

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 PPO and Indemnity Plans

Edition: 2026

Table of Contents

Introduction	5
Diagnostic Treatment D0100 – D0999	6
Policy DIAG-01 – D0160 – Detailed and Extensive Oral Evaluation.....	7
Restorative Treatment D2000 – D2999	8
Policy REST-01 – D2140-D2394 – Direct Restorations.....	9
Policy REST-02 – D2542-D2664 - Onlays	10
Policy REST-03 – D2710-D2794 - Crowns	11
Policy REST-04 – D2799 - Interim Crowns	12
Policy REST-05 – D2928-D2934 – Prefabricated Crowns	13
Policy REST-06 – D2950 - Core Buildup	14
Policy REST-07 – D2960, D2961, D2962 – Labial Veneers	15
Endodontic Treatment D3000 – D3999	16
Policy ENDO-01 – D3221 - Pulpal Debridement	17
Policy ENDO-02 – D3331 - Treatment of Root Canal Obstruction.....	18
Policy ENDO-03 – D3332 - Incomplete Endodontic Therapy.....	19
Policy ENDO-04 – D3428, D3429 - Bone Graft in Conjunction with Periradicular Surgery	20
Policy ENDO-05 – D3431 - Biologic Materials in Conjunction with Periradicular Surgery	21
Policy ENDO-06 – D3432 - Guided Tissue Regeneration in Conjunction with Periradicular Surgery	22
Periodontics Treatment D4000 – D4999	23
Policy PERIO-01 – D4210, D4211 - Gingivectomy or Gingivoplasty.....	24
Policy PERIO-02 – D4212 - Gingivectomy or Gingivoplasty	25
Policy PERIO-03 – D4240, D4241- Gingival Flap Procedure	26
Policy PERIO-04 – D4245 - Apically Positioned Flap	27
Policy PERIO-05 – D4249 – Clinical Crown Lengthening.....	28
Policy PERIO-06 – D4260, D4261 – Osseous Surgery	29
Policy PERIO-07 – D4263, D4264 – Bone Replacement Graft	30
Policy PERIO-08 – D4265 – Biological Materials.....	31
Policy PERIO-09 – D4266, D4267, D4286 – Guided Tissue Regeneration – Natural Teeth	32

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Policy PERIO-10 – D4270 – Pedicle Soft Tissue Graft	33
Policy PERIO-11 – D4273, D4283 – Autogenous Connective Tissue Graft	34
Policy PERIO-12 – D4274 – Mesial/Distal Wedge.....	35
Policy PERIO-13 – D4275, D4285 – Non-autogenous Tissue Graft.....	36
Policy PERIO-14 – D4276 – Combined Connective Tissue and Pedicle Graft	37
Policy PERIO-15 – D4277, D4278 – Free Soft Tissue Graft	38
Policy PERIO-16 – D4341, D4342 – Periodontal Scaling and Root Planing.....	39
Policy PERIO-17 – D4346 – Scaling in the Presence of Generalized Moderate/Severe Gingival Inflammation	40
Policy PERIO-18 – D4355 – Full Mouth Debridement	41
Policy PERIO-19 – D4381 – Localized Delivery of Antimicrobial Agents.....	42
Policy PERIO-20 – D4910 – Periodontal Maintenance	43
Removable Prosthodontic Treatment D5000 – D5899.....	44
Policy RPROS-01 – D5130, D5140 – Immediate Dentures.....	45
Policy RPROS-02 – D5810, D5811, D5820, D5821 – Interim Dentures.....	46
Implant Treatment D6000 – D6199.....	47
Policy IMPLNT-01 – D6010, D6013 – Surgical Placement of Implants	48
Policy IMPLNT-02 – D6011 – Second Stage Implant Surgery	49
Policy IMPLNT-03 – D6055 – Connecting Bar	50
Policy IMPLNT-04 – D6056, D6057 – Implant Abutments.....	51
Policy IMPLNT-05 – D6058-D6064, D6094, D6097 - Abutment Supported Crowns.....	52
Policy IMPLNT-06 – D6065-D6067, D6082-D6084, D6086-D6088 - Implant Abutment Supported Crowns.....	54
Policy IMPLNT-07 – D6068-D6074, D6194, D6195 - Abutment Supported Retainers for Fixed Partial Dentures	55
Policy IMPLNT-08 – D6075-D6077, D6098, D6099, D6120-D6123 - Implant Supported Retainers for Fixed Partial Dentures.....	57
Policy IMPLNT-09 – D6101 – Debridement of a Peri-implant Defect.....	59
Policy IMPLNT-10 – D6102 – Debridement and Osseous Contouring of a Peri-implant Defect	60
Policy IMPLNT-11 – D6103 – Bone Graft for Repair of Peri-implant Defect	61
Policy IMPLNT-12 – D6104 – Bone Graft at the Time of Implant Placement	62
Policy IMPLNT-13 – D6106, D6107 – Guided tissue regeneration – per implant.....	63
Policy IMPLNT-14 – D6190 – Radiographic/Surgical Implant Index	64
Fixed Prosthodontic Treatment D6200 – D6999	65
Policy FPROS-01 – D6205 – D6252 – Fixed Partial Denture Pontics.....	66
Policy FPROS-02 – D6545 – D6634– Fixed Partial Denture Retainer Inlays/Onlays	67

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Policy FPROS-03 – D6710 – D6794 – Fixed Partial Denture Retainer Crowns	69
Oral and Maxillofacial Surgery D7000 – D7999	71
Policy OS-01 – D7220-D7251 – Extraction of Impacted Tooth	72
Policy OS-02 – D7285, D7286 – Incisional Biopsy of Oral Tissue	73
Policy OS-03 – D7410, D7411 – Excision of Benign Lesion	74
Policy OS-04 – D7450, D7451 – Removal of Benign Cyst or Tumor	75
Policy OS-05 – D7939 – Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	76
Policy OS-06 – D7950 – Osseous, Osteoperiosteal, Periosteal, or Cartilage Graft	77
Policy OS-07 – D7951, D7952 – Sinus Augmentation	78
Policy OS-08 – D7953– Bone Replacement Graft	79
Policy OS-09 – D7956, D7957 – Guided tissue regeneration – edentulous area	80
Policy OS-10 – D7961, D7962, D7963– Frenulectomy	81
Policy OS-11 – D7970– Excision of Hyperplastic Tissue.....	82
Policy OS-12 – D7971– Excision of Pericoronal Gingiva	83
Policy OS-13 – D7994 – Zygomatic Implant.....	84
Orthodontic Treatment D8000 – D8999	85
Policy OR-01 – D8070, D8080, D8090, D8091 – Comprehensive Orthodontic Treatment	87
Adjunctive General Treatment D9000 – D9999.....	88
Policy ADJ-01– D9222, D9223, D9224, D9225 – Deep Sedation/General Anesthesia	89
Policy ADJ-02– D9239, D9243 – IV Sedation	91
Policy ADJ-03 – D9950 – Occlusion Analysis.....	93
Policy ADJ-04 – D9951 – Limited Occlusal Adjustment	94
Policy ADJ-05 – D9952 – Complete Occlusal Adjustment	95
References	96

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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 – D0160 – Detailed and Extensive Oral Evaluation

D0160 - Detailed and extensive oral evaluation – problem focused, by report

Standards and Guidelines

Allowable under the following condition:

- › If associated with dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular (TMJ) dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.

Not allowable under the following condition:

- › If reported with a service typically covered by a medical plan.

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Restorative Treatment D2000 – D2999

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Policy REST-01 – D2140-D2394 – Direct Restorations

D2140 - Amalgam – one surface, primary or permanent

D2150 - Amalgam – two surfaces, primary or permanent

D2160 - Amalgam – three surfaces, primary or permanent

D2161 - Amalgam – four or more surfaces, primary or permanent

D2330 - Resin-based composite – one surface, anterior

D2331 - Resin-based composite – two surfaces, anterior

D2332 - Resin-based composite – three surfaces, anterior

D2335 - Resin-based composite – four or more surfaces, anterior

D2391 - Resin-based composite – one surface, posterior

D2392 - Resin-based composite – two surfaces, posterior

D2393 - Resin-based composite – three surfaces, posterior

D2394 - Resin-based composite – four or more surfaces, posterior

Standards and Guidelines

Amalgam restorations include tooth preparation, all adhesives (including amalgam bonding agents), liners and bases, and polishing are included as part of the restoration.

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, curing, and polishing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes.

Allowable under the following conditions:

- › When information submitted confirms minimal or moderate decay or breakdown of the tooth that necessitates restoration with an amalgam or composite resin filling material.
- › Replacement fillings may be allowable if there is presence of recurrent decay, breakdown of the tooth or existing filling, or open margins that necessitates restoration with an amalgam or composite resin filling material.

Not allowable under the following conditions:

- › When the available information does not confirm presence of decay or breakdown that necessitates a filling.
- › When replacement of the filling is completed by the same dentist/dental office, on the same tooth and same surface(s) within 12 months.
- › When the filling is placed solely for cosmetic purposes.
- › If the tooth has a questionable periodontal, endodontic, and/or restorative prognosis.
- › When the filling is placed solely for tooth structure loss due to wear, grinding, and/or erosion in the absence of symptoms.

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Policy REST-02 – D2542-D2664 - Onlays

D2542 - Onlay – metallic – two surfaces

D2543 - Onlay – metallic – three surfaces

D2544 - Onlay – metallic – four or more surfaces

D2642 - Onlay – porcelain / ceramic – two surfaces

D2643 - Onlay – porcelain / ceramic – three surfaces

D2644 - Onlay – porcelain / ceramic – four or more surfaces

D2662 - Onlay – resin-based composite – two surfaces

D2663 - Onlay – resin-based composite – three surfaces

D2664 - Onlay – resin-based composite – four or more surfaces

Standards and Guidelines

Allowable under the following conditions:

- › When information submitted confirms extensive decay or fracture of the tooth that cannot be restored with an amalgam or composite resin filling material.
- › Replacement onlays are allowable if the existing onlay is unserviceable such as presence of recurrent decay, broken/fractured porcelain, or open margins. A plan frequency limitation may apply.

Not allowable under the following conditions:

- › If the tooth has a questionable periodontal, endodontic, and/or restorative prognosis.
- › When placed solely to increase vertical dimension and/or for cosmetic purposes.
- › When the available information does not confirm a clinical need for the replacement of an onlay.
- › When placed solely for tooth structure loss due to wear, grinding, and/or erosion in the absence of symptoms.

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Policy REST-03 – D2710-D2794 - Crowns

D2710 - Crown – resin-based composite (indirect)

D2712 - Crown – ¾ resin-based composite (indirect)

This procedure does not include facial veneers

D2720 - Crown – resin with high noble metal

D2721 - Crown – resin with predominantly base metal

D2722 - Crown – resin with noble metal

D2740 - Crown – porcelain / ceramic

D2750 - Crown – porcelain fused to high noble metal

D2751 - Crown – porcelain fused to predominantly base metal

D2752 - Crown – porcelain fused to noble metal

D2753 - Crown – porcelain fused to titanium and titanium alloys

D2780 - Crown – ¾ cast high noble metal

D2781 - Crown – ¾ cast predominantly base metal

D2782 - Crown – ¾ cast noble metal

D2783 - Crown – ¾ porcelain / ceramic

This procedure does not include facial veneers

D2790 - Crown – full cast high noble metal

D2791 - Crown – full cast predominantly base metal

D2792 - Crown – full cast noble metal

D2794 - Crown – titanium and titanium alloys

Standards and Guidelines

Allowable under the following conditions:

- › When information submitted confirms extensive decay or fracture of the tooth that cannot be restored with an amalgam or composite resin filling material.
- › Replacement crowns are allowable if the existing crown is unserviceable such as presence of recurrent decay, broken/fractured porcelain, or open margins. A plan frequency limitation may apply.

Not allowable under the following conditions:

- › If the tooth has a questionable periodontal, endodontic, and/or restorative prognosis.
- › When placed solely to increase vertical dimension and/or for cosmetic purposes.
- › When the available information does not confirm a clinical need for the replacement of a crown.
- › When placed solely for tooth structure loss due to wear, grinding, and/or erosion in the absence of symptoms.

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Policy REST-04 – D2799 - Interim Crowns

D2799 – Interim Crown - further treatment or completion of diagnosis necessary prior to final impression.

Not to be used as a temporary crown for a routine prosthetic restoration.

Standards and Guidelines

Allowable under the following condition:

- › When the D2799 (interim crown) is placed for an extended period of time (generally 6 months or more) to allow for other treatment and/or completion of diagnosis prior to final impression/restoration.

Not allowable under the following conditions:

- › As noted in the definition, allowance is not made for interim/temporary crowns that are part of routine prosthetic restoration (generally when in place for less than 6 months).
- › When performed at the site of a dental implant.

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Policy REST-05 – D2928-D2934 – Prefabricated Crowns

D2928 - Prefabricated porcelain/ceramic crown – permanent tooth

D2929 - Prefabricated porcelain/ceramic crown – primary tooth

D2930 - Prefabricated stainless steel crown – primary tooth

D2931 - Prefabricated stainless steel crown – permanent tooth

D2932 - Prefabricated resin crown

D2933 - Prefabricated stainless steel crown with resin window.

Open-face stainless steel crown with aesthetic resin facing or veneer.

D2934 - Prefabricated esthetic coated stainless steel crown – primary tooth.

Stainless steel primary crown with exterior esthetic coating.

Standards and Guidelines

Allowable under the following conditions:

- › When information submitted confirms extensive decay or fracture of the tooth that cannot be restored with an amalgam or composite resin filling material.
- › Replacement crowns are allowable if the existing crown is unserviceable such as presence of recurrent decay, broken/fractured porcelain, or open margins. A plan frequency limitation may apply.

Not allowable under the following conditions:

- › If the tooth has a questionable periodontal, endodontic, and/or restorative prognosis.
- › When placed solely to increase vertical dimension and/or for cosmetic purposes.
- › When the available information does not confirm a clinical need for the replacement of a crown.
- › When placed solely for tooth structure loss due to wear, grinding, and/or erosion in the absence of symptoms.

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Policy REST-06 – D2950 - Core Buildup

D2950 - Core buildup, including pins when required.

Refers to building up of coronal structure when there is insufficient retention for a separate extra coronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.

Standards and Guidelines

Allowable under the following condition:

- › When the tooth has decay or fracture that would require the D2950 (Core Buildup) to assist in retaining the final restoration (for example single crowns or bridge retainer crowns).

Not allowable under the following conditions:

- › In the absence of major decay or fracture of the tooth.
- › When a buildup is not necessary to aid in the retention of the final restoration.
- › When completed on the same date of service and same tooth as delivery of the final restoration. Exceptions may be considered for indirect restorations made with CAD-CAM (same day) technology.
- › When completed on the same date of service and same tooth as a post and core (D2952, D2953, D2954, D2957).
- › When performed in conjunction with any intracoronal restorations (inlays, direct restorative fillings)
- › When performed in conjunction with any onlays.

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Policy REST-07 – D2960, D2961, D2962 – Labial Veneers

D2960 – Labial veneer (resin laminate) – chairside.

Refers to labial/facial direct resin bonded veneers.

D2961 – Labial veneer (resin laminate) – laboratory.

Refers to labial/facial indirect resin bonded veneers.

D2962 – Labial veneer (porcelain laminate) – laboratory.

Refers also to facial veneers that extend interproximally and/or cover the incisal edge.

Porcelain/ceramic veneers presently include all ceramic and porcelain veneers.

Standards and Guidelines

Allowable under the following conditions:

- › When information submitted confirms extensive decay or fracture of the tooth that cannot be restored with composite resin or other direct filling material.
- › Replacement veneers are allowable if the existing veneer is unserviceable such as presence of recurrent decay, broken/fractured porcelain, or open margins. A plan frequency limitation may apply.
- › Limited to qualifying permanent anterior teeth (Teeth numbers 6-11 and 22-27).

Not allowable under the following conditions:

- › If the tooth has a questionable periodontal, endodontic, and/or restorative prognosis.
- › When placed solely for cosmetic purposes, including peg laterals.
- › When the available information does not confirm a clinical need for the replacement of a veneer.
- › When placed solely for tooth structure loss due to wear, grinding, and/or erosion in the absence of symptoms.

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Endodontic Treatment D3000 – D3999

SECTION III.

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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 conditions:

- › Benefits are allowable on a per tooth basis.
- › When information submitted confirms both the presence of and the treatment of 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.

Not allowable under the following condition:

- › When completed on the same tooth as routine root canal retreatment (D3346, D3347, D3348).

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Policy ENDO-03 – D3332 - Incomplete Endodontic Therapy

D3332 - Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.

Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable.

Standards and Guidelines

Allowable under the following conditions:

- › When the patient is not returning for completion of root canal treatment of the same tooth.
- › When the tooth is unrestorable or requires removal.

Not allowable under the following condition:

- › In the absence of documentation demonstrating that considerable time was expended in determining the diagnosis that the tooth is inoperable, unrestorable, or fractured.

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Policy ENDO-04 – D3428, D3429 - Bone Graft in Conjunction with Periradicular Surgery

D3428 - Bone graft in conjunction with periradicular surgery, per tooth, single site.

Includes non-autogenous graft material.

D3429 - Bone graft in conjunction with periradicular surgery, each additional contiguous tooth in the same surgical site.

Includes non-autogenous graft material.

Standards and Guidelines

Allowable under the following conditions:

- › When performed in conjunction with other periradicular surgery (D3410, D3421, D3425, D3426, or D3427) on the same tooth.
- › When information submitted confirms a lesion of 1cm or greater in size.

Not allowable under the following conditions:

- › When the above allowable criteria have not been met.
- › When another regenerative procedure (D3431 or D3432) has been benefited at the same site. The Plan generally allows coverage for only one regenerative procedure at a given site.

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Policy ENDO-05 – D3431 - Biologic Materials in Conjunction with Periradicular Surgery

D3431 - Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery

Standards and Guidelines

Allowable under the following conditions:

- › Benefits are allowable on a per tooth basis.
- › When performed in conjunction with other periradicular surgery (D3410, D3421, D3425, D3426, or D3427) on the same tooth.
- › When information submitted confirms a lesion of 1cm or greater in size.

Not allowable under the following conditions:

- › When the above allowable criteria have not been met.
- › When another regenerative procedure (D3428, D3429, or D3432) has been benefited at the same site. The Plan generally allows coverage for only one regenerative procedure at a given site.
- › When performed with any allowable bone graft procedure at the same site and same date of service.

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Policy ENDO-06 – D3432 - Guided Tissue Regeneration in Conjunction with Periradicular Surgery

D3432 - Guided tissue regeneration, restorable barrier, per site, in conjunction with periradicular surgery

Standards and Guidelines

Allowable under the following conditions:

- › Benefits are allowable on a per tooth basis.
- › When performed in conjunction with other periradicular surgery (D3410, D3421, D3425, D3426, or D3427) on the same tooth.
- › When information submitted confirms a lesion of 1cm or greater in size.

Not allowable under the following conditions:

- › When the above allowable criteria have not been met.
- › When another regenerative procedure (D3428, D3429, or D3431) has been benefited at the same site. The Plan generally allows coverage for only one regenerative procedure at a given site.
- › When performed with any allowable bone graft procedure at the same site and same date of service.

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Periodontics Treatment D4000 – D4999

SECTION IV.

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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 5 mm or deeper.
- › When performed to remove overgrown gum tissue.

Not allowable under the following conditions:

- › When the procedure is being performed only to improve appearance and there is no disease present.
- › When performed in conjunction with, and is considered incidental to, another dental procedure.
- › When a more extensive procedure is needed to gain access to and/or to treat the supporting bone.
- › When this procedure is being performed at the same site on the same date of service, or within 30 days of, crown, bridge, and/or implant prosthesis preparations, impressions, and/or delivery.
- › When retreatment of gingivectomy or gingivoplasty (D4210 or D4211) is completed by the same dentist/dental office, at the same quadrant within 36 months. The patient is not responsible for payment.

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Policy PERIO-02 – D4212 - Gingivectomy or Gingivoplasty

D4212 - Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth

Standards and Guidelines

Allowable under the following condition:

- › When information submitted confirms the need for this procedure to allow access for the placement of a direct restoration (filling).

Not allowable under the following condition:

- › When performed in conjunction with the preparation or placement of an indirect restoration (Crown, Bridge, Onlay, Veneer, Implant).

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Policy PERIO-03 – D4240, D4241- Gingival Flap Procedure

D4240 - Gingival flap procedure, including root planning, 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 planning – 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 periodontal pocket depths are 5 mm or deeper and there is also evidence of bone loss.
- › When needing access to the roots of the teeth and supporting bone in order to debride the root surface and/or determine the presence of a cracked tooth, or fractured root.

Not allowable under the following conditions:

- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When periodontal pocket depths are smaller than 5 mm and/or there is no bone loss.
- › When performed solely for cosmetic purposes.
- › When retreatment of gingival flap procedure (D4240 or D4241) is completed by the same dentist/dental office, at the same quadrant within 36 months. The patient is not responsible for payment.

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Policy PERIO-04 – 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:

- › For plans that provide coverage for surgical placement of implants and the surgical implant(s) meets plan guidelines for coverage.
- › When performed in conjunction with an implant and the plan includes coverage for surgical placement of implants and related procedures.
- › When information submitted (periodontal charting, radiographs) confirms the need for procedure.

Not allowable under the following conditions:

- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When performed at the same site as a tooth removal.
- › When performed in conjunction with an implant and the plan does not have coverage for surgical placement of implants or related procedures.
- › When performed solely for cosmetic purposes.
- › When retreatment of an apically positioned flap procedure (D4245) is completed by the same dentist/dental office, at the same quadrant within 36 months. The patient is not responsible for payment.

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Policy PERIO-05 – 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 information submitted (periodontal charting and radiographs) confirms that the tooth being treated and the adjacent teeth demonstrate a healthy periodontal condition.
- › When performed, this procedure must include reflection of a full thickness flap and removal of alveolar bone, without negatively affecting the outcome of the prosthesis.

Not allowable under the following conditions:

- › When performed in the presence of periodontal disease.
- › When the tooth being treated does not demonstrate restorative need.
- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When this procedure is being performed on the same tooth and on the same date of service as a restorative procedure.
- › When performed solely for cosmetic purposes.
- › When retreatment of a clinical crown lengthening procedure (D4249) is completed by the same dentist/dental office, at the same tooth within 36 months. The patient is not responsible for payment.

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Policy PERIO-06 – 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 there's a need to get below the gum line for cleaning in pockets 5 mm or deeper and there is also bone loss; and
- › When the bone needs to be reshaped to treat bone loss or bone defects; 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 the 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
- › When retreatment of an osseous surgery procedure (D4260 or D4261) is completed by the same dentist/dental office, at the same quadrant within 36 months. The patient is not responsible for payment.

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Policy PERIO-07 – 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 and filing (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 the bone grafting is done at the site of a surgical root canal.
- › When the bone graft is done at the site of a tooth removal.
- › When the bone graft is done in conjunction with a dental implant.
- › When retreatment of a bone graft procedure (D4263 or D4264) is completed by the same dentist/dental office, at the same tooth/site within 36 months. The patient is not responsible for payment.

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Policy PERIO-08 – 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 there are other regrowth treatments at the same site on the same date of service.
- › When performed at the same site and the same date of service as a tooth removal.
- › When performed in conjunction with an implant and the plan does not provide coverage for surgical placement of implants or related procedures.
- › When retreatment of a biologic materials procedure (D4265) is completed by the same dentist/dental office, at the same tooth/site within 36 months. The patient is not responsible for payment.

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Policy PERIO-09 – 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.
- › 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 performed at the same site as a tooth removal or where there is no natural tooth present.
- › When performed at the same site as an apicoectomy, hemisection, root amputation, and/or periradicular surgery.
- › When performed at the same site and same date of service as the surgical placement of a dental implant.
- › When performed at the same site of an existing implant.
- › When retreatment of a guided tissue regeneration procedure (D4266 or D4267) is completed by the same dentist/dental office, at the same tooth/site within 36 months. The patient is not responsible for payment.

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Policy PERIO-10 – D4270 – Pedicle Soft Tissue Graft

D4270 - Pedicle soft tissue graft procedure.

A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.

Standards and Guidelines

Allowable under the following conditions:

- › Benefits are allowable on a per tooth basis.
- › When information submitted (periodontal charting, photographs, narrative) confirms there is rapid shrinking (or recession) of the gingiva (gums).
- › When information submitted (periodontal charting, photographs, narrative) confirms the amount of attached gingiva (gum) is less than 2 mm.

Not allowable under the following conditions:

- › When the amount of attached gum tissue remaining is 2 mm or larger.
- › When there is no rapid shrinking (or recession) of the gums.
- › When performed 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 the procedure is being performed to repair damage from brushing too hard with no other signs of gum disease.
- › When the procedure is being performed to treat shrinking attached gingiva (gums) with no disease present.
- › When performed with any other periodontal regenerative procedure at the same site and same date of service.
- › When retreatment of any soft tissue or gingival graft procedure (D4270, D4273, D4275, D4276, D4277, D4278, D4283 or D4285) is completed by the same dentist/dental office, at the same tooth/site within 36 months. The patient is not responsible for payment.

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Policy PERIO-11 – 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 conditions:

- › When information submitted (periodontal charting, photographs, narrative) confirms there is rapid shrinking (or recession) of the gingiva (gums).
- › When information submitted (periodontal charting, photographs, narrative) confirms the amount of attached gingiva (gum) is smaller than 2 mm.

Not allowable under the following conditions:

- › When the amount of attached gum tissue remaining is 2 mm or larger.
- › When there is no rapid shrinking (or recession) of the gums.
- › 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.
- › When performed with any other periodontal soft tissue graft procedure at the same site and same date of service.
- › When retreatment of any soft tissue or gingival graft procedure (D4270, D4273, D4275, D4276, D4277, D4278, D4283 or D4285) is completed by the same dentist/dental office, at the same tooth/site within 36 months. The patient is not responsible for payment.

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Policy PERIO-12 – 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 this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.

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Policy PERIO-13 – 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 conditions:

- › When information submitted (periodontal charting, photographs, narrative) confirms there is rapid shrinking (or recession) of the gingiva (gums).
- › When information submitted (periodontal charting, photographs, narrative) confirms the amount of attached gingiva (gum) is smaller than 2 mm.

Not allowable under the following conditions:

- › When the amount of attached gum tissue remaining is 2 mm or larger.
- › When there is no rapid shrinking (or recession) of the gums.
- › 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.
- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When retreatment of any soft tissue or gingival graft procedure (D4270, D4273, D4275, D4276, D4277, D4278, D4283 or D4285) is completed by the same dentist/dental office, at the same tooth/site within 36 months. The patient is not responsible for payment.

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Policy PERIO-14 – D4276 – Combined Connective Tissue and Pedicle Graft

D4276 - Combined connective tissue and pedicle graft, per tooth.

Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.

Standards and Guidelines

Allowable under the following conditions:

- › When information submitted (periodontal charting, photographs, narrative) confirms there is rapid shrinking (or recession) of the gingiva (gums).
- › When information submitted (periodontal charting, photographs, narrative) confirms the amount of attached gingiva (gum) is smaller than 2 mm.

Not allowable under the following conditions:

- › When the amount of attached gum tissue remaining is 2 mm or larger.
- › When there is no rapid shrinking (or recession) of the gums.
- › When performed with any other periodontal soft tissue graft procedure at the same site and same date of service.
- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When it's being done solely for cosmetic reasons.
- › When the procedure is being performed to repair damage from brushing too hard with no other signs of gum disease.
- › When the procedure is being performed to treat shrinking attached gingiva (gums) with no disease present.
- › When retreatment of any soft tissue or gingival graft procedure (D4270, D4273, D4275, D4276, D4277, D4278, D4283 or D4285) is completed by the same dentist/dental office, at the same tooth/site within 36 months. The patient is not responsible for payment.

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Policy PERIO-15 – 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 conditions:

- › When information submitted (periodontal charting, photographs, narrative) confirms there is rapid shrinking (or recession) of the gingiva (gums).
- › When information submitted (periodontal charting, photographs, narrative) confirms the amount of attached gingiva (gum) is smaller than 2 mm.

Not allowable under the following conditions:

- › When the amount of attached gum tissue remaining is 2 mm or larger.
- › When there is no rapid shrinking (or recession) of the gums.
- › When performed with any other periodontal soft tissue graft procedure at the same site and same date of service.
- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When it's being done solely for cosmetic reasons.
- › When the procedure is being performed to repair damage from brushing too hard with no other signs of gum disease.
- › When retreatment of any soft tissue or gingival graft procedure (D4270, D4273, D4275, D4276, D4277, D4278, D4283 or D4285) is completed by the same dentist/dental office, at the same tooth/site within 36 months. The patient is not responsible for payment.

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Policy PERIO-16 – 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 conditions:

- › When information submitted (periodontal charting, radiographic images) confirms periodontal pocket depths are 4 mm or deeper, as well as radiographic evidence of bone loss.
 - D4341 requires four or more teeth with periodontal pocket depths of 4 mm or deeper in the quadrant, as well as radiographic evidence of bone loss.
 - D4342 requires one to three teeth with periodontal pocket depths of 4 mm or deeper in the quadrant, as well as radiographic evidence of bone loss.

Not allowable under the following conditions:

- › When this procedure is being performed in conjunction with, and is considered incidental to, another periodontal procedure.
- › When this procedure is performed on the same date of service as a periodontal maintenance (D4910).
- › When information submitted (periodontal charting, radiographic images) does not confirm radiographic evidence of bone loss.
- › When retreatment of periodontal scaling (D4341 or D4342) is completed by the same dentist/dental office, at the same quadrant within 24 months. The patient is not responsible for payment.

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Policy PERIO-17 – D4346 – Scaling in the Presence of Generalized Moderate/Severe Gingival Inflammation

D4346 - Scaling in the 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.

Standards and Guidelines

Allowable under the following conditions:

- › When preceded by an oral evaluation (D0120, D0150, or D0180).
- › When generalized moderate or severe gingival inflammation is present.
 - This is a full mouth procedure.

Not allowable under the following conditions:

- › In the presence of periodontitis and/or bone loss.
- › When submitted with certain other procedures (D1110/D1120, D4341/D4342, D4355, and/or D4910), on the same date of service, plan guidelines may apply. Plan frequency limitations may apply.

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Policy PERIO-18 – D4355 – Full Mouth Debridement

D4355 - Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit.

Standards and Guidelines

Allowable under the following condition:

- › When clinical conditions require removal of excessive plaque and calculus in order to perform a comprehensive periodontal evaluation and diagnosis on a subsequent visit.
 - Procedure is allowable once per lifetime.

Not allowable under the following conditions:

- › When full mouth debridement (D4355) is reported on the same date of service as a D1110, D1120, D4341, D4342, D4346, and/or D4910.
- › When this procedure is being performed in conjunction with a periodontal surgical procedure.

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Policy PERIO-19 – 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 conditions:

- › Benefits are allowable on a per tooth basis.
- › When information submitted (periodontal charting, radiographic images) confirms periodontal pocket depths are 5 mm or deeper.
- › When there is a history of active periodontal therapy (D4240/D4241, D4260/D4261, or D4341/D4342). History of active therapy should be, at minimum, 4 weeks prior to the reported D4381.
 - Coverage for D4381 is limited to two (2) teeth per quadrant.

Not allowable under the following conditions:

- › When the periodontal pocket depths are smaller than 5 mm.
- › When D4381 is performed in the absence of periodontal disease or if there is no history of active periodontal therapy (D4210/D4211, D4240/D4241, D4260/D4261, or D4341/D4342).
- › When D4381 is performed on the same date of service as a D4355, D4210/D4211, D4240/D4241, or D4260/D4261.
- › When D4381 is reported around an existing implant.
- › When D4381 is reported on more than eight (8) teeth on the same date of service.
- › When retreatment of a localized delivery of antimicrobial agent procedure (D4381) is completed by the same dentist/dental office, at the same tooth within 12 months. The patient is not responsible for payment.

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Policy PERIO-20 – D4910 – Periodontal Maintenance

D4910 - Periodontal maintenance.

This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation by 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.

Standards and Guidelines

Allowable under the following conditions:

- › When there is a history of active periodontal therapy (D4210/D4211, D4240/D4241, D4260/D4261, or D4341/D4342), or
- › When there is history of previously allowed D4910.

Not allowable under the following conditions:

- › When there is no history of active periodontal therapy (D4210/D4211, D4240/D4241, D4260/D4261, or D4341/D4342).
- › When submitted with certain other procedures (D1110, D1120, or D4346), on the same date of service or within the same calendar/policy year, plan guidelines may apply. Plan frequency limitations may apply.

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Removable Prosthetic Treatment D5000 – D5899

SECTION V.

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Policy RPROS-01 – D5130, D5140 – Immediate Dentures

D5130 - Immediate denture, maxillary.

Includes limited follow-up care only; does not include required future rebasing/relining procedure(s).

D5140 - Immediate denture, mandibular.

Includes limited follow-up care only; does not include required future rebasing/relining procedure(s).

Standards and Guidelines

Allowable under the following condition:

- › When removal of all remaining natural teeth are completed and the prosthesis is delivered immediately on the same date of service.

Not allowable under the following conditions:

- › When there are no teeth removals submitted on the same date of service that the prosthesis is delivered.
- › When the specific benefit plan has certain missing tooth or frequency limitations that may apply.

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Policy RPROS-02 – D5810, D5811, D5820, D5821 – Interim Dentures

D5810 - Interim complete denture (maxillary)

D5811 - Interim complete denture (mandibular)

D5820 - Interim partial denture (maxillary)

D5821 - Interim partial denture (mandibular)

Standards and Guidelines

Allowable under the following condition:

- › When an interim prosthesis is used over a limited period of time (for example to allow healing after tooth removal), after which it is to be replaced by a more definitive prosthesis.

Not allowable under the following conditions:

- › When there is no tooth removal in history or submitted prior to the date of service that the interim prosthesis is delivered.
- › When the specific benefit plan has certain missing tooth or frequency limitations that may apply.

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Implant Treatment D6000 – D6199

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Policy IMPLNT-01 – D6010, D6013 – Surgical Placement of Implants

D6010 - Surgical placement of implant body: endosteal implant.

D6013 - Surgical placement of mini implant.

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.
- › Some considerations for surgical placement of implant coverage include, but are not limited to, the following:
 - Presenting condition of the remaining dentition in the arch(es) involved should have a favorable periodontal and restorative prognosis.
 - Surgical placement of implant(s) may be considered in sites when there is/are a limited number of missing un-replaced teeth (typically when there are 3 or less) in the involved arch and when those tooth sites are in reasonable areas of function.
 - Surgical placement of implants may be considered in fully edentulous (all teeth missing in an arch) cases. Clinical rationale must be provided for consideration.
 - When allowable, surgical placement of implants in a fully edentulous arch is limited to three surgical implants per quadrant (six per arch).

Not allowable under the following conditions:

- › For plans that do not provide coverage for surgical placement of implants.
- › When the reported surgical implant(s) does/do not meet plan guidelines for coverage.
- › When tooth replacement may be reasonably addressed by conventional prosthetic means (typically when there are 4 or more missing un-replaced teeth), surgical placement of implants may not be covered.
- › Prior prosthetic (tooth replacement) coverage decisions and/or history of current or prior prostheses in the same arch may impact coverage of surgical implants.

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Policy IMPLNT-02 – D6011 – Second Stage Implant Surgery

D6011 - Second stage implant surgery.

Surgical access to an implant body for placement of a healing cap or to enable placement of an abutment

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 preceded by the placement of an allowable surgical implant (D6010) on a previous date of service.

Not allowable under the following conditions:

- › For plans that do not provide coverage for surgical placement of implants.
- › When this surgical procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When the reported surgical implant(s) does/do not meet plan guidelines for coverage.

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Policy IMPLNT-03 – D6055 – Connecting Bar

D6055 - Connecting bar, implant supported or abutment supported.

Utilized to stabilize and anchor a prosthesis.

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 performed in conjunction with an allowable surgical implant.
- › Limited to one per arch (maxilla or mandible).

Not allowable under the following conditions:

- › For plans that do not provide coverage for surgical placement of implants.
- › When the reported surgical implant(s) does/do not meet plan guidelines for coverage.

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Policy IMPLNT-04 – D6056, D6057 – Implant Abutments

D6056 - Prefabricated abutment – includes modification and placement.

Modification of a prefabricated abutment may be necessary.

D6057 - Custom fabricated abutment – includes placement.

Created by a laboratory process, specific for an individual application.

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 performed in conjunction with an allowable surgical implant.

Not allowable under the following conditions:

- › For plans that do not provide coverage for surgical placement of implants.
- › When the reported surgical implant(s) does/do not meet plan guidelines for coverage.
- › If reported in conjunction with an implant supported (as opposed to abutment supported) crown, bridge, or prosthesis.
- › When the abutment may be considered a component of another reported abutment and/or restoration.

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Policy IMPLNT-05 – D6058-D6064, D6094, D6097 - Abutment Supported Crowns

D6058 - Abutment supported porcelain/ceramic crown.

A single crown restoration that is retained, supported and stabilized by an abutment on an implant.

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.

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.

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.

D6062 - Abutment supported cast metal crown (high noble metal).

A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.

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.

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.

D6094 – Abutment supported crown (titanium and titanium alloys).

A single crown restoration that is retained, supported and stabilized by an abutment on an implant.

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.

Standards and Guidelines

Allowable under the following conditions:

- › For plans that provide coverage for prosthesis over implant restorations.
- › For the restoration of a single implant when there is/are a limited number of missing un-replaced teeth (typically when there are 3 or less) in the involved arch and when those tooth sites are in reasonable areas of function.
- › Replacement implant crowns and implant retainers are allowable if the existing crown is unserviceable such as broken/fractured porcelain, or open margins.
 - A plan frequency limitation may apply.

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Not allowable under the following conditions:

- › For plans that do not provide coverage for prosthesis over implant restorations.
- › When the available information does not confirm a clinical need for the replacement of an implant crown.

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Policy IMPLNT-06 – D6065-D6067, D6082-D6084, D6086-D6088 - Implant Abutment Supported Crowns

D6065 - Abutment supported porcelain/ceramic crown.

A single crown restoration that is retained, supported and stabilized by an abutment on an implant.

D6066 - Abutment supported porcelain fused to high noble alloys.

A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.

D6067 - Abutment supported porcelain fused to high noble alloys. A single metal crown restoration that is retained, supported and stabilized by an abutment on an implant.

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.

D6083 - Implant supported crown – porcelain fused to noble alloys.

A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.

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.

D6086 - Implant supported crown – predominantly base alloys.

A single metal crown restoration that is retained, supported and stabilized by an implant.

D6087 - Implant supported crown – noble alloys.

A single metal crown restoration that is retained, supported and stabilized by an implant.

D6088 - Implant supported crown – titanium and titanium alloys.

A single metal crown restoration that is retained, supported and stabilized by an implant.

Standards and Guidelines

Allowable under the following conditions:

- › For plans that provide coverage for prosthesis over implant restorations.
- › For the restoration of a single implant when there is/are a limited number of missing un-replaced teeth (typically when there are 3 or less) in the involved arch and when those tooth sites are in reasonable areas of function.
- › Replacement implant crowns and implant retainers are allowable if the existing crown is unserviceable such as broken/fractured porcelain, or open margins.
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › For plans that do not provide coverage for prosthesis over implant restorations.
- › When the available information does not confirm a clinical need for the replacement of an implant crown.

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Policy IMPLNT-07 – D6068-D6074, D6194, D6195 -

Abutment Supported Retainers for Fixed Partial Dentures

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.

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.

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.

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.

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.

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.

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.

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.

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.

Standards and Guidelines

Allowable under the following conditions:

- › For plans that provide coverage for prosthesis over implant restorations.
- › For the abutment supported retainer restoration of an implant(s) when there is/are a limited number of missing un-replaced teeth (typically when there are 3 or less) in the involved arch and when those tooth sites are in reasonable areas of function.
- › Replacement implant crowns and implant retainers are allowable if the existing crown is unserviceable such as broken/fractured porcelain, or open margins.
 - A plan frequency limitation may apply.

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Not allowable under the following conditions:

- › For plans that do not provide coverage for prosthesis over implant restorations.
- › When the available information does not confirm a clinical need for the replacement of an implant retainer crown.

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Policy IMPLNT-08 – D6075-D6077, D6098, D6099, D6120-D6123 - Implant Supported Retainers for Fixed Partial Dentures

D6075 - Implant supported retainer for ceramic FPD.

A ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.

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.

D6077 - Implant supported retainer for metal FPD - high noble alloys.

A metal retainer for a fixed partial denture that gains retention, support and stability from an implant.

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 abutment on an implant.

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.

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.

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.

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.

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.

Standards and Guidelines

Allowable under the following conditions:

- › For plans that provide coverage for prosthesis over implant restorations.
- › For the implant supported retainer restoration of an implant(s) when there is/are a limited number of missing un-replaced teeth (typically when there are 3 or less) in the involved arch and when those tooth sites are in reasonable areas of function.
- › Replacement implant crowns and implant retainers are allowable if the existing crown is unserviceable such as broken/fractured porcelain, or open margins.
 - A plan frequency limitation may apply.

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Not allowable under the following conditions:

- › For plans that do not provide coverage for prosthesis over implant restorations.
- › When the available information does not confirm a clinical need for the replacement of an implant retainer crown.

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Policy IMPLNT-09 – D6101 – Debridement of a Peri-implant Defect

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.

Standards and Guidelines

Allowable under the following conditions:

- › For plans that provide coverage for surgical placement of implants.
- › When information submitted (periodontal charting, radiographic images) confirms pocket depths between the implant and gum tissue are 5 mm or deeper and there is also bone loss
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When there is history of D6101, D6102 and/or another periodontal procedure at the same site/quadrant, a plan frequency limitation may apply.
- › When information submitted (periodontal charting, radiographic images) does not confirm there is bone loss

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Policy IMPLNT-10 – 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.
- › When information submitted (periodontal charting, radiographic images) confirms pocket depths between the implant and gum tissue are 5 mm or deeper and there is also bone loss.
- › When the bone needs to be reshaped to treat bone loss or bone defects.
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.
- › When there is history of D6101, D6102 and/or another periodontal procedure at the same site/quadrant, a plan frequency limitation may apply.
- › When information submitted (periodontal charting, radiographic images) does not confirm there is bone loss.

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Policy IMPLNT-11 – D6103 – Bone Graft for Repair of Peri-implant Defect

D6103 - Bone graft for repair of peri-implant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration, are reported separately.

Standards and Guidelines

Allowable under the following conditions:

- › For plans that provide coverage for surgical placement of implants.
- › When information submitted (periodontal charting, radiographic images) confirms pocket depths between the implant and gum tissue are 5 mm or deeper and there is bone loss and evidence of a vertical bony peri-implant defect.
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › When performed at the same site as a tooth removal and/or implant removal.
- › When performed during the initial surgical placement of a dental implant.
- › When performed at the same site as an apicoectomy, hemisection, root amputation, and/or periradicular surgery.
- › When performed at an edentulous site.

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Policy IMPLNT-12 – D6104 – Bone Graft at the Time of Implant Placement

D6104 - Bone graft at the time of implant placement.

Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.

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 reported on the same date of service as a surgical placement of an implant and there is a need to repair an osseous defect or to improve osseous contouring.
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › When performed at the same site as an existing implant.
- › When performed at the same site as a tooth removal and/or implant removal with no surgical placement of an implant on the same date of service.
- › When performed at the same site as an apicoectomy, hemisection, root amputation, and/or periradicular surgery.
- › When performed at an edentulous site.
- › When the reported surgical implant(s) does/do not meet plan guidelines for coverage.

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Policy IMPLNT-13 – 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 information submitted (periodontal charting, radiographic images) confirms periodontal pocket depths around an implant are 5 mm or deeper and there is also bone loss.
- › When used to aid in tissue regeneration during implant placement.

Not allowable under the following conditions:

- › When information submitted (periodontal charting, radiographic images) confirms periodontal pocket depths around an implant are smaller than 5 mm and/or 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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Policy IMPLNT-14 – D6190 – Radiographic/Surgical Implant Index

D6190 - Radiographic/surgical implant index, by report.

An appliance, designed to relate osteotomy or fixture position to existing anatomic structures, to be utilized during radiographic exposure for treatment planning and/or during osteotomy creation for fixture installation.

Standards and Guidelines

Allowable under the following condition:

- › For plans that provide coverage for surgical placement of implants and the surgical implant(s) meets plan guidelines for coverage.

Not allowable under the following conditions:

- › For plans that do not provide coverage for surgical placement of implants.
- › When the reported surgical implant(s) does/do not meet plan guidelines for coverage.

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Fixed Prosthetic Treatment D6200 – D6999

SECTION VII.

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Policy FPROS-01 – D6205 – D6252 – Fixed Partial Denture Pontics

D6205 – Pontic – indirect resin based composite

D6210 – Pontic – cast high noble metal

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

D6241 – Pontic – porcelain fused to cast predominantly base metal

D6242 – Pontic – porcelain fused to noble metal

D6243 – Pontic – porcelain fused to titanium and titanium alloy

D6245 – Pontic – porcelain/ceramic

D6250 – Pontic – resin with high noble metal

D6251 – Pontic – resin with predominantly base metal

D6252 – Pontic – resin with noble metal

Standards and Guidelines

Allowable under the following conditions:

- › For the replacement of one to three contiguous missing teeth in a tooth bounded space in the affected arch.
- › For the replacement of missing teeth when the supporting (retainer) teeth have a favorable long term prognosis.
- › Replacement of an existing bridge is allowable if it is unserviceable due to conditions such as open margins, recurrent decay, or restorative material failure.
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › If a supporting (retainer) tooth has a questionable periodontal, endodontic, and/or restorative prognosis.
- › When placed solely to increase vertical dimension or for cosmetic purposes.
- › When placed for the purpose of splinting.
- › When tooth replacement may be reasonably addressed by other conventional prosthetic means (typically when there are 4 or more missing un-replaced teeth in the involved arch).
- › When the available information does not confirm a clinical need for the replacement of a bridge.

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Policy FPROS-02 – D6545 – D6634– Fixed Partial Denture Retainer Inlays/Onlays

D6545 – Retainer – cast metal for resin bonded fixed prosthesis

D6548 – Retainer – porcelain/ceramic for resin bonded fixed prosthesis

D6549 – Resin retainer – for resin bonded fixed prosthesis

D6600 – Retainer inlay – porcelain/ceramic – two surfaces

D6601 – Retainer inlay – porcelain/ceramic – three or more surfaces

D6602 – Retainer inlay – cast high noble metal, two 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

D6609 – Retainer onlay – porcelain/ceramic, three or more surfaces

D6610 – Retainer onlay – cast high noble metal, two surfaces

D6611 – Retainer onlay – cast high noble metal, three or more surfaces

D6612 – Retainer onlay – cast predominantly base metal, two surfaces

D6613 – Retainer inlay – 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

D6634 – Retainer onlay – titanium

Standards and Guidelines

Allowable under the following conditions:

- › For the replacement of one to three contiguous missing teeth in a tooth bounded space in the affected arch.
- › For the replacement of missing teeth when the supporting (retainer) teeth have a favorable long term prognosis.
- › Replacement of an existing bridge retainer is allowable if it is unserviceable due to conditions such as open margins, recurrent decay, or restorative material failure.
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › If a supporting (retainer) tooth has a questionable periodontal, endodontic, and/or restorative prognosis.
- › When placed solely to increase vertical dimension or for cosmetic purposes.

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- › When placed for the purpose of splinting.
- › When tooth replacement may be reasonably addressed by other conventional prosthetic means (typically when there are 4 or more missing un-replaced teeth in the involved arch).
- › When the available information does not confirm a clinical need for the replacement of a bridge retainer.

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Policy FPROS-03 – D6710 – D6794 – Fixed Partial Denture Retainer Crowns

D6710 – Retainer crown – indirect resin based composite

D6720 – Retainer crown – resin with high noble metal

D6721 – Retainer crown – resin with predominantly base metal

D6722 – Retainer crown – resin with noble metal

D6740 – Retainer crown – porcelain/ceramic

D6750 – Retainer crown – porcelain fused to high noble metal

D6751 – Retainer crown – porcelain fused to cast predominantly base metal

D6752 – Retainer crown – porcelain fused to noble metal

D6753 – Retainer crown – porcelain fused to titanium and titanium alloys

D6780 – Retainer crown – $\frac{3}{4}$ cast high noble metal

D6781 – Retainer crown – $\frac{3}{4}$ cast predominantly base metal

D6782 – Retainer crown – $\frac{3}{4}$ cast noble metal

D6783 – Retainer crown – $\frac{3}{4}$ cast porcelain/ceramic

D6784 – Retainer crown $\frac{3}{4}$ – titanium and titanium alloys

D6790 – Retainer crown – full cast high noble metal

D6791 – Retainer crown – full cast predominantly base metal

D6792 – Retainer crown – full cast noble metal

D6794 – Retainer crown – titanium and titanium alloys

Standards and Guidelines

Allowable under the following conditions:

- › For the replacement of one to three contiguous missing teeth in a tooth bounded space in the affected arch.
- › For the replacement of missing teeth when the supporting (retainer) teeth have a favorable long term prognosis.
- › Replacement of an existing bridge retainer crown is allowable if it is unserviceable due to conditions such as open margins, recurrent decay, or restorative material failure.
 - A plan frequency limitation may apply.

Not allowable under the following conditions:

- › If a supporting (retainer) tooth has a questionable periodontal, endodontic, and/or restorative prognosis.
- › When placed solely to increase vertical dimension or for cosmetic purposes.
- › When placed for the purpose of splinting.
- › When tooth replacement may be reasonably addressed by other conventional prosthetic means (typically when there are 4 or more missing un-replaced teeth in the involved arch).

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- › When the available information does not confirm a clinical need for the replacement of a bridge retainer crown.

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Oral and Maxillofacial Surgery D7000 – D7999

SECTION VIII.

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Policy OS-01 – D7220-D7251 – Extraction of Impacted Tooth

D7220 – Removal of impacted tooth - soft tissue.

Occlusal service of tooth covered by soft tissue; requires mucoperiosteal flap elevation.

D7230 – Removal of impacted tooth, partially bony.

Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.

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.

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 the submitted documentation supports the clinical need for removal of an impacted tooth/teeth.

Not allowable under the following condition:

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

Policy OS-02 – 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 or gingiva (gum) related.

Not allowable under the following conditions:

- › In the absence of a lab report.
- › When done for a medical reason or when the lab diagnosis indicates it is related to structures other than tooth or gingiva (gum).
- › When performed at the same site as, and considered by the plan to be incidental to, an apicoectomy, hemisection, root amputation, tooth removal, periradicular surgery, and/or another surgical procedure.

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Policy OS-03 – 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 narrative and result of biopsy (as indicated by the lab report submitted with the claim) indicate the excised (removed) lesion is:
 - tooth or gingiva (gum) related,
 - benign (not malignant), and
 - up to 1.25cm in size for D7410 and larger than 1.25cm in size for D7411.

Not allowable under the following conditions:

- › In the absence of a lab report.
- › When done for a medical reason or when the lab diagnosis indicates it is related to structures other than tooth or gingiva (gum).
- › When the result of biopsy indicates the excised (removed) lesion is malignant (not benign).
- › When performed at the same site as, and considered by the plan to be incidental to, an apicoectomy, hemisection, root amputation, tooth removal, periradicular surgery, and/or another surgical procedure.

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Policy OS-04 – D7450, D7451 – Removal of Benign Cyst or Tumor

D7450 - Removal of benign 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 conditions:

- › When the narrative and result of biopsy (as indicated by the lab report submitted with the claim) indicate the excised (removed) lesion is:
 - Tooth related (odontogenic),
 - benign (not malignant), and
 - up to 1.25cm in size for D7450 and larger than 1.25cm in size for D7451.

Not allowable under the following conditions:

- › In the absence of a lab report.
- › When done for a medical reason or the lab diagnosis indicates it is related to structures other than a tooth.
- › When the result of biopsy indicates the excised (removed) lesion is malignant (not benign).
- › When performed at the same site as, and considered by the plan to be incidental to, an apicoectomy, hemisection, root amputation, tooth removal, periradicular surgery, and/or another surgical procedure.

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Policy OS-05 – D7939 – Indexing for osteotomy using dynamic robotic assisted or dynamic navigation

D7939 - Indexing for osteotomy using dynamic robotic assisted or dynamic navigation.

A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.

Standards and Guidelines

Allowable under the following condition:

- › For plans that provide coverage for surgical placement of implants and the surgical implant(s) meets plan guidelines for coverage.

Not allowable under the following conditions:

- › For plans that do not provide coverage for surgical placement of implants.
- › When the reported surgical implant(s) does/do not meet plan guidelines for coverage.

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Policy OS-06 – D7950 – Osseous, Osteoperiosteal, Periosteal, or Cartilage Graft

D7950 - Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible or maxilla - autogenous or non-autogenous, by report.

This procedure is for ridge augmentation or reconstruction to increase height, width and/or volume of the residual alveolar ridge. It includes obtaining graft material.

Placement of a barrier membrane, if used, should be reported separately.

Standards and Guidelines

Allowable under the following conditions:

- › When submitted with documentation of denial by the medical plan carrier and:
 - is needed to augment the ridge where the buccal plate is lost during a tooth removal, or
 - is needed to augment the ridge to allow for placement of a removable prosthesis, or
 - is needed to augment the ridge to allow for the surgical placement of dental implant(s) and the plan provides coverage for surgical placement of implants **and** the surgical implant(s) meets plan guidelines for coverage.

Not allowable under the following conditions:

- › When the service has not first been submitted to the medical plan carrier for coverage consideration.
- › When service is being performed to augment the ridge to allow for the surgical placement of dental implant(s) and the plan does not provide coverage for surgical placement of implants **or** the surgical implant(s) does/do not meet plan guidelines for coverage.

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Policy OS-07 – D7951, D7952 – Sinus Augmentation

D7951 - Sinus augmentation with bone or bone substitutes via a lateral open approach.

The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.

D7952 - Sinus augmentation via a vertical approach.

The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes.

Standards and Guidelines

Allowable under the following conditions:

- › When submitted with documentation of denial by the medical plan carrier and:
 - is needed to augment the ridge where the buccal plate is lost during a tooth removal, or
 - is needed to augment the ridge to allow for placement of a removable prosthesis, or
 - is needed to augment the ridge to allow for the surgical placement of dental implant(s) and the plan provides coverage for surgical placement of implants **and** the surgical implant(s) meets plan guidelines for coverage.

Not allowable under the following conditions:

- › When the service has not first been submitted to the medical plan carrier for coverage consideration.
- › When service is being performed to augment the ridge to allow for the surgical placement of dental implant(s) and the plan does not provide coverage for surgical placement of implants **or** the surgical implant(s) does/do not meet plan guidelines for coverage.

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Policy OS-08 – 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 conditions:

- › For plans that provide coverage for surgical placement of implants and:
 - When reported on the same date of service and same site as a tooth removal or removal of an implant and,
 - When the intended surgical implant(s) meets plan guidelines for coverage and,
 - When there is a need to repair an osseous defect or to improve osseous contouring in order to ensure a successful implant placement.

Not allowable under the following conditions:

- › For plans that do not provide coverage for surgical placement of implants.
- › When performed at a site of an intended surgical dental implant(s) that does not meet plan guidelines for coverage.
- › When performed at the same site as an apicoectomy, hemisection, root amputation, and/or periradicular surgery.
- › When performed at an edentulous site.

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Policy OS-09 – 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-10 – 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 frenum is pulling on the gums and causing gum recession or other dental complications.
- › When a gap caused by a frenum between two front teeth needs to be closed.
- › When this procedure is needed to facilitate proper fitting of a denture.

Not allowable under the following conditions:

- › When used to treat Ankyloglossia (tongue-tied) or lip related conditions. This would need to go through medical insurance.
- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.

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Policy OS-11 – D7970– Excision of Hyperplastic Tissue

D7970 - Excision of hyperplastic tissue, per arch.

Standards and Guidelines

Allowable under the following condition:

- › When the procedure is needed to facilitate proper fitting of a denture.

Not allowable under the following condition:

- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.

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Policy OS-12 – D7971– Excision of Pericoronal Gingiva

D7971 - Excision of pericoronal gingiva.

Removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.

Standards and Guidelines

Allowable under the following condition:

- › When the gum tissue over an erupting tooth (most commonly wisdom teeth) has become inflamed and/or hypertrophic (overgrown).

Not allowable under the following condition:

- › When this procedure is being performed in conjunction with, and is considered incidental to, another surgical procedure.

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Policy OS-13 – D7994 – Zygomatic Implant

D7994 - An implant placed in the zygomatic bone and exiting through the maxillary mucosal tissue providing support and attachment of a maxillary dental prosthesis.

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.
- › Some considerations for surgical placement of implant coverage include, but are not limited to, the following:
 - Presenting condition of the remaining dentition in the arch(es) involved should have a favorable periodontal and restorative prognosis.
 - Surgical placement of implant(s) may be considered in sites when there is/are a limited number of missing un-replaced teeth (typically when there are 3 or less) in the involved arch and when those tooth sites are in reasonable areas of function.
 - Surgical placement of implants may be considered in fully edentulous (all teeth missing in an arch) cases. Clinical rationale must be provided for consideration.
 - When allowable, surgical placement of implants in a fully edentulous arch is limited to three surgical implants per quadrant (six per arch).

Not allowable under the following conditions:

- › For plans that do not provide coverage for surgical placement of implants.
- › When the reported surgical implant(s) does/do not meet plan guidelines for coverage.
- › When tooth replacement may be reasonably addressed by conventional prosthetic means (typically when there are 4 or more missing un-replaced teeth), surgical placement of implants may not be covered.
- › Prior prosthetic (tooth replacement) coverage decisions and/or history of current or prior prostheses in the same arch may impact coverage of surgical implants.

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Orthodontic Treatment D8000 – D8999

SECTION IX.

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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 X.

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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. 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.

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:
 - Confirmed toxicity or allergy to local anesthesia. Documentation from medical physician or allergist is required.
 - Presence of acute infection at the site of injection for local anesthesia.
 - Severe physical disability, cognitive impairment, or developmental disability (including Down syndrome, Autism Spectrum Disorder). Does not include Attention Deficit Disorder. Documentation from medical physician is required.
 - Alzheimer's disease including other forms of dementia.
 - Spastic muscle disorders (including Epilepsy, Cerebral Palsy, and Parkinson's).
 - Cardiac problems, including hypertension. Documentation from medical physician is required.

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- Uncontrolled Diabetes. Documentation from medical physician is required.
- Renal Failure. Documentation from medical physician is required.
- Patient is age three (3) or younger.
- For patient in whom conscious sedation would be inadequate or contraindicated for any of the following procedures:
 - Removal of two (2) or more impacted third molar teeth.
 - Removal or surgical exposure of one (1) or more impacted canine teeth.
 - Surgical removal of two (2) or more teeth, involving more than one quadrant.
 - Removal of six (6) or more teeth.
 - Full arch alveoloplasty.
 - Periodontal flap surgery involving more than one quadrant.
 - Radical excision of tooth related lesion of greater than 1.25 cm in diameter.
 - Radical resection or ostectomy, tooth related, with or without grafting.
 - Surgical placement or removal of two (2) or more dental implants.
 - Tooth transplantation or removal from maxillary sinus.
 - Tooth removal with unusual difficulty or complications. Clinical narrative and radiographs required.
 - Removal of exostosis involving two (2) areas.
 - Removal of torus mandibularis involving two (2) areas.
- › 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 performed in conjunction with a non-covered service(s).
- › When performed in conjunction with a covered service(s) that is/are determined to be not allowable according to dental plan guidelines.
- › When the deep sedation/general anesthesia is used only for controlling anxiety of the patient.
- › When the deep sedation/general anesthesia is used only for the convenience of the patient or the 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:
 - Confirmed toxicity or allergy to local anesthesia. Documentation from medical physician or allergist is required.
 - Presence of acute infection at the site of injection for local anesthesia.
 - Severe physical disability, cognitive impairment, or developmental disability (including Down syndrome, Autism Spectrum Disorder). Does not include Attention Deficit Disorder. Documentation from medical physician is required.
 - Alzheimer's disease including other forms of dementia.
 - Spastic muscle disorders (including Epilepsy, Cerebral Palsy, and Parkinson's).
 - Cardiac problems, including hypertension. Documentation from medical physician is required.
 - Uncontrolled Diabetes. Documentation from medical physician is required.
 - Renal Failure. Documentation from medical physician is required.
 - Patient is age three (3) or younger.
 - For patient in whom conscious sedation would be inadequate or contraindicated for any of the following procedures:
 - Removal of two (2) or more impacted third molar teeth.
 - Removal or surgical exposure of one (1) or more impacted canine teeth.
 - Surgical removal of two (2) or more teeth, involving more than one quadrant.
 - Removal of six (6) or more teeth.

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- Full arch alveoloplasty.
 - Periodontal flap surgery involving more than one quadrant.
 - Radical excision of tooth related lesion of greater than 1.25 cm in diameter.
 - Radical resection or ostectomy, tooth related, with or without grafting.
 - Surgical placement or removal of two (2) or more dental implants.
 - Tooth transplantation or removal from maxillary sinus.
 - Tooth removal with unusual difficulty or complications. Clinical narrative and radiographs required.
 - Removal of exostosis involving two (2) areas.
 - Removal of torus mandibularis involving two (2) areas.
- › 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 performed in conjunction with a non-covered service(s).
- › When performed in conjunction with a covered service(s) that is/are determined to be not allowable according to dental plan guidelines.
- › When the IV sedation is used only for controlling anxiety of the patient.
- › When the IV sedation is used only for the convenience of the patient or the 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 – D9950 – Occlusion Analysis

D9950 - Occlusion analysis - mounted case.

Includes, but is not limited to, facebow, interocclusal records tracings, and diagnostic wax-up; for diagnostic casts (D0470)

Standards and Guidelines

Allowable under the following conditions:

- › When performed in conjunction with full mouth periodontal therapy involving all quadrants.
- › When performed in conjunction with full mouth restorative treatment.

Not allowable under the following conditions:

- › When billed separately in conjunction with orthodontic records.
- › When performed in conjunction with orthognathic surgery.
- › When performed in conjunction with altering vertical dimension or treatment of TMJ.
- › When performed in conjunction with trauma (accidental injury) unless accidents are specifically covered under a dental plan.
- › When reported as a separate service performed in conjunction with restorative services involving less than the full mouth.
- › When reported with a service typically covered by a medical plan.

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Policy ADJ-04 – 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 enamelplasty. 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 conditions:

- › When the service is performed as a conservative measure to reshape the biting surfaces of the teeth to promote proper alignment and function between the upper and lower teeth.
- › As a per visit service, once per date of service.

Not allowable under the following condition:

- › When reported in conjunction with restorative, endodontic, removable prosthetics, and/or fixed prosthetics procedures.

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Policy ADJ-05 – 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 performed in conjunction with full mouth periodontal therapy involving all quadrants.
- › When performed in conjunction with comprehensive orthodontics.
- › When performed in conjunction with full mouth restorative treatment.

Not allowable under the following conditions:

- › When performed in conjunction with orthognathic surgery.
- › When performed in conjunction with altering vertical dimension or treatment of TMJ.
- › When performed in conjunction with trauma (accidental injury) unless accidents are specifically covered under a dental plan.
- › When reported as a separate service performed in conjunction with restorative services involving less than the full mouth.

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References:

Dentistry

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

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Updates

1/1/2020 – changes to reflect CDT 2020

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

9/1/2024 – Addition of new REST-01 policy. Update to existing policies PERIO-01, PERIO-03, PERIO-04, PERIO-05, PERIO-06, PERIO-07, PERIO-08, PERIO-09, PERIO-10, PERIO-11, PERIO-13, PERIO-14, PERIO-15, PERIO-16, and PERIO-19.

1/1/2025 - changes to reflect CDT 2025. Updates to better clarify criteria for ADJ-01, ADJ-02, and REST-07. Minor grammatical corrections throughout.

1/1/2026 – changes to reflect CDT 2026 throughout. Updates to REST-02, REST-03, REST 05, REST-07 to add additional not allowable condition: “When placed solely for tooth structure loss due to wear, grinding, and/or erosion in the absence of symptoms.” Clarifying verbiage updates to PERIO-10, PERIO-11, PERIO-13, PERIO-14, PERIO-15, PERIO-17, IMPLNT-05, IMPLNT-06, IMPLNT-07, IMPLNT-08, IMPLNT-11, IMPLNT-13, OS-02, OS-03, OS-04, OS-13, & ADJ-02.