-phase treatment, treatment prior to the permanent dentition, etc.). | | |
| - a decision to defer or forego comprehensive treatment | | |
| 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 | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|------------------------------------|
| COMPREHENSIVE ORTHODONTIC TREATMENT D8070 - D8090 | | |
| Comprehensive orthodontic care includes a coordinated diagnosis and treatment leading to the improvement of a patient's craniofacial dysfunction and/or dentofacial deformity which may include anatomical, functional and/or esthetic relationships. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances in growing and non-growing patients. Adjunctive procedures to facilitate care may be required. Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development. | | |
| D8070 comprehensive orthodontic treatment of the transitional dentition | Narrative | |
| D8080 comprehensive orthodontic treatment of the adolescent dentition | | |
| D8090 comprehensive orthodontic treatment of the adult dentition | | |
| <div><div>1. A Comprehensive Orthodontic treatment is benefited once per lifetime unless specified in the group contract.</div><div>2. The narrative should include the following:<div><div>a. Class of malocclusion (Class I, II, III)</div><div>b. Location and extent of crowding</div><div>c. Overbite/overjet</div><div>d. Specify the arch(es) to be treated.</div></div></div><div>3. Due to the contract limitation of one Comprehensive treatment per lifetime, for two phase treatment plans, submit narrative for each phase. Phase I may be benefited as Limited treatment, instead of Comprehensive. Phase II will be benefited as Comprehensive treatment.</div><div>4. Orthodontic plans allow one retainer per arch per lifetime. Retainer adjustments are included in the fee for "Comprehensive Orthodontic Treatment" and are not billable to the patient if performed by the same dentist/dental office, denied if performed by a different dentist/dental office.</div></div> | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|-------------------------|------------------------------------|
| Minor Treatment to Control Harmful Habits D8210 - D8220 | | |
| D8210 removable appliance therapy | Narrative | UA, LA |
| Removable indicates patient can remove; includes appliances for thumb sucking and tongue thrusting. | | |
| <ol style="list-style-type: none"> Limited to one appliance per arch. The narrative must state the purpose for the appliance. Not to be used for treating bruxism and the control of TMD symptoms. This benefit is limited to patients through age 18. | | |
| D8220 fixed appliance therapy | Narrative | UA, LA |
| Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting. | | |
| <ol style="list-style-type: none"> Limited to one appliance per arch. The narrative must state the purpose for the appliance. Not to be used for treating bruxism and the control of TMD symptoms. This benefit is limited to patients through age 18. | | |
| Other Orthodontic Services D8680 - D8999 | | |
| D8680 orthodontic retention (removal of appliances, construction and placement of retainer(s)) | Narrative | |
| <ol style="list-style-type: none"> Limited to the removal of appliances. The narrative should describe the procedure performed and reason(s) for the procedure. This procedure is not billable to the patient unless performed by a dentist other than the original dentist/dental office. This is an incorrect code submission when fabricating replacement orthodontic retainers. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|---|------------------------------------|
| D8698 re-cement or re-bond fixed retainer – maxillary | | |
| D8699 re-cement or re-bond fixed retainer – mandibular | <ol style="list-style-type: none"> 1. This procedure is included in the Orthodontic treatment fee. 2. A separate fee is not billable to the patient to the same dentist/dental office. 3. This procedure is not billable to the patient unless performed by a dentist other than the original dentist/dental office. | |
| D8701 repair of fixed retainer, includes reattachment – maxillary | | |
| D8702 repair of fixed retainer, includes reattachment – mandibular | <ol style="list-style-type: none"> 1. This procedure is included in the Orthodontic treatment fee. 2. A separate fee is not billable to the patient to the same dentist/dental office. 3. In the case where a different dentist is repairing the fixed retainer, a separate benefit may be given once in a lifetime. | |
| D8703 replacement of lost or broken retainer – maxillary | | |
| D8704 replacement of lost or broken retainer – mandibular | <ol style="list-style-type: none"> 1. Limited to one replacement per arch lifetime. 2. The fabrication of an extra (“spare”) retainer is not covered and is denied. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---------------------------|------------------------------------|
| D8999 unspecified orthodontic procedure, by report | Narrative, Lab Invoice | |
| Used for procedure that is not adequately described by the code. Describe the procedure. | | |
| <ol style="list-style-type: none"> 1. Documentation should include a clinical diagnosis, materials used, tooth number, arch, quadrant, or area of the mouth, chair time. Laboratory invoices, photographic images, X-ray images, intraoral photos or additional supporting information may be requested. 2. Upon review of documentation, the appropriate benefit allowance will be applied. 3. When clear aligners, cosmetic or specialized brackets are elected by the patient for cosmetic purposes, it is not a covered benefit. The dentist must explain to the patient that additional laboratory costs as specified on the laboratory invoice are denied and chargeable. A patient consent form must be maintained on file stating that the additional charges are the patient's responsibility. The claim must be submitted as follows: <ul style="list-style-type: none"> • Enter the orthodontic procedure code and charge amount. • Enter a separate line as procedure code D8999 with the additional fee for the clear aligner laboratory charges, cosmetic or specialized brackets. Include a narrative describing the additional charge. • Provide a dental laboratory invoice that documents the additional charge. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|---|
| ADJUNCTIVE GENERAL SERVICES D9000 - D9999 | | |
| Unclassified Treatment D9110 - D9120 | | |
| D9110 palliative treatment of dental pain – per visit | Narrative | A - T, 1 - 32, LL, LR, UL, UR, UA, LA |
| <p>Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes.</p> <ol style="list-style-type: none"> 1. Allowance is made for one palliative treatment per visit. (This service is payable per visit, not per tooth.) An additional palliative treatment is not billable to the patient, if performed on the same date, by the same dentist/dental office. 2. All procedures necessary for the relief of pain are included in the allowance for D9110. 3. The narrative must include the diagnosis and treatment performed to relieve pain. When a specific procedure has been performed, it will be processed as that specific procedure. 4. This code should not be submitted when a pulpectomy/pulpal debridement (D3221) or placement of a temporary/protective restoration (D2940) is performed. 5. Palliative treatment may be a benefit when performed on the same date as definitive care if the treatment sites are different. 6. Periodic (D0120), problem focused (D0140) or comprehensive (D0150/ D0180) evaluations and prophylaxis (D1110 or D1120) are allowed if performed on the same date as palliative treatment. 7. This code should not be submitted for endodontic interim treatment by the same dentist as the fee for endodontic therapy includes all appointments necessary to complete treatment. 8. Office Visits (D9430) are not billable to the patient if performed on the same date as palliative treatment, by the same dentist/dental office. 9. When the submitted narrative only indicates that a referral to a specialist or a prescription for antibiotics and/or pain medication was provided, the palliative treatment will be processed as a D0140 (limited examination – problem focused) and submitted charges in excess of a D0140 are not billable to the patient. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|---|------------------------------------|
| D9120 fixed partial denture sectioning | <p>Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.</p> <ol style="list-style-type: none"> 1. The removal and replacement of an existing fixed partial denture is considered a component of a new fixed partial denture. A separate fee for this procedure is not billable to the patient. 2. This procedure is limited to once per fixed partial denture. 3. This procedure is covered under the Prosthodontics benefit category. | A - T, 1 - 32 |
| D9130 temporomandibular joint dysfunction – non-invasive physical therapies | <ol style="list-style-type: none"> 1. Temporomandibular joint dysfunction-non-invasive physical therapies are denied and the approved amount is collectable from the patient unless it is a group contract specific benefit. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|---|------------------------------------|
| Unclassified Treatment D9210 - D9248 | | |
| D9222 deep sedation/general anesthesia – first 15 minutes | <p>Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.</p> <ol style="list-style-type: none"> 1. Deep sedation/general anesthesia is a benefit only when provided in conjunction with implant placement (D6010) or covered endodontic (D3410-D3426), periodontal (D4210-D4275) and oral surgical procedures. When provided otherwise, the fee for deep sedation/general anesthesia is denied and the approved amount is collectable from the patient. 2. General anesthesia is a benefit for up to four 15-minute increments or as specified in the group contract. Additional increments are not billable to the patient unless clinical documentation supports more than one hour was necessary. When documentation of exceptional circumstances is submitted, benefits may be approved dependent on group/individual contract. 3. The benefit for deep sedation/general anesthesia is not billable to the patient when performed by anyone other than an appropriately licensed qualified provider certified to administer deep sedation/general anesthesia. 4. The evaluation for moderate, deep sedation or general anesthesia (D9219) is considered part of this procedure and is not billable to the patient. | |
| D9223 deep sedation/general anesthesia – each subsequent 15-minute increment | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|---|--|------------------------------------|
| D9230 inhalation of nitrous oxide / analgesia, anxiolysis | <ol style="list-style-type: none"> For patients covered by an Enhanced ACA Pediatric Benefit Plan, Inhalation of nitrous oxide / analgesia, anxiolysis (D9230) is a benefit only on a patient under age 13 in conjunction with operative dentistry or oral surgery. D9230 is denied when performed on a patient age 13 through 18 and the patient is responsible for the Maximum Plan Allowance. For all patients not covered by an Enhanced ACA Pediatric Benefit Plan, D9230 is denied and the patient is responsible for the submitted charge amount. Multiple submissions of D9230 by the same dentist/dental office on the same date of service are not billable to the patient. D9230 is not billable to the patient when performed on the same date as IV sedation (D9239, D9243) and general anesthesia (D9222 and D9223). | |

D9239

intravenous moderate (conscious) sedation/analgesia-
first 15 minutes

D9243

Intravenous moderate (conscious) sedation/analgesia-
each subsequent 15-minute increment

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.

The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

- Intravenous moderate (conscious) sedation is a benefit only when provided in conjunction with implant placement (D6010) or covered endodontic (D3410-D3426), periodontal (D4210-D4275) a oral surgical procedures. When provided otherwise, the fee for intravenous moderate (conscious) sedation/analgesia is denied and the approved amount is collectable from the patient.
- Intravenous moderate (conscious) sedation/analgesia is a benefit for up to four 15-minute increments or as specified in the group contract. Additional increments are not billable to the patient unless clinical documentation supports more than one hour was necessary. When documentation of exceptional circumstances is submitted, benefits may be approved dependent on group/individual contract.
- The benefit for intravenous moderate conscious sedation/anesthesia is not billable to the patient when performed by anyone other than an appropriately licensed qualified provider certified to administer intravenous sedation.

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
|--|-------------------------|---|
| Professional Consultation D9310 | | |
| D9310 consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | Narrative | A – T, 1 – 32, LL, LR, UL, UR, UA, LA |
| <p>A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.</p> <ol style="list-style-type: none"> 1. The benefit for consultation is not billable to the patient when performed in conjunction with an examination/evaluation by the same dentist/dental office. 2. This code is not applicable and is not covered when a patient is self-referred for consultation. 3. This procedure is benefited once per patient per dentist per twelve-month period. 4. Narrative must indicate the referring dentist's full name and the reason for consultation. | | |
| Professional Visits D9410 - D9450 | | |
| D9420 hospital or ambulatory surgical center call | Narrative | A - T, 1 - 32 |
| <p>Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.</p> <ol style="list-style-type: none"> 1. Hospital or ambulatory surgical center call (D9420) is a benefit only where Enhanced ACA Pediatric Benefits apply and only where it is specified by the group contract. 2. Hospital or ambulatory surgical center call (D9420) performed not in conjunction with operative dentistry or oral surgery is denied. 3. Benefit is limited to one visit per patient per day. 4. Narrative must include the hospital name and the nature / purpose for the hospital call. 5. Submitting dentist must be a licensed, credentialed provider at the specific hospital or ambulatory surgical center. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D9430 office visit for observation (during regularly scheduled hours) – no other services performed | Narrative | A - T, 1 - 32 |
| <ol style="list-style-type: none"> 1. This is not an evaluation procedure. It is allowable only when the visit is for observing injuries and no other services are provided. 2. This procedure is not billable to the patient when related to a prior service that has a post-operative period. 3. Office visits for reasons other than injury/trauma will be denied. The patient will be responsible up to the allowed amount. 4. An office visit performed in conjunction with a procedure (other than X-ray images), is not billable to the patient as included in the allowance for the procedure. 5. Narrative must include the diagnosis and the cause of the injury/trauma. | | |
| D9440 office visit – after regularly scheduled hours | Narrative | A - T, 1 - 32 |
| <ol style="list-style-type: none"> 1. The narrative must include the time and nature of the office visit and include a statement of normal working hours. 2. This is a benefit only when the office is closed and the dentist has physically left the office and must return to provide services outside of normal working hours. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| Drugs D9610, D9612 | | |
| D9610 therapeutic parenteral drug, single administration | <p>Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents.</p> <ol style="list-style-type: none">1. Therapeutic parenteral drug, single administration is denied and the approved amount is collectable from the patient unless it is a group contract specific benefit. | |
| D9612 therapeutic parenteral drugs, two or more administrations, different medications | <p>Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. This code should not be used to report administration of sedatives, anesthetic or reversal agents. This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date.</p> <ol style="list-style-type: none">1. Therapeutic parenteral drugs, two or more administrations, different medications are denied and the approved amount is collectable from the patient unless it is a group contract specific benefit. | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| Miscellaneous Services D9910 - D9999 | | |
| D9930 treatment of complications (post-surgical) – unusual circumstances, by report | Narrative | A - T, 1 - 32, LL, LR, UL, UR, UA, LA |
| <ol style="list-style-type: none"> 1. Covered only if performed by a dentist other than the treating dentist/dental office. 2. Narrative must detail the complication and treatment rendered. 3. Benefit is limited to once per dentist/dental office. | | |
| D9941 fabrication of athletic mouthguard | | |
| <ol style="list-style-type: none"> 1. Fabrication of athletic mouthguard benefit may be phased in as employer group contracts renew. Patient benefits should be verified. 2. Benefit is limited for patients age 18 and younger, allowed once in a 24-month period. | | |
| D9944 occlusal guard – hard appliance, full arch | | |
| Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances. | | |
| <ol style="list-style-type: none"> 1. Occlusal guard is denied and the approved amount is collectable from the patient unless it is a group contract specific benefit or the group contract includes TMD coverage. 2. Benefit is limited to one occlusal guard in a 5-year period. | | |
| D9945 occlusal guard – soft appliance, full arch | | |
| Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances. | | |
| <ol style="list-style-type: none"> 1. Occlusal guard is denied and the approved amount is collectable from the patient unless it is a group contract specific benefit or the group contract includes TMD coverage. 2. Benefit is limited to one occlusal guard in a 5-year period. | | |

| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D9946 occlusal guard – hard appliance, partial arch | | |
| Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances. | | |
| <ol style="list-style-type: none"> 1. Occlusal guard is denied and the approved amount is collectable from the patient unless it is a group contract specific benefit or the group contract includes TMD coverage. 2. Benefit is limited to one occlusal guard in a 5-year period. | | |
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| D9974 internal bleaching – per tooth | X-ray | 6 -11, 22 - 27 |
| <ol style="list-style-type: none"> 1. Only a benefit for discolored non-vital teeth. 2. Benefit allowance is limited to once every 12 months per tooth. 3. This procedure is covered under the Endodontics benefit category. | | |
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| D9985 General sales tax | | |
| <ol style="list-style-type: none"> 1. Charges for Hawaii General Excise Tax are not covered benefits unless the group contract specifies GET coverage. 2. For specific government programs (e.g., Supplemental Medicaid, Medicare), Hawaii General Excise Tax is not billable to the patient and not payable by HDS. | | |
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| D9997 Dental case management-patients with special health care needs | | |
| Special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made to delivery of treatment to provide customized or comprehensive oral health care services. | | |
| <ol style="list-style-type: none"> 1. The fees for patients with special health care needs are considered administrative and used to identify services provided to a particular type of patient and are not billable to the patient. | | |
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| Code & Nomenclature | Submission Requirements | Valid Tooth/ Quad/Arch/ Surface |
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| D9999 unspecified adjunctive procedure, by report | Narrative Used for procedure that is not adequately described by a code. Describe procedure. <ol style="list-style-type: none">1. Provide complete description of services/treatment to allow determination of appropriate benefit allowance.2. Narrative should include a clinical diagnosis, restorative materials used, tooth number, arch, quadrant, or area of the mouth and chair time. Intraoral photographic images when available, X-ray images, lab invoices or additional supporting information may be requested. | |