



Criteria for Procedures that may Require Prior Authorization or Retrospective Review

Purpose

SKYGEN USA, LLC. adheres to the following policy for evaluating treatment that may require prior authorization or retrospective review to ensure decision making consistency.

Policy

Documentation that is needed for prior authorization / retrospective review will vary depending on the specific treatment procedure being requested. Each procedure is associated with clinical criteria that should be met in order to determine the need for the procedure. The documentation being requested will enable the reviewer to determine if the criteria conditions are being met. In addition, State/Client regulations or other unique or member specific condition may modify the final decision making process. Common documentation needed may include but not be limited to:

- Pre-operative x-rays
- Pre-operative x-rays (excluding bitewings)
- Panoramic x-ray
- Cephalometric x-ray
- X-rays of adjacent and opposing teeth
- Periodontal charting
- Narrative of medical necessity
- Copy of pathology report
- Copy of narrative results
- Physician statement of medical condition

Clinical Criteria

Clinical Oral evaluations D0120 - D0180

- Documentation describes medical necessity

Pre-diagnostic services D0190, D0191,

- Documentation describes medical necessity

Diagnostic Imaging D0210 - D0277, D0330, D0340, D0350, D0351

- Documentation describes medical necessity

Images - post/ant or lateral skull, sialography, TMJ, tomographic D0310 – D0322

- Documentation describes medical necessity

Image capture / interpretation / post processing D0364-D0395

- Documentation describes medical necessity
- Documentation describes why radiographic images would not be appropriate

Tests / cultures / samples / diagnostic procedure D0411, D0412, D0413 – D0431, D0600

- Copy or narrative of test / culture sample results

- Copy of non-ionizing diagnostic procedure
- Pulp vitality tests D0460
- Documentation describes medical necessity
- Diagnostic casts D0470
- Documentation describes medical necessity
- Oral Pathology Laboratory D0472 – D0502
- Copy of pathology report
- Caries risk assessment D0601 – D0603
- Copy of caries risk assessment documentation
- Prophylaxis D1110, D1120
- Documentation describes medical necessity
- Fluorides D1206, D1208
- Documentation describes medical necessity
- Sealants – Permanent teeth D1351
- Congenitally missing permanent bicuspid
 - Documentation describes medical necessity
- Preventive resin restoration D1352
- Documentation describes medical necessity
- Sealant repair – per tooth D1353
- Documentation describes medical necessity
- Interim caries arresting medicament application D1354
- Documentation describes medical necessity
- Space maintainer – unilateral - per quadrant D1510, D1520, D1575
- Planned extraction of primary molar or premature loss of primary molar in one quadrant
 - Not in conjunction with active orthodontic treatment
- Space maintainer – bilateral D1516, D1517, D1526, D1527
- Replacing 2 or more primary molar teeth in same arch
 - Not in conjunction with active orthodontic treatment
- Re-cement or re-bond space maintainer D1551 – D1553
- Documentation describes medical necessity
- Removal of space maintainer D1556 – D1558
- Documentation describes medical necessity
- Amalgam / Resin based composite D2140 – D2335, D2391 – D2394
- Documentation describes medical necessity
- Resin based composite crown – anterior D2390
- Clinically acceptable RCT
 - Anterior - 50% incisal edge / 4+ surfaces involved
- Inlays / gold foil D2410 – D2530, D2610 – D2630, D2650 – D2652
- Documentation describes medical necessity

Crowns / onlays / coping D2542 – D2544, D2642 – D2644, D2662 – D2794 (D2753), D2975

- Root canals
 - Clinically acceptable RCT
 - Minimum 50% bone support
 - No periodontal furcation
 - No subcrestal caries
- Non Root canals
 - Anterior - 50% incisal edge or 4+ surfaces involved
 - Bicuspid – 1 cusp or 3+ surfaces involved
 - Molar – 2 cusps or 4+ surfaces involved
 - Minimum 50% bone support
 - No periodontal furcation
 - No subcrestal caries

Provisional crown / pontic / retainer D2799, D6253, D6793

- Documentation describes medical necessity and provisional crown need for a minimum of 6 months.
- Not to be used as a temporary crown for a routine prosthetic restoration

Recent inlay / onlay / post / crown / fixed partial denture D2910, D2915, D2920, D6930

- Documentation describes medical necessity

Reattachment of tooth fragment, incisal edge or cusp D2921

- Documentation describes medical necessity

Crown prefabricated – porcelain / resin / stainless steel D2929, D2930, D2932, D2933, D2934

- Pulpotomy
- Caries involving 2+ surfaces

Stainless steel crown – permanent tooth D2931

- Clinically acceptable RCT
- Anterior - 50% incisal edge or 4+ surfaces involved
- Bicuspid – 1 cusp or 3+ surfaces involved
- Molar – 2 cusps or 4+ surfaces involved

Protective restoration / interim therapeutic restoration / restorative foundation D2940 – D2949

- Documentation describes medical necessity

Core buildup D2950

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT
- Anterior - 50% incisal edge or 4+ surfaces involved
- Bicuspid – 1 cusp or 3+ surfaces involved

- Molar – 2 cusps or 4+ surfaces involved

Pin retention D2951

- Lack of sufficient remaining tooth structure

Cast posts and cores / Prefabricated post and cores D2952 – D2954, D2957

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT

Post removal D2955

- Presence of post on pre-op x-ray

Labial veneers D2960 – D2962

- Age appropriate
- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT
- Anterior - 50% incisal edge or 4+ surfaces involved

Additional procedures to construct new crown under existing partial D2971

- Documentation supports procedure, missing teeth on at least one side of requested crown

Restoration repair D2980 – D2983

- Documentation supports procedure

Pulp caps D3110, D3120

- Caries close to pulp

Pulpotomy / debridement / pulp therapy D3220 – D3240

- Documentation supports procedure (decay, large restoration, pain, etc.)

Root canals D3310 – D3330

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion / temp
- Closed apex

Treatment of root canal obstruction D3331

- Documentation supports procedure

Incomplete endodontic therapy D3332

- Documentation supports procedure

Internal root repair of perforation defects D3333

- Documentation supports procedure

Root canal retreatment D3346 – D3348

- Minimum 50% bone support

- No periodontal furcation
- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion / temp

Apexification / recalcification D3351 – D3353

- Deep caries
- Traumatic fracture with near pulpal exposure
- Pain from percussion, temperature
- History of trauma
- Presence of open root apex / apices

Pulpal regeneration D3355 – D3357

- Deep caries
- Traumatic fracture with near pulpal exposure
- Pain from percussion, temperature
- History of trauma
- Immature permanent tooth (root development)

Apicoectomy / periradicular surgery / retrograde filling / root amputation D3410 – D3450

- Minimum 50% bone support
- No caries below bone level
- Repair of root perforation or resorptive defect
- Exploratory curettage for root fractures
- Removal of extruded filling materials or instruments

Removal of broken tooth fragments

- Sealing of accessory canals, etc.

Biologic materials / guided tissue regeneration D3431, D3432

- Minimum 50% bone support
- No caries below bone level
- Repair of root perforation or resorptive defect
- Exploratory curettage for root fractures
- Removal of extruded filling materials or instruments
- Removal of broken tooth fragments
- Sealing of accessory canals, etc.

Endodontic endosseous implant D3460

- Medically necessary to retain tooth structure
- Adequate periodontal and osseous support

Intentional reimplantation D3470

- Documentation supports procedure

Surgical procedure for isolation of tooth D3910

- Documentation supports procedure

Hemisection D3920

- Documentation supports procedure

Canal preparation and fitting of preformed dowel or post D3950

- Date of service not same as post insertion

Gingivectomy or gingivoplasty D4210, D4211

- Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects
- Generalized 5 mm or more pocketing indicated on the perio charting

Gingivectomy or gingivoplasty to allow access for restorative procedure D4212

- Documentation shows medical necessity for procedure to permit access to finish margin of restoration

Anatomical crown exposure D4230, D4231

- Documentation supports procedure, need to remove tissue / bone to provide anatomically correct gingival relationship

Gingival flap procedure D4240, D4241

- Perio classification of Type III or IV
- Lack of attached gingiva
- Treatment around natural teeth or tooth bounded spaces

Apically positioned flap D4245

- Related to preserving gingiva related to an implant or during exposure of labially impacted tooth
- Treatment around natural tooth or implant

Crown lengthening D4249

- Documentation supports procedure, greater than 50% bone support after surgery due to coronal fracture / caries and not on same day as restoration preparation

Osseous surgery D4260, D4261

- History of periodontal scaling and root planning
- No previous recent history of osseous surgery
- Perio classification of Type III or IV
- Treatment around natural teeth or tooth bounded spaces

Bone replacement graft D4263, D4264

- Documentation supports need to correct bone defect
- Treatment around natural teeth only

Biologic materials to aid in soft and osseous tissue regeneration D4265

- Documentation supports need to correct bone defect
- Treatment around natural teeth only

Guided tissue regeneration D4266, D4267

- Documentation supports need in conjunction with bone replacement or to correct deformities resulting from inadequate faciolingual bone
- Treatment around natural teeth or existing implant
- Treatment around initial extraction site for future implant (noted in narrative) and in conjunction with D7953

Surgical Revision D4268

- Documentation supports need to refine results of previous surgical procedure

Pedicle soft tissue graft D4270

- Cover exposed root
- Eliminate gingival defect
- Treatment around natural tooth only

Autogenous connective tissue graft / combined connective tissue and double pedicle graft D4273, D4276, D4283

- Eliminate root sensitivity
- Eliminate frenum pull
- Extend vestibule
- Cover gingival interface with restoration
- Cover bone or ridge regeneration site
- D4273/D4283 Treatment around natural teeth, implant or edentulous tooth site
- D4276 around natural tooth only

Distal wedge D4274

- No history of D4260/D4261 within 12 months
- More than 50% bone to remain after procedure
- To expose coronal fracture or caries but not on same day as restorative procedure

Non-autogenous connective tissue graft / free soft tissue graft D4275, D4277, D4278, D4285

- Eliminate frenum pull
- Extend vestibule
- Eliminate gingival recession
- Cover gingival interface with restoration
- Cover bone or ridge regeneration site
- Treatment around natural teeth, implant or edentulous tooth site

Provisional splinting D4320, D4321

- Documentation indicates periodontal mobility Type 3 or 4
- Documentation shows treatment plan of planned or completed periodontal therapy

Scaling and root planning D4341, D4342

- D4341
 - Four or more teeth in the quadrant
 - 5 mm or more pocketing on 2 or more teeth indicated on the perio charting and
 - Presence of root surface calculus and/or noticeable loss of bone support on x-rays
- D4342
 - One to three teeth in the quadrant
 - 5 mm or more pocketing on 1 or more teeth indicated on the perio charting and
 - Presence of root surface calculus and/or noticeable loss of bone support on x-rays

Full mouth debridement / scaling - full mouth D4346, D4355

- Extensive coronal calculus on 50% of teeth

Localized delivery of antimicrobial agents / gingival irrigation D4381, D4921

- Documented 5 mm or more pocket depth around tooth indicated on perio charting for localized delivery
- Documented 5 mm or more pocket depth around 2 or more teeth indicated on perio charting for

gingival irrigation

Periodontal maintenance D4910

- Periodontal surgical, non-surgical or periodontal maintenance procedure more than 90 days previous to the current requested periodontal maintenance procedure

Unscheduled dressing change D4920

- Documentation describes medical necessity

Gingival irrigation D4921

- 4 mm or more pocket depth
- Not used to report mouth rinses or non-invasive chemical debridement

Full dentures D5110, D5120

- Existing denture greater than 5 years old and unserviceable
- Remaining teeth do not have adequate bone support or are not restorable

Immediate dentures D5130, D5140

- Remaining teeth do not have adequate bone support or are not restorable

Partial dentures D5211, D5212, D5213, D5214, D5225, D5226

- Replacing one or more anterior teeth
- Replacing three or more posterior teeth (excluding 3rd molars)
- Existing partial denture greater than 5 years old and unserviceable
- For D5213, D5214 Remaining teeth have greater than 50% bone support and are restorable
- For D5211, D5212, D5225, D5226:
 - remaining teeth have 50% or less bone support and are restorable
 - remaining teeth have 50% or less bone support and are restorable and there is narrative/documentation indicating the of the partial would be transitional in nature preceding full denture, subject to plan benefit limitations.

Immediate partial dentures D5221, D5222, D5223, D5224

- Replacing one or more anterior teeth
- Replacing three or more posterior teeth (excluding 3rd molars)
- Existing partial denture greater than 5 years old and unserviceable
- Remaining teeth have greater than 50% bone support and are restorable
- For D5221, D5222:
 - remaining teeth have 50% or less bone support and are restorable
 - remaining teeth have 50% or less bone support and are restorable and there is narrative/documentation indicating the of the partial would be transitional in nature preceding a full denture, subject to plan benefit limitations.

Unilateral partial denture D5282, D5283

- Replacing one or more missing teeth in one quadrant
- Existing partial denture greater than 5 years old and unserviceable
- Remaining teeth have greater than 50% bone support and are restorable

Removable unilateral partial denture – per quadrant D5284, D5286

- Replacing one or more missing teeth in one quadrant
- Existing partial denture greater than 5 years old and unserviceable
- Remaining teeth have greater than 50% bone support and are restorable

Full / Partial dentures – adjustments, repairs, replacement, add ons (teeth and clasps) D5410 – D5630, D5640 - D5671

- Dentures greater than 6 months old
- Documentation describes medical necessity for replacement of all teeth on partial denture

Denture rebases / relines D5710 – D5761

- Dentures greater than 6 months old

Interim full dentures D5810, D5811

- Documentation supports need for interim partial denture to allow healing of multiple extractions or prior to periodontal surgery
- Premature loss of primary / permanent teeth where traditional partial / full denture would be inappropriate at the present time

Interim partial dentures D5820, D5821

- Documentation supports need for interim partial denture to allow healing of multiple extractions or prior to periodontal surgery
- Premature loss of primary / permanent teeth where traditional partial / full denture would be inappropriate at the present time

Tissue conditioning D5850, D5851

- Date of service

Precision attachment, by report D5862

- Attachment will significantly enhance function

Overdenture D5863 – D5866

- Remaining tooth roots supporting overdenture have healthy bone and periodontal support

Replacement or replaceable part of semi-precision or precision attachment D5867

- Documentation supports need to replace attachment

Modification of removable prosthesis following implant surgery D5875

- Documentation of date of implant placement

Add metal substructure to acrylic full denture (per arch) D5876

- Documentation supports need to repair cracked denture, reduce denture flex, etc.

Maxillofacial prosthetics D5911 – D5994

- Documentation describes accident, facial trauma, disease, facial reconstruction or other medical necessity need

Implant, surgical placement D6010, D6011 – D6050

- Documentation shows healthy bone and periodontium

Implant, supporting structures D6051, D6052, D6055 – D6057

- Documentation shows fully integrated surgical implant with good crown / root ratio
- Healthy bone and periodontium surrounding surgical implant

Implant single crowns, abutment or implant supported D6058 – D6065, D6066, D6067, D6082 – D6084, D6085, D6086 – D6088, D6094, D6097

- Documentation shows fully integrated surgical implant with good crown / root ratio
- Healthy bone and periodontium surrounding surgical implant

Implant fixed partial denture, abutment or implant supported D6068 – D6075, D6076, D6077, D6194, D6195

- Documentation shows fully integrated surgical implant with good crown / root ratio
- Healthy bone and periodontium surrounding surgical implant

Implant maintenance / scaling / repair / provisional implant crown D6080, D6081, D6085, D6090, D6095, D6096

- Documentation describes medical necessity

Replacement of semi-precision or precision attachment D6091

- Documentation supports need to replace attachment

Recement / rebond implant / abutment supported crown / fixed partial denture D6092, D6093

- Documentation describes medical necessity

Implant supported retainer for FPD D6098 – D6123

- Documentation shows fully integrated surgical implant with good crown / root ratio
- Healthy bone and periodontium surrounding surgical implant

Implant removal, by report D6100

- Documentation describes medical necessity for surgical removal of an implant

Debridement / bone graft of periimplant defect D6101 – D6104

- Documentation supports need for debridement / bone graft at implant site

Implant / abutment supported removable or fixed / interim fixed dentures D6110 – D6119

- Documentation shows fully integrated surgical implant with good crown / root ratio
- Healthy bone and periodontium surrounding surgical implant

Radiographic / surgical implant index, by report D6190

- Documentation describes medical necessity for implant planning

Fixed partial denture pontics / retainers D6205 – D6252 (D6214, D6243), D6545 – D6794 (D6753, D6784, D6794)

Initial or replacement fixed partial denture retainers

- Minimum 50% bone support on retainers
- No periodontal furcation on retainers
- No subcrestal caries on retainers
- Clinically acceptable RCT on retainers

Replacement of existing fixed partial denture

- One of the retainer crowns is defective
- One of the retainer crowns has recurrent decay
- One of the retainer crowns needs root canal

Connector bar / stress breaker / precision attachment D6920, D6940, D6950

- Attachment will significantly enhance function

Fixed partial denture repair, by report D6980

- Documentation describes medical necessity

Pediatric partial denture D6985

- Missing anterior teeth

Extraction, coronal remnants – primary tooth D7111

- Presence of coronal remnants only

Extraction of erupted tooth or exposed root D7140

- Elevation and / or forceps removal

Surgical removal of erupted tooth D7210

- Greater than 50% bone support
- Periapical pathology or furcation involvement
- Gross carious lesion or large existing restoration
- Curved or dilacerated root
- Elevation of flap and/or removal of bone and/or sectioning of tooth

Impacted teeth – (asymptomatic impactions will not be approved) D7220 – D7241

- Documentation describes pain, swelling, etc. around tooth (must be symptomatic) and documentation noted in patient record
- Tooth impinges on the root of an adjacent tooth, is horizontal impacted, or shows a documented enlarged tooth follicle or potential cystic formation
- Documentation shows moderate to severe decay and tooth is not accessible to remove decay
- Documentation supports procedure for unusual surgical complications
- X-rays matches type of impaction code described

Surgical removal of residual tooth roots D7250

- Tooth root is completely covered by tissue on x-ray and/or documentation indicates cutting of soft tissue and bone, removal of tooth structures and closure
- Documentation describes pain, swelling, etc around tooth (must be symptomatic) and documentation noted in patient record

Coronectomy D7251

- Documentation describes neurovascular complication if entire impacted tooth is removed

Oroantral fistula closure / sinus perforation D7260, D7261

- Due to extraction, oral infection or sinus infection

Tooth reimplantation / transplantation D7270, D7272

- Documentation describes accident and / or medical necessity

Surgical access of an unerupted tooth D7280

- Documentation supports impacted/unerupted tooth
- Tooth is beyond one year of normal eruption pattern

Mobilization of erupted tooth D7282

- Documentation supports procedure
- Placement of device to facilitate eruption D7283
 - Documentation supports procedure
- Biopsy / exfoliative cytological sample collection D7285 – D7288
 - Copy of pathology report or test results
- Surgical repositioning of teeth D7290
 - Documentation supports need for procedure
- Transseptal fiberotomy / supra crestal fiberotomy, by report D7291
 - Documentation supports need for procedure
- Surgical placement: temporary anchorage device D7292 – D7294
 - Documentation supports need for procedure
- Harvest of bone for use in autogenous grafting procedure D7295
 - Documentation indicates harvest of bone reported in addition to autogenous grafting procedure that do not include harvest of bone
- Corticotomy D7296, D7297
 - Documentation supports need for procedure
- Alveoloplasty with extractions D7310, D7311
 - In preparation for a prosthesis
 - Other treatments such as radiation therapy and transplant surgery
- Alveoloplasty without extractions D7320, D7321
 - In preparation for a prosthesis
 - Other treatments such as radiation therapy and transplant surgery
- Vestibuloplasty D7340, D7350
 - Documentation supports lack of ridge for denture placement
- Excision of lesion / tumor D7410 – D7465
 - Copy of pathology report
- Excision of bone tissue D7471 – D7473, D7485
 - Necessary for fabrication of a prosthesis
- Radical resection of maxilla or mandible D7490
 - Documentation supports medical necessity
- Incision / drain abscess D7510 – D7521
 - Documentation describes non-vital tooth or foreign body for intraoral incision
 - Documentation describes periapical or periodontal abscess for extraoral incision
- Removal of foreign body / reaction producing foreign bodies D7530, D7540
 - Documentation describes presence or description of foreign body
- Partial ostectomy D7550
 - Documentation describes presence or description of non-vital bone or foreign body
- Maxillary sinusotomy D7560

- Documentation describes presence or description of root fracture of foreign body in maxillary antrum

Fractures – simple / compound D7610 – D7780

- Documentation describes accident, operative report and medical necessity

Reduction and dislocation and management of TMJ dysfunctions D7810 – D7877, D9130

- Narrative, x-rays or photos support medical necessity for procedure

TMJ, occlusal orthotic device / adjustment D7880, D7881

- Documentation supports history of TMJ pain / treatment efforts
- Not for bruxism, grinding or other occlusal factors
- Narrative supports need for adjustment

Suture repairs D7910 – D7912

- Documentation describes accident
- Not for tooth extraction or to close surgical incision

Skin graft D7920

- Documentation describes location and type of graft

Collection and application of autologous blood concentrate product D7921

- Narrative, x-rays or photos support medical necessity for procedure

Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7922

- Narrative, x-rays or photos support medical necessity for procedure

Osteoplasty / osteotomy D7940 – D7945

- Correction of congenital, developmental or acquired traumatic or surgical deformity

Other repair procedures (Oral & Maxillofacial Surgery) D7946 – D7952, D7955, D7982 – D7998

- Narrative, x-rays or photos support medical necessity for procedure

Bone replacement graft for ridge preservation D7953

- Correct vertical / horizontal bone defect in preparation for surgical implant
- Prepare alveolar contour for planned prosthetic reconstruction

Frenulectomy D7960

- Documentation describes removal or release of mucosal and muscle of a buccal, labial or lingual frenum to treat such conditions as tongue tied, diastema, tissue pull condition, etc.

Frenuloplasty D7963

- Documentation describe excision of frenum with accompanying excision or repositioning of aberrant muscle

Excision of hyperplastic tissue D7970

- Documentation describes medical necessity due to ill-fitting denture

Excision of pericoronal gingival D7971

- Documentation shows tissue partially covers occlusal surface of crown
- Documented history of repeat infections

Surgical reduction of fibrous tuberosity D7972

- Documentation indicates medical necessity need for future denture placement

Sialolithotomy D7979, D7980

- Documentation describes evidence of salivary blockage

Excision of salivary gland, by report D7981

- Documentation describes evidence of salivary blockage and inability to open duct

Sialodochoplasty / closure of salivary fistula D7982, D7983

- Documentation describes repair / surgical closure of salivary duct

Emergency tracheotomy D7990

- Documentation describes surgical formation of a tracheal opening to allow for respiratory exchange

Appliance removal (not by dentist who placed appliance) D7997

- Documentation describes removal not by dentist who placed appliance

Limited / interceptive treatment D8010 – D8060

- Partial treatment to correct crowding in one arch
- Minor tooth movement
- Uprighting teeth
- Rotating teeth
- Opening space(s)
- Closing space(s)
- Palatal expansion, skeletal disharmonies, space deficiency to lessen future effects of malformation dentition (primary / transitional dentition)

Comprehensive orthodontic treatment (Saltzman / HLD Score) D8070, D8080, D8090

- Documentation shows deep impinging overbite that shows palatal impingement of the majority of lower incisors
- Documentation shows true anterior open bite (not including one or two teeth slightly out of occlusion or where the incisors have not fully erupted)
- Documentation shows a large anterior – posterior discrepancy (Class II and Class III malocclusions that are virtually a full tooth class II or Class III)
- Documentation shows anterior cross bite (involves more than two teeth in cross bite)
- Documentation shows posterior transverse discrepancies (involves several posterior teeth in cross bite, not a single tooth in cross bite)
- Documentation shows significant posterior open bites (not involving partially erupted teeth or one or two teeth slightly out of occlusion)
- Documentation shows impacted canines that will not erupt into the arch without orthodontic or surgical intervention (does not include cases where canines are going to erupt ectopically)
- Salzmann / HLD Criteria Index Form score meets requirements

Fixed or removable appliance therapy D8210, D8220

- Documentation of thumb sucking or tongue thrusting habit

Pre – orthodontic treatment visit D8660

- Part of approved comprehensive orthodontic treatment

Orthodontic retention D8680

- Documentation shows completed case based on original case initiated (limited / comprehensive)

Orthodontic treatment (alternative billing - COC) D8690

- Documentation shows case has not been completed by previous provider

Orthodontic retainer adjustment / Repair of orthodontic appliance / Re-cement or re-bond fixed retainer / Repair of fixed retainer, includes reattachment / Replacement of lost or broken retainer D8681, D8696 – D8704

- Narrative of active ortho case or reference to past ortho case

Removal of fixed orthodontic appliances for reason other than completion of treatment D8695

- Documentation describes medical necessity

Palliative (emergency) treatment D9110

- Documentation describes medical necessity for procedure

Fixed partial denture sectioning D9120

- Medical necessity supporting need for procedure

Local anesthesia not in conjunction with operative or surgical procedures D9210

- Documentation describes medical necessity for procedure

Regional / trigeminal division block anesthesia D9211, D9212

- Documentation describes medical necessity for procedure

Local anesthesia in conjunction with operative or surgical procedures D9215

- Documentation shows code or description of operative or surgical procedure

Evaluation for moderate sedation, deep sedation or general anesthesia D9219

- Documentation describes medical necessity for procedure

Deep sedation / General anesthesia - IV moderate (conscious) sedation / Analgesia (Dental Office Setting)- 1 or more of the criteria below D9222, D9223, D9239, D9243

- Extractions of impacted teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants
- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation that patient is less than 9 years old with extensive treatment (described)
- Documentation of failed local anesthesia and documentation noted in patient record
- Documentation of situational anxiety and documentation noted in patient record
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy or condition that would render patient noncompliant)

Inhalation of nitrous oxide / analgesia D9230

- Documentation (treatment history) supports indication of non-cooperative patient under age 9
- Documentation supports indication of patient with a medical condition (cardiac, cerebral palsy, epilepsy, or other condition that would render the patient non-compliant)
- Documentation describes extensive treatment for patient under age 9
- Documentation describes situational anxiety

Non – intravenous conscious sedation (Dental Office Setting) D9248

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- 4 or more extractions in 1 quadrant
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- Documentation that patient is less than 9 years old with extensive treatment (described)
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- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy or condition that would render patient noncompliant)

Consultation D9310, D9311

- Documentation describes referral from requesting provider regarding evaluation and / or management of a specific problem by a dentist / physician
- Consultation includes an oral evaluation
- Consultation is with a medical health care professional

House / extended care facility call D9410

- Documentation describes medical necessity and location type

Hospital call D9420

- Documentation of time spent and reason for hospital call

Office visit – for observation, no other services performed D9430

- Documentation describes medical necessity for procedure

Office visit – after regularly scheduled hours D9440

- Documentation describes medical necessity for procedure

Case presentation D9450

- Documentation of comprehensive treatment plan and narrative of medical necessity

Therapeutic drug injection D9610, D9612

- Description of drugs (antibiotics, steroids, anti-inflammation, non-opioid or other therapeutic medication) and parental administration

Infiltration of sustained release therapeutic drug D9613

- Description of drugs and the condition necessitating their need

Drugs or medicaments dispensed in the office for home use D9630

- Description of oral antibiotics, oral analgesics, topical fluoride or other drugs / medicaments for home use
- Does not include writing prescriptions

Application of desensitizing medicament / resin D9910, D9911

- Documentation describes medical necessity for application of topical fluoride or adhesive resin
- Not for use as bases, liners or adhesives used under restorations

Behavior management, by report D9920

- Documentation (treatment history) supports indication of non-cooperative child under the age of nine (9) years
- Documentation supports indication of patient with a medical condition (cardiac, cerebral palsy, epilepsy, or other condition that would render the patient non-compliant)

Treatment of complications (post surgical) D9930

- Documentation describes medical necessity for procedure

Cleaning and inspection of dentures D9932, D9933, D9934, D9935

- Dentures greater than 6 months old

Fabrication of athletic mouth guard

- documentation / narrative describe the need for “sports” related activities and not for clenching/grinding

Occlusal guard / repair or reline / adjustment D9942, D9943, D9944 – D9946

- Medically necessary for bruxism, grinding or other occlusal factors
- Not for temporomandibular dysfunction (TMD)
- Narrative supports need for repair, reline or adjustment

Occlusion analysis – mounted case D9950

- Documentation describes medical necessity

Occlusal adjustment – limited D9951

- Adjustment not done on same date as restorative, prosthetic or endodontic treatment

Duplicate copy of patient’s records D9961

- Documentation describes need for duplicate records

Occlusal adjustment – complete D9952

- Documentation describes medical necessity for complex case need (facebow, interocclusal records, tracings, diagnostic wax-up, etc.

Odontoplasty D9971

- 1 – 2 teeth treated

Bleaching – per arch D9972, D9975

- Documentation indicates systemic induced staining due to taking of certain medications (i.e. tetracycline, etc.) over time

Bleaching – per tooth D9973, D9974

- Documentation indicates single or multiple endo treated teeth that have become discolored and there is no planned crowns

Certified translation or sign-language services – per visit D9990

- Documentation validates need for such services

Dental Case Management D9991 – D9994

- Addressing appointment compliance barriers
- Care coordination
- Motivational interviewing
- Patient education to improve health literacy

Teledentistry D9995, D9996

- Remote review of diagnostic information

Dental case management – patients with special needs D9997

- Documentation describes medical necessity for procedure

Unspecified procedures, by report D0999, D1999, D2999, D3999, D4999, D5899, D5999, D6199, D6999, D7899, D7999, D8999, D9999

- Procedure cannot be adequately described by an existing code

OR (Hospital Operating Room or Outpatient Facility) request

- Completed Scion Hospital / IV Sedation Referral Form Checklist
- Narrative of medical necessity
- SPU / Facility Name and Address on Referral form and Box 35 of the ADA claim form
- MD letter describing Health Complications or Conduct Disorders
- Treatment plan
- Documentation supporting treatment plan (x-rays, photos, etc.)
- D9999 entered on claim form

Clinical Criteria

- Patient under six(6) years of age with extensive treatment needed
- Documentation supports indication of patient with a medical condition (cardiac, cerebral palsy, epilepsy, or other condition that would render the patient non-compliant

Clinical Criteria

- Young children requiring extensive operative procedures (such as multiple restorations, treatment of abscesses or oral surgical procedures), when in-office treatment (nitrous oxide, GA / IV sedation or oral sedation) is not appropriate or available and hospitalization is not solely based upon reducing, avoiding or controlling apprehension; or
- Individuals requiring extensive dental procedures and classified by the American Society of Anesthesiologists (ASA) as Class 3 or class 4; or
- Medically compromised patients whose medical history indicates that the monitoring of vital signs or the availability of resuscitative equipment is necessary during dental procedures; or
- Individuals requiring extensive dental procedures with a medical history of uncontrolled bleeding, severe cerebral palsy or other medical condition that renders in-office treatment not medically appropriate; or
- Individuals requiring extensive dental procedures who have documentation of significant behavioral health conditions or psychiatric disorders that require special treatment (e.g., severe panic disorder); or
- Cognitively disabled individuals requiring extensive procedures whose prior history indicates

- hospitalization is appropriate; or
- Hospitalized individuals who need extensive restorative or surgical procedures