

A photograph of a man with a beard and a young girl in a red jacket. The man is kissing the girl on the cheek, and she has her eyes closed. They are outdoors, with trees and a house in the background. The scene is brightly lit, suggesting a sunny day.

CIGNA DENTAL CLINICAL COVERAGE DETERMINATION GUIDELINES

For Cigna Dental Care Plan (DHMO)

Edition: 2026

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Introduction

Cigna Dental's Clinical Coverage Determination Guidelines have been developed, revised and are updated periodically. The Clinical Criteria are based upon procedure codes in the *Code on Dental Procedures and Nomenclature* (CDT Code), American Dental Association®.

Coverage and benefit availability for all procedures, techniques, and materials used in dental therapy are determined based on review and input from the following:

- › Appropriate government agency approval for the safety and efficacy of dental materials. This includes but is not limited to FDA approval.
- › Recent published studies on new dental treatment and techniques.
- › Position papers and/or statements from consumer advocacy groups, healthcare professional associations and chronic disease associations, employers, sponsors of health plans or other interested parties are researched to determine recommended clinical criteria and treatment recommendations. These include but are not limited to:
 - American Dental Association
 - American Academy of Oral and Maxillofacial Radiology
 - American Academy of Pediatric Dentistry
 - American Academy of Periodontology
 - American Association of Endodontists
 - American Association of Oral and Maxillofacial Surgeons
 - American Association of Orthodontists
- › Cigna Dental's Clinical Advisory Panel of external leading dental experts.
- › On staff Specialist Dental Consultants and/or General Dentist Consultants.
- › Other outside experts, including educators and practicing dentists.

Cigna Dental's Clinical Coverage Determination Guidelines provide guidance in interpreting Cigna Dental benefit plans. When making coverage determinations the member specific benefit plan is referenced. Coverage for certain services under the member's specific benefit plan may differ from the standard Cigna Dental benefit plans.

These differences may include age limitations, frequency limitations, exclusion of coverage for certain procedures, and/ or alternate benefit provisions. The member specific benefit plan documents [e.g., Evidence of Coverage (EOC), and/or Summary Plan Description (SPD)] supersede Cigna Dental's Clinical Coverage Determination Guidelines. Other Clinical Policies and Coverage Guidelines may apply as well as Federal and State regulatory requirements. Cigna Dental reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Cigna Dental Clinical Coverage Determination Guidelines is provided for informational purposes. It does not constitute medical advice.

Additionally, Utilization Management (UM) decision making is based only on appropriateness of care and service and existence of coverage. Cigna Dental does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

California Customers: The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract.

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Diagnostic Treatment D0100 – D0999

SECTION I.

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Policy DIAG-01 – D0472, D0473, D0474 – Accession of Tissue

D0472 - Accession of tissue, gross examination, preparation and transmission of written report.

To be used in reporting architecturally intact tissue obtained by invasive means.

D0473 - Accession of tissue, gross and microscopic examination, preparation and transmission of written report.

To be used in reporting architecturally intact tissue obtained by invasive means.

D0474 - accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.

To be used in reporting architecturally intact tissue obtained by invasive means.

Standards and Guidelines

Allowable under the following condition:

- › When the pathology report indicates that the examined tissue is tooth related.

Not allowable under the following condition:

- › When the pathology report doesn't indicate that the examined tissue is tooth related.

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Endodontic Treatment D3000 – D3999

SECTION II.

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Policy ENDO-01 – D3221 - Pulpal Debridement

D3221 - Pulpal Debridement, primary and permanent teeth.

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.

Standards and Guidelines

Allowable under the following condition:

- › When performed for relief of acute pain.

Not allowable under the following conditions:

- › When submitted as the initial appointment for routine endodontic treatment.
- › When endodontic treatment is completed on the same date of service.
- › When submitted on a tooth with history of root canal treatment.

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Policy ENDO-02 – D3331 - Treatment of Root Canal Obstruction

D3331 - Treatment of root canal obstruction; non-surgical access.

In lieu of surgery, 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 roots.

Standards and Guidelines

Allowable under the following condition:

- › When root canal is blocked by broken posts, calcification of half or more of the tooth root, or other objects.

Not allowable under the following conditions:

- › When done on the same date of service as a removal of a post, pins, or a root canal filling.
- › When X-ray evidence and the dentist's findings don't support medical necessity.

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Periodontics Treatment D4000 – D4999

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Policy PERIO-01 – D4210, D4211 - Gingivectomy or Gingivoplasty

D4210 - Gingivectomy or Gingivoplasty. Four or more contiguous teeth or tooth bounded spaces per quadrant.

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.

D4211 - Gingivectomy or Gingivoplasty. One to three contiguous teeth or tooth bounded spaces per quadrant.

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.

Standards and Guidelines

Allowable under the following conditions:

- › When periodontal pocket depths are 5mm or deeper after the teeth have been cleaned and the roots smoothed below the gum line (scaling and root planing), and when no underlying periodontal bony defects exist.
- › When removing overgrown gum tissue.

Not allowable under the following conditions:

- › When there is a presence of defects in the bone that supports the teeth, in addition to the gum tissue defects.
- › When periodontal pocket depths are too deep or there is minimal attached gum tissue.
- › When a more extensive procedure is needed to reach and also treat the supporting bone.
- › When the gum tissue is highly inflamed or infected.
- › When the patient has a high rate of tooth decay.
- › When documentation indicates poor home care (brushing and flossing) or not following proper maintenance procedures after receiving treatment.
- › When the procedure is being performed only to improve appearance and there is no disease.
- › When these procedures are being performed on the same date of service as crown and bridge preparations and/or crown and bridge impressions.
- › When performed in conjunction with, and is considered incidental to, another surgical procedure.

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Policy PERIO-02 – D4240, D4241- Gingival Flap Procedure

D4240 - Gingival flap procedure, including root planing, four or more contiguous teeth or tooth bounded spaces per quadrant.

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 depth, 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, or fractured root. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.

D4241 - Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant.

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 depth, 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, or fractured root. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes.

Standards and Guidelines

Allowable under the following conditions:

- › When needing access to the roots of the teeth and supporting bone.
- › When periodontal pocket depths are 5 mm or deeper.
- › When treating moderate-to-deep bone loss with no irregularities in the shape of the bone and there is no outgrowth or thickening of the supporting bone, or deep bone defects between the teeth.

Not allowable under the following conditions:

- › When periodontal pocket depths are smaller than 5 mm.
- › When documentation indicates poor home care (brushing and flossing) or not following proper maintenance procedures after receiving treatment.
- › When performed in conjunction with, and is considered incidental to, another surgical procedure.

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Policy PERIO-03 – D4245 - Apically Positioned Flap

D4245 - Apically positioned flap.

Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis.

Standards and Guidelines

Allowable under the following conditions:

- › When periodontal pocket depths are 5 mm or deeper and is limited to just the outward facing and/or tongue or palate sides of a tooth (teeth).
- › When there is inflammation adjacent to a dental implant and surgical placement of implants is covered on the plan.
- › When uncovering of a dental implant for placement of an implant abutment and/or implant crown only and surgical placement of implants is covered on the plan.

Not allowable under the following conditions:

- › When the periodontal pocket depths are smaller than 5 mm and/or the pocket is not limited to just the outward facing and/or tongue or palate sides of a tooth (teeth).
- › When performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When it's being done solely for cosmetic reasons.

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Policy PERIO-04 – D4249 – Clinical Crown Lengthening

D4249 - Clinical crown lengthening, hard tissue.

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.

Standards and Guidelines

Allowable under the following conditions:

- › When there isn't enough tooth above the gum to hold a crown.
- › When preparing to fix a tooth that has a cavity or crack at or below the bone that surrounds the tooth.

Not allowable under the following conditions:

- › When removing bone when there is gum disease.
- › When only restricted to gum removal.
- › When the bone supports less than 50% of the entire length of the tooth.
- › When it's done on the same tooth and same date of service as a restoration or crown.
- › When it's being done solely for cosmetic reasons.
- › When performed in conjunction with, and is considered incidental to, another surgical procedure.

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Policy PERIO-05 – D4260, D4261 – Osseous Surgery

D4260 - Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.

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 and should be reported using their own unique codes.

D4261 - Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant.

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 D4261 and should be reported using their own unique codes.

Standards and Guidelines

Allowable under the following conditions:

- › When periodontal pocket depths are 5mm or deeper and there is also bone loss; and
- › When there's a need to get below the gum line to clean and reshape the bone; and
- › When performed, this procedure must include reflection of a full thickness flap and removal of alveolar bone to treat bone loss or bone defects.

Not allowable under the following conditions:

- › When periodontal pocket depths are smaller than 5 mm and/or x-rays do not show bone loss.
- › When there is no recent history and re-evaluation (generally within 3-6 months) of non-surgical periodontal therapy (periodontal scaling and root planing).
- › When the surgery will result in lack of bone support for the teeth.
- › When the involved tooth or teeth is/are very loose and the surgery will not make it better.
- › When the patient doesn't clean and maintain their teeth properly, and will not lead to successful outcome of the treatment.

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Policy PERIO-06 – D4263, D4264 – Bone Replacement Graft

D4263 - Bone replacement graft, retained natural tooth, first site in quadrant.

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, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. Other separate procedures delivered concurrently are documented with their own unique codes. Not to be reported for an edentulous space or an extraction site.

D4264 - Bone replacement graft, retained natural tooth, each additional site in quadrant.

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, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. This procedure is performed concurrently with one or more bone replacement grafts to document number of sites involved. Not to be reported for an edentulous space or an extraction site.

Standards and Guidelines

Allowable under the following conditions:

- › When periodontal pocket depths are 5 mm or deeper and there is also bone loss (evidence of a vertical bony defect next to the natural tooth); and
- › When the gum is cut to get to the root of the tooth/teeth for cleaning (scaling and root planing), and the bone is reshaped on the same day as the bone graft.

Not allowable under the following conditions:

- › When periodontal pocket depths are smaller than 5 mm and/or x-rays do not show vertical bone loss.
- › When it's done at the site of a surgical root canal.
- › When it's done at the site of a tooth removal.
- › When it's done in conjunction with a dental implant.

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Policy PERIO-07 – D4265 – Biological Materials

D4265 - Biologic materials to aid in soft and osseous tissue regeneration, per site.

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.

Standards and Guidelines

Allowable under the following conditions:

- › When periodontal pocket depths are 5 mm or deeper and there is also bone loss.
- › When it's the only treatment completed to regrow missing bone or gums at this site.

Not allowable under the following conditions:

- › When periodontal pocket depths are smaller than 5 mm and/or x-rays do not show bone loss.
- › When it's done with other regrowth treatments at the same site on the same date of service.
- › When it's done at the same site and same date of service as a tooth removal.

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Policy PERIO-08 – D4266, D4267, D4286 – Guided Tissue Regeneration – Natural Teeth

D4266 - Guided tissue regeneration, natural teeth, resorbable barrier, per site.

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.

D4267 - Guided tissue regeneration, natural teeth, non-resorbable barrier, per site.

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.

D4286 - Removal of non-resorbable barrier

Standards and Guidelines

Allowable under the following conditions:

- › When periodontal pocket depths around a natural tooth are 5 mm or deeper and there is also bone loss; and
- › When the gum is cut to get to the root of the tooth for cleaning (scaling and root planing), and the bone is reshaped on the same day; and
- › When it's the only treatment completed to regrow missing bone to this tooth.
- › The removal of a non-resorbable barrier (D4286), if used, is considered part of the primary guided tissue regeneration service (D4267, D6107, D7957).

Not allowable under the following conditions:

- › When periodontal pocket depths around a natural tooth are smaller than 5 mm and/or x-rays do not show bone loss.
- › When it's done with other regrowth treatments to the same tooth on the same date of service.
- › When it's done where a tooth is removed.
- › When it's done at the site of a surgical root canal.
- › When it's done for a dental implant.

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Policy PERIO-09 – D4273, D4283 – Autogenous Connective Tissue Graft

D4273 - Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.

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.

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.

Used in conjunction with D4273

Standards and Guidelines

Allowable under the following condition:

- › When there is rapid shrinking (or recession) of the gums and the amount of attached gum shrinks to smaller than 2 mm.

Not allowable under the following conditions:

- › When there is no rapid shrinking (or recession) of the gums and/or the amount of attached gum tissue remaining is 2 mm or larger.
- › When it's done with any other periodontal soft tissue graft procedure at the same site and same date of service.
- › When it's being done solely for cosmetic reasons.
- › When it's being done to repair damage from brushing too hard with no other signs of gum disease.

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Policy PERIO-10 – D4274 – Mesial/Distal Wedge

D4274 - Mesial/Distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).

This procedure is performed in an edentulous area adjacent to a tooth, allowing removal of a tissue wedge to gain access for debridement, to permit close flap adaptation, and reduce pocket depths.

Standards and Guidelines

Allowable under the following condition:

- › When periodontal pocket depths are 5 mm or deeper.

Not allowable under the following conditions:

- › When periodontal pocket depths are smaller than 5 mm.
- › When performed in conjunction with, and is considered incidental to, another surgical procedure.

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Policy PERIO-11 – D4275, D4285 – Non-autogenous Tissue Graft

D4275 - Non-autogenous tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.

There is only a recipient surgical site utilizing split thickness incision, retaining the overlying flap of gingiva and/or mucosa. A donor surgical site is not present.

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.

Used in conjunction with D4275.

Standards and Guidelines

Allowable under the following condition:

- › When there is rapid shrinking (or recession) of the gums and the amount of attached gum shrinks to smaller than 2 mm.

Not allowable under the following conditions:

- › When there is no rapid shrinking (or recession) of the gums and/or the amount of attached gum tissue remaining is 2 mm or larger.
- › When it's done with any other periodontal soft tissue graft procedure at the same site and same date of service.
- › When it's being done solely for cosmetic reasons.
- › When it's being done to repair damage from brushing too hard with no other signs of gum disease.

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Policy PERIO-12 – D4277, D4278 – Free Soft Tissue Graft

D4277 - Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft.

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.

Standards and Guidelines

Allowable under the following condition:

- › When there is rapid shrinking (or recession) of the gums and the amount of attached gum shrinks to smaller than 2 mm.

Not allowable under the following conditions:

- › When there is no rapid shrinking (or recession) of the gums and/or the amount of attached gum tissue remaining is 2 mm or larger.
- › When it's done with any other periodontal soft tissue graft procedure at the same site and same date of service.
- › When it's being done in conjunction with, and is considered incidental to, another surgical procedure.
- › When it's being done solely for cosmetic reasons.
- › When it's being done to repair damage from brushing too hard with no other signs of gum disease.

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Policy PERIO-13 – D4341, D4342 – Periodontal Scaling and Root Planing

D4341 - Periodontal scaling and root planing - four or more teeth per quadrant.

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 part of pre-surgical procedure in others.

D4342 - Periodontal scaling and root planing – one to three teeth per quadrant.

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 part of pre-surgical procedure in others.

Standards and Guidelines

Allowable under the following condition:

- › When four or more teeth (D4341), or one to three teeth (D4342), in a quadrant have periodontal pocket depths 4 mm or deeper and there is also bone loss.

Not allowable under the following conditions:

- › When no teeth in a quadrant have periodontal pocket depths 4 mm or deeper and/or X-rays do not show bone loss.
- › When it's done in conjunction with, and is considered incidental to, another periodontal procedure.
- › When it's done on the same date of service as a periodontal maintenance (D4910).

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Policy PERIO-14 – D4381 – Localized Delivery of Antimicrobial Agents

D4381- Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.

FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents to they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.

Standards and Guidelines

Allowable under the following condition:

- › When periodontal pocket depths are 5 mm or deeper and there is either a history of scaling and root planing (cleaning the tooth and smoothing the root below the gum line) or a history of gum surgery to reshape the bone.

Not allowable under the following conditions:

- › When periodontal pocket depths are smaller than 5 mm and/or there is either no history of scaling and root planing (cleaning the tooth and smoothing the root below the gum line) or history of gum surgery to reshape the bone.
- › When it's done on the same date of service as an initial scaling and root planing.
- › When it's reported on more than eight (8) teeth on the same date of service.

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Implant Treatment D6000 – D6199

SECTION IV.

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Policy IMPLNT-01 – D6102 – Debridement and Osseous Contouring of a Peri-implant Defect

D6102 - Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure

Standards and Guidelines

Allowable under the following conditions:

- › For plans that provide coverage for surgical placement of implants and implant related surgical services.
- › When there is a need to clean the dental implant with a pocket 5 mm or deeper; and
- › When the gum is bleeding, swollen, or infected; and
- › When the pocket depth is getting bigger or coming loose around the dental implant.
- › When X-rays show bone loss near the dental implant.
- › When there is a need for shaping and removing/repairing some of the bone around the dental implant.
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › When the pocket around the dental implant is smaller than 5 mm.
- › When the dental implant is loose and can't be repaired.
- › When documentation indicates poor home care (brushing and flossing) or not following proper maintenance procedures after receiving treatment.

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Policy IMPLNT-02 – D6106, D6107 – Guided tissue regeneration – per implant

D6106 - Guided tissue regeneration – resorbable barrier, per implant.

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 is used for peri-implant defects and during implant placement.

D6107 - Guided tissue regeneration – non-resorbable barrier, per implant.

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 is used for peri-implant defects and during implant placement.

Standards and Guidelines

Allowable under the following conditions:

- › For plans that provide coverage for surgical placement of implants and the surgical implant(s) meets plan guidelines for coverage.
- › When periodontal pocket depths around an implant are 5mm or deeper and there is also bone loss.
- › When used to aid in tissue regeneration during implant placement.
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › When periodontal pocket depths around an implant are smaller than 5 mm and/or x-rays do not show bone loss.
- › When performed with any other peri-implant regenerative procedure at the same site and same date of service.
- › When performed with any other allowable bone graft procedure at the same site and same date of service.
- › When performed at the same site as a tooth removal.
- › When performed at the same site as an apicoectomy, hemisection, root amputation, and/or periradicular surgery.
- › When performed at an edentulous site.
- › When performed in conjunction with an implant and the plan does not have coverage for surgical placement of implants or related procedures.

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Oral and Maxillofacial Surgery D7000 – D7999

SECTION V.

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Policy OS-01 – D7210 – Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

D7210 – Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.

Standards and Guidelines

Allowable under the following conditions:

- › When the tooth has a large cavity or is broken and the gums are healthy.
- › When the tooth being removed has very large roots making it hard to remove.
- › When the tooth has roots that are spread too far apart making it hard to remove.
- › When the tooth breaks while getting removed.
- › When the tooth is surrounded by heavy bone making it hard to remove.
- › When the tooth is bent at a very bad angle.

Not allowable under the following condition:

- › When the tooth does not appear to have a large cavity or is not broken and the gums appear to be healthy.

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Policy OS-02 – D7240, D7241 – Extraction of Impacted Tooth

D7240 – Removal of impacted tooth, completely bony.

Most or all of the crown is covered by bone; requires mucoperiosteal flap elevation and bone removal.

D7241 – Removal of impacted tooth, completely bony with unusual surgical complications.

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.

Standards and Guidelines

Allowable under the following conditions:

- › When the top of the tooth is mostly or completely covered by bone and the gum needs to be cut and the bone removed before taking out the tooth.
- › When more than 2/3 of the top of the tooth is covered by bone and the tooth is growing in sideways or at an angle.
- › When more than 90% of the top of the tooth is covered by bone and the tooth is growing straight up.
- › When removing the tooth will be very difficult (D7241).

Not allowable under the following condition:

- › When the submitted documentation does not support the clinical need for removal of an impacted tooth/teeth.

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Policy OS-03 – D7251 – Coronectomy

D7251 – Coronectomy – intentional partial tooth removal, impacted teeth only.

Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed. Standards and Guidelines

Allowable under the following condition:

- › When removing the entire tooth may damage nearby nerves or other teeth.

Not allowable under the following conditions:

- › When the tooth is not impacted.
- › When the remaining tooth or root structures are going to be removed in the future.
- › When x-ray evidence or the dentist's findings show the impacted tooth isn't near a nerve.

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Policy OS-04 – D7261 – Primary Closure of a Sinus Perforation

D7261 – Primary closure of a sinus perforation.

Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulus tract.

Standards and Guidelines

Allowable under the following conditions:

- › When a tooth removal is submitted on the same tooth, and
- › When there is exposure of the sinus that requires repair, and
- › When performed in the upper arch (teeth # 01-16)

Not allowable under the following condition:

- › When performed on the lower arch (teeth # 17-32)

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Policy OS-05 – D7280– Exposure of an Unerupted Tooth

D7280 - exposure of an unerupted tooth. 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.

Standards and Guidelines

Allowable under the following condition:

- › When the top of a tooth needs to be uncovered.

Not allowable under the following conditions:

- › When the tooth is going to be removed.
- › When the tooth is uncovered with no bone removed.
- › When this surgery is done along with other surgeries in the same area or tooth on the same date of service.

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Policy OS-06 – D7283– Placement of Device to Facilitate Eruption of Impacted Tooth

D7283 - Placement of device to facilitate eruption of impacted tooth.

Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption

Report the surgical exposure separately using D7280.

Standards and Guidelines

Allowable under the following conditions:

- › When the dentist places a bracket, band, or other device to help the tooth break through the gum.
- › When done after the gum and bone have been cut to get to the impacted tooth (D7280).

Not allowable under the following condition:

- › When done on a tooth that isn't impacted.

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Policy OS-07 – D7285, D7286 – Incisional Biopsy of Oral Tissue

D7285 - Incisional biopsy of oral tissue, hard (bone, tooth).

For partial removal of lesion. This procedure involves biopsy of osseous or intra-osseous lesions (example cyst, tumor) and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision.

D7286 - Incisional biopsy of oral tissues, soft.

For partial removal of a lesion. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision.

Standards and Guidelines

Allowable under the following condition:

- › When the diagnosis and result of biopsy (as indicated by the lab report submitted with the claim) indicate the tissue is tooth related.

Not allowable under the following condition:

- › When done for a medical reason or when the lab diagnosis indicates it is related to structures other than tooth.

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Policy OS-08 – D7310, D7311 – Alveoloplasty in Conjunction with Extractions

D7310 - Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant.

The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

D7311 - Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces per quadrant.

The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

Standards and Guidelines

Allowable under the following conditions:

- › When four or more teeth are removed in a quadrant (D7310).
- › When one to three teeth are removed in a quadrant (D7311).

Not allowable under the following conditions:

- › When fewer than four teeth are removed in a quadrant (D7310).
- › When no teeth have been removed in a quadrant (D7311).

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Policy OS-09 – D7320, D7321 – Alveoplasty Not in Conjunction with Extractions

D7320 - Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant.

No extractions performed in an edentulous area. See D7310 if teeth are being extracted concurrently with the alveoplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

D7321 – Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces per quadrant. No extractions performed in an edentulous area. See D7311 if teeth are being extracted concurrently with the alveoplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

Allowable under the following conditions:

- › When the reshaping of the jaw bone is in a quadrant with four or more missing teeth (D7320).
- › When the reshaping of the jaw bone is in a quadrant with one to three missing teeth (D7321).

Not allowable under the following conditions:

- › When the reshaping of the jaw bone is in a quadrant that has fewer than four missing teeth (D7320).
- › When the reshaping of the jaw bone is in a quadrant that has no missing teeth (D7321).

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Policy OS-10 – D7410, D7411 – Excision of Benign Lesion

D7410 - Excision of benign lesion up to 1.25cm

D7411 - Excision of benign lesion greater than 1.25cm

Standards and Guidelines

Allowable under the following condition:

- › When the lab report diagnosis (submitted with claim) and the dentist's findings confirm that the lesion is related to a tooth.

Not allowable under the following conditions:

- › When the lab report diagnosis (submitted with claim) and the dentist's findings confirm that the lesion isn't related to a tooth.
- › When the lab report diagnosis (submitted with claim) indicates that the lesion is malignant (not benign).

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Policy OS-11 – D7450, D7451 – Removal of Benign Cyst or Tumor

D7450 - Removal of odontogenic cyst or tumor, lesion diameter up to 1.25cm.

D7451 - Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm.

Standards and Guidelines

Allowable under the following condition:

- › When the lab report along with the dentist's notes (submitted with claim) confirm that the growth removed is from the jaw area and tooth related.

Not allowable under the following conditions:

- › When the lab report and dentist's notes (submitted with claim) say the growth is not from the jaw area and/or not tooth related.
- › When the lab report diagnosis (submitted with claim) indicates that the cyst or tumor is malignant (not benign).

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Policy OS-12 – D7953– Bone Replacement Graft

D7953 - Bone replacement graft for ridge preservation, per site.

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 planned prosthetic reconstruction).

Does not include obtaining graft material. Membrane, if used should be reported separately.

Standards and Guidelines

Allowable under the following condition:

- › When the bone graft happens on the same date of service as a tooth or dental implant removal and the plan provides coverage for surgical placement of implants.

Not allowable under the following condition:

- › When the bone graft was not done on the same date of service as a tooth or dental implant removal or the plan does not provide coverage for surgical placement of implants.

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Policy OS-13 – D7956, D7957 – Guided tissue regeneration – edentulous area

D7956 - Guided tissue regeneration, edentulous area – resorbable barrier, per site.

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.

D7957 - Guided tissue regeneration, edentulous area – non-resorbable barrier, per site.

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 to ridge augmentation, sinus lift procedures, and after tooth extraction.

Standards and Guidelines

Allowable under the following conditions:

- › For plans that provide coverage for surgical placement of implants and the surgical implant(s) meets plan guidelines for coverage.
- › When used to aid in tissue regeneration during procedures to increase bone height, width and/or volume; or after tooth removal.

Not allowable under the following conditions:

- › When performed with any other allowable bone graft procedure at the same site and same date of service.
- › When performed at the same site as an apicoectomy, hemisection, root amputation, and/or periradicular surgery.
- › When performed at the same site with an existing natural tooth or dental implant.
- › When performed in conjunction with an implant and the plan does not have coverage for surgical placement of implants or related procedures.

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Policy OS-14 – D7961, D7962, D7963– Frenulectomy

D7961 - Buccal/labial Frenectomy (Frenulectomy)

D7962 – Lingual Frenectomy (Frenulectomy)

D7963 – Frenuloplasty.

Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure.

Standards and Guidelines

Allowable under the following conditions:

- › When the frenulum is pulling on the gums and causing gum recession or other dental complications.
- › When a gap between two front teeth needs to be closed.
- › When it would make it easier to fit dentures in the mouth.

Not allowable under the following conditions:

- › When the frenulum under the tongue needs to be fixed or removed to treat Ankyloglossia (being tongue-tied) or lip related conditions. This would need to go through medical insurance.
- › When other periodontal related surgeries on gums, teeth, or bone are done on the same date of service and in the same area of the mouth.

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Orthodontic Treatment D8000 – D8999

SECTION VI.

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Policy OR-01 – D8070, D8080, D8090, D8091 – Comprehensive Orthodontic Treatment

D8070 - Comprehensive orthodontic treatment of the transitional dentition

D8080 – Comprehensive orthodontic treatment of the adolescent dentition

D8090 – Comprehensive orthodontic treatment of the adult dentition

D8091 – Comprehensive orthodontic treatment with orthognathic surgery

Standards and Guidelines

Allowable under the following condition:

- › When orthodontic treatment is provided under the direct supervision (in person) of a licensed dentist or orthodontist and your plan provides coverage for orthodontic services.

Not allowable under the following conditions:

- › For plans that do not provide coverage for orthodontic services.
- › When orthodontic treatment is provided without direct supervision (in person) of a licensed dentist or orthodontist.
- › For mail order, direct-to-customer (DTC), and/or do-it-yourself (DIY) orthodontic programs.

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Adjunctive General Treatment D9000 – D9999

SECTION VII.

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Policy ADJ-01– D9222, D9223, D9224, D9225 – Deep Sedation/General Anesthesia

D9222 – Administration of Deep Sedation/General anesthesia, first 15 minute increment, or any portion thereof.

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. The level of anesthesia is determined by the provider's documentation of the anesthetic's effects upon the central nervous system.

D9223 – Administration of Deep Sedation/General anesthesia - each subsequent 15 minute increment, or any portion thereof.

D9224 - Administration of General anesthesia with advanced airway – first 15 minute increment, or any portion thereof. With or without co-administration of nitrous oxide. 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. This procedure is determined by the provider's documentation of the presence of an advanced airway such as a supraglottic or subglottic airway device, which includes laryngeal tube, esophageal-tracheal tube (Combitube), laryngeal mask airway, or endotracheal tube.

D9225 - Administration of General anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof

Standards and Guidelines

Allowable under the following conditions:

- › Only when performed in conjunction with a covered service(s) that is/are determined to be allowable according to dental plan guidelines.
- › Only allowable when one or more of the following underlying medical conditions exists for the patient:
 - When a medical doctor or allergist provides a note saying that the patient is allergic to the drug that numbs pain and is given by a needle.
 - When the site in the mouth to be numbed is infected.
 - When the patient has special needs physically or intellectually (including Down syndrome, Autism Spectrum Disorder).
 - When the patient has Alzheimer's disease or other forms of dementia.
 - When the patient has spastic muscle disorders (including Epilepsy, Cerebral Palsy, and Parkinson's disease); does not include attention deficit disorder (ADD).

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- When the patient has cardiac problems, including hypertension - documentation from medical doctor required.
- When the patient has uncontrolled Diabetes - documentation from medical doctor required.
- When the patient has kidney/renal failure - documentation from medical doctor required.
- When the patient is age three or younger.
- For patient in whom conscious sedation would be inadequate or contraindicated for any of the following procedures:
 - When two or more wisdom teeth are removed on the same visit that are either under the gums and/or covered with bone.
 - When one impacted (under the gums and covered with bone) canine tooth is removed or exposed.
 - When two or more teeth in more than one section of the mouth are removed that require cutting of the gum and bone.
 - When six or more teeth are removed.
 - When a large section of jawbone needs to be smoothed out, usually after multiple teeth have been removed.
 - When there is gum surgery in more than one section of the mouth.
 - When the removal of a tumor, cysts, lesion and surrounding tissue is more than 1.25 cm across.
 - When part of the bone is removed, with or without bone being grafted in the same section.
 - When a tooth with a bulbous (extra-large and round) root is removed, or when any unusual or complicated tooth removal techniques are needed.
- › Plan guidelines may limit the number of time units of deep sedation/general anesthesia that are allowable for a specific date of service and/or episode of care.

Not allowable under the following conditions:

- › When the patient does not have a qualifying underlying medical condition.
- › When the general anesthesia is used only for the convenience of the patient or provider of care.
- › When the number of additional time units of deep sedation/general anesthesia appears to exceed the extent of services rendered or Plan allowance, the additional time units may not be allowed.

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Policy ADJ-02– D9239, D9243 – IV Sedation

D9239 – Administration of moderate sedation – intravenous - first 15 minute increment, or any portion thereof.

When moderate sedation is achieved by administration and titration of drug(s) intravenously. With or without co-administration of nitrous oxide. 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. The level of anesthesia is determined by the provider's documentation of the anesthetic's effects upon the central nervous system.

D9243 - Administration of moderate sedation – intravenous - each subsequent 15 minute increment, or any portion thereof.

Standards and Guidelines

Allowable under the following conditions:

- › Only when performed in conjunction with a covered service(s) that is/are determined to be allowable according to dental plan guidelines.
- › Only allowable when one or more of the following underlying medical conditions exists for the patient:
 - When a medical doctor or allergist provides a note saying that the patient is allergic to the drug that numbs pain and is given by a needle.
 - When the site in the mouth to be numbed is infected.
 - When the patient has special needs physically or intellectually (including Down syndrome, Autism Spectrum Disorder.)
 - When the patient has Alzheimer's disease or other forms of dementia.
 - When the patient has spastic muscle disorders (including Epilepsy, Cerebral Palsy, and Parkinson's disease); does not include attention deficit disorder (ADD).
 - When the patient has cardiac problems, including hypertension- documentation from medical doctor required.
 - When the patient has uncontrolled Diabetes - documentation from medical doctor required.
 - When the patient has kidney/renal failure - documentation from medical doctor required.
 - When the patient is age three or younger.
 - For patient in whom conscious sedation would be inadequate or contraindicated for any of the following procedures:
 - When two or more wisdom teeth removed on the same visit that are either under the gums and/or covered with bone.

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- When one impacted (under the gums and covered with bone) canine tooth is removed or exposed.
 - When two or more teeth in more than one section of the mouth are removed that require cutting of the gum and bone.
 - When six or more teeth are removed.
 - When a large section of jawbone needs to be smoothed out, usually after multiple teeth have been removed.
 - When there is gum surgery in more than one section of the mouth.
 - When the removal of a tumor, cysts, lesion and surrounding tissue is more than 1.25 cm across.
 - When part of the bone is removed, with or without bone being grafted in the same section.
 - When a tooth with a bulbous (extra-large and round) root is removed, or when any unusual or complicated tooth removal techniques are needed.
- › Plan guidelines may limit the number of time units of IV sedation that are allowable for a specific date of service and/or episode of care.

Not allowable under the following conditions:

- › When the patient does not have a qualifying underlying medical condition.
- › When the IV Sedation is used only for the convenience of the patient or provider of care.
- › When the number of additional time units of IV sedation appears to exceed the extent of services rendered or Plan allowance, the additional time units may not be allowed.

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Policy ADJ-03 – D9951 – Limited Occlusal Adjustment

D9951 - Occlusal adjustment, limited.

May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the upper and lower teeth. Presently includes discing, odontoplasty, and enameloplasty. Typically reported on a "per visit" basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics.

Standards and Guidelines

Allowable under the following condition:

- › When it's done along with, or with a history of, other treatment of the gums (periodontal treatment).

Not allowable under the following conditions:

- › When done with another dental procedure, such as a root canal, crown, bridge, or filling.
- › When it is done on the same date of service along with a mouth guard or a TMJ (Temporomandibular Joint Disorder) appliance.
- › When more than one occlusal adjustment is done on the same date of service.

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Policy ADJ-04 – D9952 – Complete Occlusal Adjustment

D9952 - Occlusal adjustment, complete.

Occlusal adjustment may require several appointments of varying length, and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be utilized for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma.

Standards and Guidelines

Allowable under the following conditions:

- › When it's done along with, or with a history of, other treatment of the periodontal tissues (gums and bone) involving both the upper and lower teeth.
- › When there is documented occlusal trauma involving all of the patient's upper and lower teeth.
- › When performed in conjunction with approved orthodontic treatment.

Not allowable under the following conditions:

- › When done with another dental procedure, such as a root canal, crown, bridge, or filling.
- › When the adjustment is completed only for a limited area of the mouth.

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References:

Dentistry

- 1) American Dental Association (ADA), CDT 2026 Dental Procedure Codes

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Updates

1/1/2021 – changes to reflect CDT 2021

1/1/2022 – changes to reflect CDT 2022. Various editorial changes to bring consistency to verbiage throughout document.

1/1/2023 - changes to reflect CDT 2023.

1/1/2024 - changes to reflect CDT 2024. Various editorial changes to bring consistency to verbiage throughout document. Addition of Orthodontic section

1/1/2025 - changes to reflect CDT 2025. Updates to better clarify criteria for ADJ-01 and ADJ-02. Minor grammatical corrections throughout.

1/1/2026 - changes to reflect CDT 2026. Descriptor updates to PREV-01, PERIO-01 and 06, OS-03, 04, 05, 06, 07, 08, and 09, ADJ-01 and 02. Clarifying verbiage updates to PERIO-01 and 06, IMPLNT-01, OS-03, 04, 05, 06, 07, 08, 09, and 10. Minor grammatical corrections throughout.

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