

2025 Claims Processing Policies and Procedures

Procedure Codes that Require Documentation Submission

To expedite the processing of your claim, utilize the Submission Requirements table below to identify the necessary documentation and/or clinical information required for review of specific procedure codes. Chart notes should always include diagnosis and justification for all treatment rendered. Please refer to the specific procedure code in this handbook for more details regarding the description of procedures.

Only the procedure codes listed below always require the submission of documentation with claims for your Delta Dental Premier™ and Dental PPO™ patients. Do not submit documentation with other procedures (unless Delta Dental specifically requests it).

Radiographic Images and Documentation Requirements

Please do not submit original radiographic images if they are the only diagnostic record for your patient. Duplicate radiographs or radiographic image copies of diagnostic quality, including paper copies of digitized images, are acceptable. We do not return radiographic images or other documentation submitted with paper claims; however, we will make an exception when we receive a stamped, self-addressed envelope with the claim. Photographs must accompany radiographs when determining cracked teeth, build-ups, crowns, and anterior restorations when evidence of necessity is not obvious on the radiographs.

Enter the required documentation information in the “Remarks” or “Comments” field of the claim. Narratives must also be maintained as part of the patient treatment record.

Procedure Codes	Description of Service	Submission Requirements
D2510-D2664 D2710-D2794	Inlays, Onlays, and Crowns	<ul style="list-style-type: none"> • Periapical radiograph - pre-operative radiograph showing endodontic/periodontal state of the tooth taken within one year of the crown prep procedure. Please do not substitute a panoramic radiograph to replace this periapical image. • Photographs - any available <p>Lab slips should be maintained as part of the patient record.</p>
D2950-D2955, D2957	Core Buildup, Including Any Pins	<ul style="list-style-type: none"> • Periapical radiograph. Please do not substitute a panoramic radiograph to replace this periapical image. • Photographs - any available photographs taken within one year of the planned treatment. • Narrative <p>Per the ADA, build-ups should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation.</p>
D2980-D2983 D5621-D5622	Repair Requiring Lab Work	<ul style="list-style-type: none"> • Narrative • Copy of lab bill
D3310-D3330, D3921 D3346-D3348	Endodontics	<ul style="list-style-type: none"> • Periapical radiographs - pre- and post-operative

Procedure Codes	Description of Service	Submission Requirements
D4210-D4212, D4240-D4245, D4260-D4285, D4341-D4342, D4381	Periodontics (Including Scaling and Root Planing)	<ul style="list-style-type: none"> • Bitewing or Periapical radiographs, Bitewing radiographs taken within 12 months of the planned treatment that show both arches of bone levels, or periapical radiographs. Loss of alveolar crest height beyond the normal 1-1.5 millimeter distance to the cemento-enamel junction (CEJ) must be evident on radiographs. • Periodontal charting (probing) done within past 12 months. • Chart notes including periodontal stage and grade, regarding the necessity of the periodontal treatment may also be requested.
D4249	Crown Lengthening	<ul style="list-style-type: none"> • Bitewing radiographs - pre-treatment radiographs taken within 12 months of the planned treatment • Clinical narrative
D4322 - D4323	Provisional Splinting	<ul style="list-style-type: none"> • Bitewing or periapical radiographs - pre-treatment radiographs, that show the level of bone support, taken within 12 months of the planned treatment • Clinical narrative • Periodontal charting which includes record of mobility
D4920	Unscheduled Dressing Change	<ul style="list-style-type: none"> • Narrative including necessity of treatment
D6010-D6050	Implant, Surgical Services	<ul style="list-style-type: none"> • Post operative periapical x-ray showing the entire implant, including the apical area of the implant body • Post operative panoramic x-rays are acceptable for cases where implants are placed in edentulous arches.
D6055-D6077, D6082-D6088, D6094, D6097-D6099, D6110-D6123, D6194-D6195	Implant Supported Prosthetics	<ul style="list-style-type: none"> • Periapical radiographs - current periapical radiographs including the apex of the implant body and surrounding bone. Please do not substitute a panoramic radiograph to replace this periapical image. • Photographs - any available
D6710-D6794	Prosthodontics, Fixed (Bridge Abutment Crowns)	<ul style="list-style-type: none"> • Periapical radiograph - pre-operative periapical radiograph showing current endodontic/periodontal state of the tooth taken within one year of the crown prep procedures. Please do not substitute a panoramic radiograph to replace this periapical image. • Photographs - any available <p>Lab slips should be maintained as part of the patient record.</p>

Procedure Codes	Description of Service	Submission Requirements
D7210-D7241, D7250, D7251, D7252	Oral Surgery	<ul style="list-style-type: none"> • Periapical or panoramic radiographs that reflect the current anatomical position, and the amount of bone surrounding the tooth • For code D7251 pre and post-operative radiograph • Chart notes, detailed tooth specific regarding the necessity of the treatment • Photographs - any available
D7530, D7540	Oral Surgery	<ul style="list-style-type: none"> • Narrative including necessity of treatment
D7284-D7286	Oral Surgery (Biopsy)	<ul style="list-style-type: none"> • Pathology report copy
D7410-D7415, D7440-D7461, D7465	Oral Surgery (Excision of Lesion)	<ul style="list-style-type: none"> • Pathology report copy • Chart notes, detailed operative
D7260, D7490-D7521, D7530, D7540, D7610-D7780, D7910-D7912, D7980-D7983, D7998	Oral Surgery (Surgical Incision/Excision)	<ul style="list-style-type: none"> • Chart notes, detailed operative notes regarding the necessity of the treatment
D8010-D8091	Orthodontics	<ul style="list-style-type: none"> • Narrative including diagnosis, orthodontia type, and treatment length
D8210, D8680	Orthodontics	<ul style="list-style-type: none"> • Narrative including necessity of treatment
D5899, D6199, D9930, D9959, D##99	Miscellaneous Services	<ul style="list-style-type: none"> • Narrative for any by report procedures, exceptional cases and/or unspecified codes in all categories of service (D5899, D6199, D##99)

An **itemized Explanation of Benefits** is required for all procedures when Delta Dental is the secondary carrier.

During clinical review of claims and pre-treatment estimates, Delta Dental reserves the right to request radiographic images and/or documentation for procedures that otherwise may be identified as not requiring the submission of documentation.

Table of Contents

Page

Treatment Record	5
Diagnostic	D0100 – D0999	6
Preventive	D1000 – D1999	18
Restorative	D2000 – D2999	23
Endodontics	D3000 – D3999	34
Periodontics	D4000 – D4999	39
Prosthodontics, removable	D5000 – D5899	48
Maxillofacial Prosthetics	D5900 – D5999	53
Implant Services	D6000 – D6199	55
Prosthodontics, fixed	D6200 – D6999	61
Oral and Maxillofacial Surgery	D7000 – D7999	66
Orthodontics	D8000 – D8999	79
Adjunctive General Services	D9000 – D9999	82

TREATMENT RECORD

1. The use of subjective, objective, assessment, and plan (SOAP) notes is a commonly accepted method of documentation. Subjective notes include the patient's description of his or her own health condition and health history. Objective notes include findings from radiographs, examinations, and tests.

Assessment notes include a diagnosis or a list of other possible diagnoses. Plan notes are the recommended treatment or treatment options, and a summary and outcome of discussions with the patient.

Documentation in the patient treatment record should include:

- Patient's personal information
 - Medical and dental histories, notes, and updates, including prescriptions, (types, dose, amount, directions for use and number of refills)
 - A description of the patient's chief complaint and original condition
 - Diagnostic records, including charts and study models, radiographs, photographs, intraoral photographs
 - Oral cancer screening, Periodontal evaluation
 - Diagnostic test findings and exam notes
 - A diagnosis and treatment plan
 - Summaries of conversations about any proposed treatment, benefits and risks associated with that treatment, any alternatives to the treatment proposed, potential risks and benefits of alternative treatment, including no treatment
 - Progress notes which include the tooth, quadrant, or arch of treatment
 - The type and volume of local anesthetic used, and the concentration of the vasoconstrictor, if present. If no local anesthesia was used, the progress note must document "no anesthesia was used".
 - Product identification stickers including but not limited to: implant stickers, bone grafting material used (and amounts), membrane used, type and size of matrix material used
 - Referral letters and consultation with referring or referral dentists and/or physicians.
 - Notes about missed, canceled or rescheduled appointments.
 - Informed consent forms/treatment refusal
 - Waivers and authorizations
 - Post-operative or home instructions
 - Documentation of patient non-compliance
 - Follow-up and periodic visit records, periodic radiographs (taken at intervals appropriate to the patient's condition)
 - Correspondence to/from the patient, inclusive of phone calls, emails, voice messages, letters and face-to-face conversations
2. A charge for sterilization/infection control/ personal protection equipment is not a benefit of Delta Dental plans and cannot be charged to the patient.
 3. A charge for completion of forms is not a benefit of Delta Dental plans and cannot be charged to the patient.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between Delta Dental's Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

CLINICAL ORAL EVALUATIONS

GENERAL GUIDELINES

1. Each patient's plan frequency limitations may vary for oral evaluations.
2. In most Delta Dental plans, specialist consultations and office visits for observation (procedures D9310 and D9430) are also counted toward the patient's annual oral evaluation benefit.
3. The purpose of any oral evaluation is to observe and record pertinent information, past and present, necessary to arrive at a diagnosis and treatment plan. Delta Dental considers all oral evaluations to be comprehensive, and to extend to all treatment disciplines.
4. Diagnostic procedures must be necessary and appropriate relative to an individual dental patient's disease risk and clinical condition. The diagnostic necessity and appropriateness of the radiographic images must be evident from the information submitted or retained in the patient treatment record.
5. Oral evaluations are not payable as post-operative visits or in conjunction with consultations or hospital visits.
6. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist. There is no distinction made between the evaluations provided by general practitioners and specialists.
7. The fee for periodontal charting is considered to be included in the fee for an oral evaluation procedure. A separate fee may not be charged to the patient or Delta Dental.
8. Evaluations are only a benefit when the elements included in the descriptor are completed.
9. Evaluation codes (D0120, D0140, D0150) include evaluation and recording of the extraoral and intraoral hard and soft tissues. They also include the evaluation and recording of the patient's dental and medical history and general health assessment. They typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and

soft tissue anomalies, oral cancer evaluation, consultations, diagnosis, treatment planning, etc.

10. Benefits for evaluations (D0120, D0150, D0160, and D0180) performed without an intent to provide dental services to meet the patient's dental needs will be processed as D0190. D0190 should be used to screen a patient to determine an individual's need to see a dentist for diagnosis.

D0120

Periodic oral evaluation — established patient

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated.

D0140

Limited oral evaluation — problem focused

1. An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.
2. Delta Dental considers the fee for this procedure to include oral evaluations performed in conjunction with emergency visits.

D0145

Oral evaluation for a patient under three years of age and counseling with primary caregiver

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

1. Procedure D0145 is allowed once per patient, per provider. Subsequent submissions of D0145, by the same dentist/dental office, will be considered to be the equivalent of periodic oral evaluations (procedure D0120).

2. When D0150 (comprehensive oral evaluation) and D0145 are provided, to individuals over three years of age, on the same date, by the same dentist/dental office, payment will be provided for D0150, and the fee for D0145 will be included in the fee for D0150. For patients under the age of three, any other comprehensive evaluation code (D0150 and D0180) is payable as procedure D0145. Any fee in excess of the fee for D0145 may not be charged to the patient.

D0150

Comprehensive oral evaluation — new or established patient

1. Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

2. Delta Dental considers a comprehensive oral evaluation to apply to the dentist's/dental office's first encounter with a new patient. Subsequent submissions of procedure D0150 or D0180 will be considered to be the equivalent of periodic oral evaluations (procedure D0120). If the patient has not received any services for three or more years from the same dentist/dental office, a comprehensive oral evaluation may be benefited.

D0160

Detailed and extensive oral evaluation — problem focused, by report

1. This procedure is a benefit once in a lifetime per patient per dentist/dental office. Subsequent submissions of procedure D0160 will be

considered to be the equivalent of periodic oral evaluations (procedure D0120).

2. Procedure D0160 counts towards the contractual limitations for evaluation procedures.

D0170

Re-evaluation — limited, problem focused (established patient; not post-operative visit)

1. Delta Dental considers this procedure to be equivalent to procedure D0140.

2. When this procedure is provided in conjunction with any other procedure by the same dentist/dental office, a separate fee may not be charged to the patient or Delta Dental.

D0171

Re-evaluation — post-operative office visit

1. The fee for procedure D0171 is included in the fee for procedure D0170 when performed by the same dentist/dental office who performed the original D0170.

2. Procedure D0171 is denied if submitted by a different dentist/dental office. The fee is the patient's responsibility.²

D0180

Comprehensive periodontal evaluation — new or established patient

This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.

1. Procedure D0180 is a benefit once in a lifetime per patient per dentist/dental office. Subsequent submissions of procedure D0180 will be considered to be the equivalent of periodic oral evaluations (procedure D0120).

2. If procedure D0180 is submitted on the same date of service as procedure D4910, an allowance is made for procedure D0120.

3. Procedure D0180 counts towards the contractual limitations for evaluation procedures.

² Fees for denied services are the responsibility of the patient.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between Delta Dental's Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

4. Procedure D4355 is not payable when performed by the same dentist/dental office, on the same day, as code D0180 procedures. A separate fee may not be charged to Delta Dental or the patient.

PRE-DIAGNOSTIC SERVICES

D0190

Screening of a patient

1. When covered by individual group/contract only one of either procedure D0190 or D0191 reported individually is allowable once per a 12 month period. Subsequent submissions within 12 months the fee is the patient's responsibility.
2. The fee for procedure D0190 is included in the fee for any other examination procedure performed on the same date of service by the same dentist/dental office.

D0191

Assessment of a patient

1. When covered by individual group/contract only one of either procedure D0190 or D0191 reported individually is allowable per a 12 month period. Subsequent submissions within 12 months the fee is the patient's responsibility.
2. The fee for procedure D0191 is included in the fee for any other examination procedure performed on the same date of service by the same dentist/dental office.

DIAGNOSTIC IMAGING

GENERAL GUIDELINES

1. When the fees submitted for any combination of intraoral radiographic images in a single treatment series meet or exceed the fee for a comprehensive intraoral series, Delta Dental considers the radiographic images to be the equivalent of a comprehensive series, procedure D0210, and an allowance will be made for procedure D0210.
2. Panoramic images are not considered part of a comprehensive intraoral series.
3. Benefits are limited to either an intraoral complete series radiographic images (D0210) or a panoramic radiographic image (D0330) within the frequency limitation period. Under most Delta Dental plans, a panoramic radiographic

image or comprehensive series radiographic image in limited to once in either a three or five year period.

4. If a panoramic image is taken in conjunction with an intraoral comprehensive series, an allowance will be made for the comprehensive intraoral series, and the fee for the panoramic image will be the responsibility of the enrollee.
 5. When a panoramic image is submitted with supplemental image(s), (bite-wing, periapical, or occlusal images), and the fees for the supplemental images exceed the fee for the comprehensive intraoral series, Delta Dental will provide an allowance for the comprehensive intraoral series. The fee for the panoramic image will be the responsibility of the enrollee.
 6. When a panoramic image is submitted with supplemental images(s), (bite-wing, periapical, or occlusal images), and the fees for the supplemental images are less than the fee for a comprehensive intraoral series, Delta Dental will provide payment for the supplemental images and for the panoramic image.
 7. Delta Dental considers the first radiographic image to be a procedure D0220, intraoral periapical first radiographic image. Additional radiographic images on the same date of service are considered a procedure D0230, intraoral periapical each additional radiographic image.
 8. Diagnostic procedures must be necessary and appropriate relative to an individual dental patient's disease risk and clinical condition. Pregnancy does not preclude the acquisition of necessary radiographic images, and the pregnant patient, like all patients, should be effectively shielded for necessary imaging procedures. The diagnostic necessity and appropriateness of the radiographic images must be evident from the information submitted or retained in the patient treatment record.
- The FDA/ADA 2012 document Selection of Patients for Radiographic Examinations provides guidance for when the prescription of a full mouth series of radiographs is appropriate. These guidelines state that radiographs are to be prescribed by dentists only after reviewing the patient's health history and completing a clinical examination. Once a decision to obtain radiographs is made, it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize

the patient's exposure to radiation. For most new patient encounters in dentate adults, and children or adolescents with transitional or permanent dentition, an individualized radiographic exam is appropriate, usually consisting of selected periapical images, posterior bitewings and a panoramic exam. A full mouth intraoral radiographic exam is usually performed when the patient has clinical evidence of generalized dental disease or history of extensive dental treatment.

The guidelines can be found at: <http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm116504.htm>

9. The fees for post-operative radiographic images and intra-operative radiographic images taken during root canals, surgical and non-surgical procedures, and all indirect restorations (crowns, onlays, bridges, inlays, and implants) are included in the fees for these services. These fees are not separately billable to the patient.

10. Diagnostic imaging codes D0210 - D0371 include image capture and interpretation. The fee for interpretation of a diagnostic image by a practitioner not associated with the capture of the image is processed according to contract. In other instances, the fee for interpretation is included in the fee for the capture of the image.

11. The fee for image capture procedure codes is considered part of the fee for the corresponding radiographic or photographic image and is not billable to the patient.

12. All radiographs taken on the same date of service should be submitted on the same claim form.

13. Age limitations may vary by group contract for radiographic images.

D0210

Intraoral – comprehensive series of radiographic images

1. A comprehensive series consists of images sufficient to display the crowns and roots of all teeth, periapical areas and alveolar bone to view the dental arches and immediate supporting structures.

2. Each patient's plan frequency limitations may vary for radiographic images.

3. Benefits are limited to either an intraoral complete series radiographic images (D0210) or

a panoramic radiographic image (D0330) within the frequency limitation period. Under most Delta Dental plans, a panoramic radiographic image or comprehensive series radiographic image is limited to once in either three or five years series.

4. Panoramic images are not considered a part of a comprehensive intraoral series.

5. If a panoramic image is taken in conjunction with an intraoral comprehensive series, an allowance will be made for the comprehensive intraoral series, and the fee for the panoramic image will be the responsibility of the enrollee.

6. Please see Diagnostic Imaging General Guidelines for additional information.

D0220

Intraoral – periapical first radiographic image

D0230

Intraoral – periapical each additional radiographic image

D0240

Intraoral – occlusal radiographic image

Please submit an arch code for D0240.

D0250

Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector

D0251

Extra-oral posterior dental radiographic image

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

If D0251 is a covered benefit and is taken within 36 months of a panoramic radiographic image D0330, a separate fee for D0251 may not be charged to the patient.

BITEWINGS

GENERAL GUIDELINES

1. The plan frequency limitations for each patient may vary for radiographic images. Bitewing series limitations apply to any combination of bitewing procedures (D0270-D0277). Bitewing radiographs are only diagnostic for periodontal conditions when both arches of bone can be seen in the bitewing. Vertical bitewings are

more appropriate in patients with moderate to severe bone loss.

Under Delta Dental's national processing policies, bitewing radiographic images (D0270-D0274) within 6 months of an intraoral comprehensive series (D0210) are not charge-able to the patient when taken by the same dentist/dental office.

2. For most Delta Dental plans, the maximum allowance for bitewings for a patient under 10 years of age is that of a D0272. A D0273 or D0274 submitted for a patient under age 10 will be benefited as a D0272 and any fees in excess of the contracted fee for D0272 are not chargeable to the patient.

D0270

Bitewing — single radiographic image

D0272

Bitewings — two radiographic images

D0273

Bitewings — three radiographic images

D0274

Bitewings — four radiographic images

D0277

Vertical bitewings — 7 to 8 radiographic images

Delta Dental considers vertical bitewings to be a type of bitewing series subject to the contract limitations of other bitewing procedures. If the fee for the vertical bitewings, with or without additional radiographs, equals or exceeds the fee for a comprehensive series, it would be considered a comprehensive series of radiographic images (D0210) for payment, benefit, and time limitation purposes. The fee in excess of the fee for a comprehensive series of radiographs is not chargeable to the patient.

D0310

Sialography

Sialography is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0320

Temporomandibular joint arthrogram, including injection

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's

responsibility.

D0321

Other temporomandibular joint radiographic images, by report

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0322

Tomographic survey

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0330

Panoramic radiographic image

1. Benefits are limited to either an intraoral complete series radiographic images (D0210) or a panoramic radiographic image (D0330) within the frequency limitation period. Under most Delta Dental plans, a panoramic radiographic image is limited to once in either three or five years (corresponding to the limitation on comprehensive intraoral series).

2. Panoramic images are not considered a part of a comprehensive intraoral series.

3. If a panoramic image is taken in conjunction with an intraoral comprehensive series, an allowance will be made for the comprehensive intraoral series, and the fee for the panoramic image will be the responsibility of the enrollee.

4. When a panoramic image is submitted with supplemental image(s), (bite-wing, periapical or occlusal images), and the fees for the supplemental images exceed the fee for the comprehensive intraoral series, Delta Dental will provide an allowance for the comprehensive intraoral series. The fee for the panoramic image will be the responsibility of the enrollee.

5. When a panoramic image is submitted with supplemental image(s), (bite-wing, periapical or occlusal images), and the fees for the supplemental images are less than the fee for a comprehensive intraoral series, Delta Dental will provide payment for the supplemental images and for the panoramic image

6. Please see Diagnostic Imaging General Guidelines for additional information.

D0340

2D cephalometric radiographic image – acquisition, measurement and analysis

Most Delta Dental plans provide benefits for cephalometric radiographic images only in conjunction with orthodontic procedures. If D0340 is taken for other reasons, or for a patient who does not have orthodontic benefits, the fee is the patient's responsibility.

D0350

2D oral/facial photographic image obtained intra-orally or extra-orally

1. Delta Dental plans provide benefits for oral/facial photographic images (D0350) once per case in conjunction with covered orthodontic services.
2. When procedure D0350 is provided for non-orthodontic reasons or for a patient without orthodontic benefits, the cost is the patient's responsibility.
3. Fees for additional D0350 by the same dentist/dental office may not be charged to the patient or Delta Dental.

D0364

Cone beam CT capture and interpretation with limited field of view – less than one whole jaw

1. Code D0364 is a benefit once in a 12-month period.
2. When D0364 is submitted in conjunction with code D0380, image capture, the fee for procedure D0364 includes the fee for code D0380.
3. When D0364 is submitted in conjunction with code D0391, image interpretation, the fee for procedure D0364 includes the fee for code D0391.

D0365

Cone beam CT capture and interpretation with field of view of one full dental arch – mandible

1. Code D0365 is a benefit once in a 12-month period.
2. When D0365 is submitted in conjunction with code D0381, image capture, the fee for procedure D0365 includes the fee for code D0381.
3. When D0365 is submitted in conjunction with code D0391, image interpretation, the fee for procedure D0365 includes the fee for code D0391.

D0366

Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium

1. Code D0366 is a benefit once in a 12-month period.
2. When D0366 is submitted in conjunction with code D0382, image capture, the fee for procedure D0366 includes the fee for code D0382.
3. When D0366 is submitted in conjunction with code D0391, image interpretation, the fee for procedure D0366 includes the fee for code D0391.

D0367

Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium

1. Code D0367 is a benefit once in a 12-month period.
2. When D0367 is submitted in conjunction with code D0383, image capture, the fee for procedure D0367 includes the fee for code D0383.
3. When D0367 is submitted in conjunction with code D0391, image interpretation, the fee for procedure D0367 includes the fee for code D0391.

D0368

Cone beam CT capture and interpretation for TMJ series including two or more exposures

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0369

Maxillofacial MRI capture and interpretation

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0370

Maxillofacial ultrasound capture and interpretation

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0371

Sialoendoscopy capture and interpretation

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0372

Intraoral tomosynthesis – comprehensive series of radiographic images

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0373

intraoral tomosynthesis – bitewing radiographic image

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0374

Intraoral tomosynthesis – periapical radiographic image

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

IMAGE CAPTURE ONLY

D0380

Cone beam CT image capture with limited field of view – less than one whole jaw

1. Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0380 is submitted by the same dentist/dental office, in conjunction with D0364, the fee for procedure D0380 is included in the

fee for procedure D0364. The fee for D0380 is not separately billable to the patient.

3. When D0380 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, an allowance will be provided for D0364.

D0381

Cone beam CT image capture with field of view of one full dental arch – mandible

1. Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0381 is submitted by the same dentist/dental office, in conjunction with D0365, the fee for procedure D0381 is included in the fee for procedure D0365. The fee for D0381 is not separately billable to the patient.

3. When D0381 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, an allowance will be made for D0365.

D0382

Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium

1. Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0382 is submitted by the same dentist/dental office, in conjunction with D0366, the fee for procedure D0382 is included in the fee for procedure D0366. The fee for D0382 is not separately billable to the patient.

3. When D0382 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, an allowance will be made for D0366.

D0383

Cone beam CT image capture with field of view of both jaws, with or without cranium

1. Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0383 is submitted by the same dentist/dental office, in conjunction with D0367,

Diagnostic (D0100 – D0999)

the fee for procedure D0383 is included in the fee for procedure D0367. The fee for D0383 is not separately billable to the patient.

3. When D0383 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, an allowance will be made for D0367.

D0384

Cone beam CT image capture for TMJ series including two or more exposures

1. Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0384 is submitted by the same dentist/dental office, in conjunction with D0368, the fee for procedure D0384 is included in the fee for procedure D0368. The fee for D0384 is not separately billable to the patient.

3. When D0384 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, the claim will be reprocessed as D0368.

D0385

Maxillofacial MRI image capture

1. Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0385 is submitted by the same dentist/dental office, in conjunction with D0369, the fee for procedure D0385 is included in the fee for procedure D0369. The fee for D0385 is not separately billable to the patient.

3. When D0385 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, the claim will be reprocessed as D0369.

D0386

Maxillofacial ultrasound image capture

1. Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0386 is submitted by the same dentist/dental office, in conjunction with D0370, the fee for procedure D0386 is included in the fee

for procedure D0370. The fee for D0386 is not separately billable to the patient.

3. When D0386 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, the claim will be reprocessed as D0370.

D0387

Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only

1. This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0387 is submitted by the same dentist/dental office, in conjunction with D0372, the fee for procedure D0387 is included in the fee for procedure D0372. The fee for D0387 is not separately billable to the patient.

3. When D0387 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, the claim will be reprocessed as D0372.

D0388

Intraoral tomosynthesis – bitewing radiographic image – image capture only

1. This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0388 is submitted by the same dentist/dental office, in conjunction with D0373, the fee for procedure D0388 is included in the fee for procedure D0373. The fee for D0388 is not separately billable to the patient.

3. When D0388 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, the claim will be reprocessed as D0373.

D0389

Intraoral tomosynthesis – periapical radiographic image – image capture only

1. This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When D0389 is submitted by the same dentist/dental office, in conjunction with D0374, the fee for procedure D0389 is included in the fee for procedure D0374. The fee for D0389 is not separately billable to the patient.

3. When D0389 is submitted by the same dentist/dental office, in conjunction with the interpretation procedure, D0391, the claim will be reprocessed as D0374.

INTERPRETATION AND REPORT ONLY

D0391

Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report

1. This service is a benefit once in a 12 month period.
2. This service is a benefit when submitted by a different dentist/dental office than the dentist/office who provided the capture only (D0380-D0383) services.
3. When submitted in conjunction with codes D0380-D0383, image capture codes, a benefit will be provided for the corresponding image capture and interpretation codes (D0364-D0367).
4. The fees for this service are included in the fees for codes D0364-D0367, image capture and interpretation.

POST PROCESSING OF IMAGE OR IMAGE SETS

D0393

Virtual treatment simulation using 3D image volume or surface scan

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0394

Digital subtraction of two or more images or image volumes of the same modality

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility. D0395 Fusion of two or more 3D image volumes of one or more modalities.

D0395

Fusion of two or more 3D image volumes of one or more modalities

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0396

3D printing of a 3D dental surface scan

The fee for procedure D0396 is included in the fee for the acquisition of the dental scan and is not separately billable to the patient.

TESTS AND EXAMINATIONS

D0411

HbA1c in-office point of service testing

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0412

Blood glucose level test: in office using a glucose meter

1. This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.
2. The fee for procedure D0412 is included in the fee for procedure D0411 when performed by the same dentist/dental office.

D0414

Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0415

Collection of microorganisms for culture and sensitivity

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0416

Viral culture

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0417

Collection and preparation of saliva sample for laboratory diagnostic testing

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0418

Analysis of saliva sample

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0419

Assessment of salivary flow by measurement

Procedure D0419 is limited to one assessment every three years. The fee for subsequent submissions within 12 months is included in the fee for the original assessment.

D0422

Collection and preparation of genetic sample material for laboratory analysis and report

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0423

Genetic test for susceptibility to diseases – specimen analysis

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0425

Caries susceptibility tests

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0431

Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0460

Pulp vitality tests

1. Delta Dental considers the fee for pulp vitality tests to be included in the fees for oral evaluations and/or other definitive procedures on the same day.

2. Pulp vitality tests are payable per visit only for the purpose of diagnosing an emergency condition.

3. The fee for D0460 is included in the fee for any procedure on the same date of service by the same dentist/dental office other than limited oral evaluation - problem focused (D0140), palliative treatment (D9110), radiographic images (D0210 - D0391), consultation (D9310) or interim direct restoration (D2940).

4. Documentation in the patient treatment record should include a description of the chief complaint, tooth/area of the mouth, results of visual and radiographic examinations, type of test conducted (thermal, electrical, percussion, palpation, mobility), the diagnosis and treatment options.

D0470

Diagnostic casts

Most Delta Dental plans provide benefits for diagnostic casts once per case in conjunction with orthodontic procedures and only when orthodontic procedures are a covered benefit. Once the benefit is applied, any fees for additional, subsequent diagnostic casts are included in the fee for the orthodontic treatment and are not chargeable to the patient. The fees for cast restorations and prosthetic procedures include diagnostic casts. For most plans, when diagnostic casts are provided for any other reason, or for a patient without orthodontic benefits, the fee is the patient's responsibility.

D0600

Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

RISK ASSESSMENT CODES

GENERAL GUIDELINES

1. The dentist must utilize a recognized caries risk assessment tool to record data and document results.
2. The fee for risk assessment is included in the fee for procedure D0145 for patients under three years of age. A separate fee may not be charged to the patient.

3. The frequency for risk assessments are subject to a contractual time limitation. The frequency may vary by group contract.

a. The fee for a subsequent risk assessment within 12 months of original risk assessment are included in the fee for the original risk assessment.

4. Current recognized tools include: PreViser, Cambra, CAT, ADA, and Cariogram.

D0601

Caries risk assessment and documentation, with a finding of low risk

D0602

Caries risk assessment and documentation, with a finding of moderate risk

D0603

Caries risk assessment and documentation, with a finding of high risk

D0604

Antigen testing for a public health related pathogen includes coronavirus

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0605

Antibody testing for a public health related pathogen includes coronavirus

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0606

Molecular testing for a public health related pathogen, including coronavirus

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

ORAL PATHOLOGY LABORATORY

GENERAL GUIDELINES

Delta Dental considers the fee for oral pathology laboratory procedures D0475-D0485 to be included in the fees for pathology procedures D0472, D0473 and D0474. Procedures

D0475-D0485 must be accompanied by a pathology report.

D0472

Accession of tissue, gross examination, preparation and transmission of written report pathology procedures D0472, D0473 and D0474.

These procedures are not a benefit of most Delta Dental plans.

D0473

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

D0474

Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report

D0480

Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report

D0486

Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report

D0475

Decalcification procedure

D0476

Special stains for microorganisms

D0477

Special stains, not for microorganisms

D0478

Immunohistochemical stains

D0479

Tissue in-situ hybridization, including interpretation

D0481

Electron microscopy

D0482

Direct immunofluorescence

D0483

Indirect immunofluorescence

D0484

Consultation on slides prepared elsewhere

Delta Dental considers this procedure to be the equivalent of D9310. When procedure D0484 is reported, Delta Dental will base the allowance on D9310. Any difference in fee is not chargeable to the patient.

D0485

Consultation, including preparation of slides from biopsy material supplied by referring source

1. Please submit a copy of the pathology report. If the procedure is not accompanied by a pathology report the fee for the procedure is not billable to the patient.

2. Delta Dental considers procedure D0485 to be the equivalent of D0472, D0473, D0474 or D0486, as appropriate.

3. When multiple procedures are submitted in the same area of the mouth, the more complex would be a benefit. The fees for subsequent procedure codes would be not be billable to the patient.

D0502

Other oral pathology procedures, by report

1. Please provide a complete description of the procedure on the claim.

2. Oral pathology procedures must be accompanied by a pathological report.

IMAGE CAPTURE

The fee for image capture procedure codes are considered part of the fee for the corresponding radiographic or photographic image and is not billable to the patient.

D0701

*Panoramic radiographic image
- image capture only*

The fee for a panoramic image capture only is considered part of D0330 and is not billable to the patient.

D0702

*2-D cephalometric radiographic image
- image capture only*

The fee for a 2D cephalometric image capture only is considered part of the fee for D0340 and is not billable to the patient.

D0703

2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only

The fee for 2-D oral/facial photographic image capture only is considered part of the fee for D0350 and is not billable to the patient.

D0705

*Extra-oral posterior dental radiographic image
- image capture only*

The fee for the extra-oral posterior- image capture only is considered part of D0251 and is not billable to the patient.

D0706

*Intraoral - occlusal radiographic image
- image capture only*

The fee for the intraoral - occlusal image capture only is considered part of the fee for D0240 and is not billable to the patient.

D0707

*Intraoral - periapical radiographic image
- image capture only*

The fee for the intraoral - periapical image- capture only is considered part of the fee for D0220/D0230 and is not billable to the patient.

D0708

*Intraoral - bitewing radiographic image
- image capture only*

The fee for the intraoral - bitewing image capture only is considered part of the fee for D0270, D0272, D0273, D0274 and is not billable to the patient.

D0709

Intraoral - comprehensive series of radiographic images - image capture only

The fee for intraoral comprehensive series image - capture only is considered part of the fee for D0210 and is not billable to the patient.

D0801

3D intraoral surface scan - direct

3D intraoral scans - direct are included in the fee as part of a definitive procedure, e.g., restorative, fixed/removable prosthodontics and/or implant services.

Diagnostic (D0100 – D0999)

The fee for this service is not separately billable to the patient in these circumstances.

D0802

3D dental surface scan – indirect

3D dental surface scans – indirect are included in the fee as part of a definitive procedure, e.g., restorative, fixed/removable prosthodontics and/or implant services. The fee for this service is not separately billable to the patient under these circumstances.

D0803

3D facial surface scan – direct

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0804

3D facial surface scan – indirect

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0999

Unspecified diagnostic procedure, by report

Please provide a required complete description of the service on the claim. PROPHYLAXIS AND FLUORIDE TREATMENT

PROPHYLAXIS AND FLUORIDE TREATMENT

GENERAL GUIDELINES

1. Delta Dental defines prophylaxis as scaling and polishing to include removal of calculus, soft deposits, plaque, and stains.
2. Each patient's plan frequency limitations may vary for prophylaxis and fluoride treatments. Additional treatments are the patient's responsibility.
3. Delta Dental considers the fee for a prophylaxis or scaling in the presence of generalized moderate or severe gingival inflammation to be included in the fee for procedure D4910 (periodontal maintenance). D4910 is counted toward the contract limitation for prophylaxes.
4. Fluoride rinses and other materials or appliances to be used by the patient for home care are not covered in Delta Dental plans. They should be listed on the claim as procedure D9999.
5. Topical application of fluoride is a benefit for caries control only and subject to contract age limitations.
6. The use of fluoride or other medicaments for desensitization should be listed on the claim as procedure D9910. Their use for microbial control should be listed as procedure D9999. These procedures are not benefits of Delta Dental plans, and any fees are the patient's responsibility.
7. The fee for D1110, when performed on the same date as D4346 by the same dentist/dental office, is included in the fee for D4346 and is not separately billable to the patient.
8. The fee for a prophylaxis or scaling in the presence of generalized moderate or severe gingival inflammation done on the same date by the same dentist/dental office as a periodontal maintenance, scaling and root planing, or periodontal surgery, is considered to be included in the fees for those procedures.
9. Using prophylaxis paste containing fluoride or a fluoride rinse or swish in conjunction with a prophylaxis is considered a prophylaxis only. A separate fee for this type of topical fluoride application is not chargeable to Delta Dental or the patient.

10. The fee for the following services: D1110, D1120, D4346, D4355, and/or D4910 may be included in the fee for recent scaling and root planing (D4341, D4342) or other periodontal therapy if the services are rendered by the same dentist/dental office within 30 days after the most recent scaling and root planing (D4341, D4342) or other periodontal therapy. A separate fee may not be charged to the patient or Delta Dental.

DENTAL PROPHYLAXIS

D1110

Prophylaxis – adult

Delta Dental considers this procedure to apply to patients age 14 and above.

D1120

Prophylaxis – child

Delta Dental considers this procedure to apply to patients through age 13.

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

D1206

Topical application of fluoride varnish

This procedure is a benefit for any Delta Dental plan that covers topical application of fluoride, and is subject to the same age limits as procedure D1208.

D1208

Topical application of fluoride – excluding varnish

OTHER PREVENTIVE SERVICES

D1301

Immunization counseling

This procedure is not a benefit of most Delta Dental plans. The fee for this service is the patient's responsibility.

D1310

Nutritional counseling for control of dental disease

1. This procedure is not a benefit of most Delta Dental plans.

2. Documentation in the patient treatment record should include the patient's current dietary habits, including consumption of sugar sweetened beverages and other high cariogenic foods, counseling on food selection and dietary habits, counseling on how dietary habits play a part of the treatment and control of periodontal disease and caries. Include any specific recommendations for dietary changes.

D1320

Tobacco counseling for the control and prevention of oral disease

1. This procedure is not a benefit of most Delta Dental plans.

2. Documentation in the patient treatment record should include information about the type and frequency of tobacco use and discussion of the increased risk for oral cancer, periodontal disease, and other conditions. Whether the patient was referred to medical tobacco cessation program or provided information about self-directed cessation program. Document any prescriptions written or recommendations made for anti-smoking medications.

D1321

Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use

This procedure is not a benefit of most Delta Dental plans.

D1330

Oral hygiene instructions

1. This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids.

2. This procedure is not a benefit of most Delta Dental plans.

3. Documentation in the patient's treatment record should include information on the patient's current homecare process, a description of the instructions given including but not limited to tooth brushing technique, flossing technique, use of oral hygiene aids, use of prescription and over the counter antimicrobial rinses, or recommendations for dentifrices for control of bacterial plaque or remineralization of tooth structure.

D1351

Sealant – per tooth

1. Plans that include sealants generally limit the benefit to permanent first and second molars subject to age limitations by contract.

2. Under some Delta Dental plans, there is a maximum allowance payable per tooth, and the patient is responsible for the remainder of the allowed fee.

3. Benefits for sealants include repair or replacement within 24 months by the same dentist/dental office.

4. A sealant is not a separately payable service if provided on a tooth surface with a restoration.

5. The fee for a sealant completed on the same date of service and on the same surface as a restoration by the same dentist/dental office is included in the fee for the restoration.

D1352

Preventive resin restoration on a moderate to high risk caries risk patient – permanent tooth

1. Procedure D1352 is the conservative restoration of an active, cavitated lesion in a pit or fissure that does not extend into dentin; it includes placement of a sealant in any radiating non-carious fissures or pits.

2. Preventive resin restorations (PRR) when covered by contract, will be subject to the same limitations, exclusions and processing policies as sealants (D1351).

D1353

Sealant repair – per tooth

1. Benefits for sealants include repair or replacement within 24 months by the same dentist/dental office. Fees for repair or replacement of a sealant are included in the fee for the original sealant if performed within 24 months of initial placement by the same dentist/dental office.

2. A sealant is not a separately payable service if provided on a tooth surface with a restoration.

3. The fee for a sealant completed on the same date of service and on the same surface as a restoration by the same dentist/dental office is considered a component of the fee for the restoration.

D1354

Application of caries arresting medicament application — per tooth

1. This code is to be used for the application of caries arresting medicament, to treat caries. The application of products for caries prevention is to be billed as D1355.
2. For groups that cover D1354:
 - a. Benefits are limited to twice per tooth per benefit year.
 - b. Fees for additional applications per tooth are the patient's responsibility.
3. The fee for procedure D1354 performed on the same tooth on the same date of service as a restoration is included in the fee for the restoration. A separate fee may not be charged to the patient or Delta Dental.
4. Claims submission must include the tooth number of the treated tooth.
5. Claims for 5 or more teeth, in a single visit, must be submitted with chart notes, a narrative describing the area(s) of decay, the product/material used, and any available supporting documentation.
6. Claims for patients 14 and over must be submitted with chart notes, a narrative describing the area(s) of decay, the product/material used, and any available supporting documentation.

D1355

Caries preventive medicament application — per tooth

This procedure is not a benefit of most Delta Dental plans.

SPACE MAINTENANCE (PASSIVE APPLIANCES)

1. Repair or replacement is not a benefit for space maintenance procedures (D1510-D1527).
2. Please include a quadrant code for procedures D1510 and D1520. Please use an arch code for procedures D1516, D1517, D1526 and D1527.
3. Only one space maintainer is benefited per quadrant arch per lifetime except under unusual circumstances.

4. The treatment records should include documentation of missing teeth, the treatment rationale for placing a space maintainer, the type of space maintainer used, and the delivery method, including cement used for fixed space maintainers.

D1510

Space maintainer — fixed, unilateral — per quadrant

1. Delta Dental defines this procedure as a unilateral space maintainer utilizing a stainless steel crown or band as the attachment for the loop or shoe.
2. Space maintainer fees include all teeth, clasps, bands and rests. Delta Dental considers the fee for the stainless steel crown or band to be included in the total fee for the space maintainer when a component of the space maintainer.
3. Please indicate any space being maintained by identifying the quadrant.

D1516

Space maintainer — fixed — bilateral, maxillary

This procedure code should be used when the spaces to be maintained are bilateral. The attachments for the bar may be either bands or stainless steel crowns. Delta Dental considers the fee for the stainless steel crowns to be included in the total fee for the space maintainer when a component of the space maintainer.

D1517

Space maintainer — fixed — bilateral, mandibular

This procedure code should be used when the spaces to be maintained are bilateral. The attachments for the bar may be either bands or stainless steel crowns. Delta Dental considers the fee for the stainless steel crowns to be included in the total fee for the space maintainer when a component of the space maintainer.

D1520

Space maintainer — removable, unilateral — per quadrant

1. Delta Dental considers the fee for this procedure to include all necessary clasps.
2. Activating appliances are benefits only when the plan includes orthodontic coverage.
3. Please indicate the location of the space being maintained by identifying the quadrant.

D1526

Space maintainer — removable — bilateral, maxillary

1. Delta Dental considers the fee for this procedure to include all necessary clasps.
2. Activating appliances are benefits only when the plan includes orthodontic coverage.

D1527

Space maintainer — removable — bilateral, mandibular

1. Delta Dental considers the fee for this procedure to include all necessary clasps.
2. Activating appliances are benefits only when the plan includes orthodontic coverage.

D1551

Re-cement or re-bond bilateral space maintainer — maxillary

Recementation of a space maintainer is limited to once per lifetime per arch.

D1552

Re-cement or re-bond bilateral space maintainer — mandibular

Recementation of a space maintainer is limited to once per lifetime per arch.

D1553

Re-cement or re-bond unilateral space maintainer — per quadrant

Recementation of a space maintainer is limited to once per lifetime per arch.

D1556

Removal of fixed unilateral space maintainer — per quadrant

1. Delta Dental considers the fee for removal of a fixed space maintainer to be included in the fee for the space maintainer. Special consideration will be given when procedure D1556 is provided by a different dentist/dental office.
2. The removal of a space maintainer is not billable to the patient when submitted with a recementation of a space maintainer performed on the same date of service.

D1557

Removal of fixed bilateral space maintainer — maxillary

D1558

Removal of fixed bilateral space maintainer — mandibular

1. Delta Dental considers the fee for removal of a fixed space maintainer to be included in the fee for the space maintainer. Special consideration will be given when procedure D1557 or D1558 is provided by a different dentist/dental office.
2. The removal of a space maintainer is not billable to the patient when submitted with a recementation of a space maintainer performed on the same date of service.

D1575

Distal shoe space maintainer — fixed, unilateral — per quadrant

1. A distal shoe space maintainer is limited to enrollees under the age of 9 years.
2. A distal shoe space maintainer is allowed once per quadrant per lifetime.
3. The benefit for this procedure is limited to guiding eruption of first permanent molars. A benefit allowance may be made for a follow-up space maintainer.

VACCINATIONS

D1701

Pfizer-BioNTech Covid-19 vaccine administration — first dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1702

Pfizer-BioNTech Covid-19 vaccine administration — second dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1703

Moderna Covid-19 vaccine administration — first dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1704

Moderna Covid-19 vaccine administration – second dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1705

AstraZeneca Covid-19 vaccine administration – first dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1706

AstraZeneca Covid-19 vaccine administration – second dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1707

Janssen Covid-19 vaccine administration

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1708

Pfizer-BioNTech Covid-19 vaccine administration – third dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1709

Pfizer-BioNTech Covid-19 vaccine administration – booster dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1710

Moderna Covid-19 vaccine administration – third dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1711

Moderna Covid-19 vaccine administration – booster dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1712

Janssen Covid-19 vaccine administration – booster dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1713

Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1714

Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1781

Vaccine administration – human papillomavirus – Dose 1

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1782

Vaccine administration – human papillomavirus – Dose 2

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1783

Vaccine administration – human papillomavirus – Dose 3

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1999

Unspecified preventive procedure, by report

Please provide a required narrative report with a complete description of the procedure and its rationale.

RESTORATIVE

GENERAL GUIDELINES

1. Documentation in the patient treatment record should include specific details regarding a diagnosis of decay or major fracture, the tooth number, the surfaces being completed, the type of anesthesia used, all restorative material used to prepare and complete the restoration and the prognosis of the restored tooth (including the depth of the restoration and/or its proximity to the pulp).

2. Please include a tooth code for all restorative procedures (D2000-D2999). Include surface codes for procedures D2140-D2161, D2330-D2335, D2391-D2394, D2410-D2430, and D2510-D2664.

3. Delta Dental plans provide for the restoration of tooth structure loss from caries, failing restorations, or fracture. Restorations provided due to attrition, abrasion, abfraction, erosion, wear, or for cosmetic purposes are considered optional services under most plans and are the patient's financial responsibility.

Definitions:

a. Attrition: The frictional wearing of the teeth over time. Severe attrition, due to bruxing may be evident. The loss of tooth structure from tooth to tooth contact.

b. Abrasion: Wearing away or notching of the teeth by a mechanical means, such as tooth brushing. The grinding or wearing away of tooth substance by mastication, incorrect brushing methods, bruxism or similar causes. The abnormal wearing away of a substance or tissue by a mechanical process. The loss of tooth structure from the mechanical rubbing of teeth by some object or objects. The act or result of the grinding or wearing away of a substance, such as a tooth worn by mastication, bruxing or tooth brushing.

c. Erosion: The wasting away or loss of substance of a tooth by a chemical process that does not involve known bacterial action. The process and the results of loss of dental hard tissue that is chemically etched away from the tooth surface, by acid and/or chelation, without bacterial involvement.

d. Abfraction: Wedge-shaped lesions occurring in the cervical enamel. Can result from occlusal loading and flexure in the area.

4. Delta Dental considers the fee for restorative procedures to include the fee for all materials or techniques associated with placing the restoration. For multistage procedures, the fees for the services below are included in the fee for the restorative procedure, whether these services are performed on the date of tooth preparation or the date the restoration is inserted.

The fee for a restoration includes, but not limited to:

- Adhesives
- Etching
- Any material placed in the tooth as a liner
- Any material placed in the tooth as a base
- Any desensitizing material placed
- Direct and Indirect Pulp capping
- Local anesthesia
- Polishing
- Occlusal correction/adjustments done for single or multiple restorations that involve the occlusal surfaces.
- Caries removal
- Removal of the existing restoration
- Gingivectomy, and the preparation of gingival tissues for placing the restoration, irrespective of the date of treatment, and crown lengthening done on the same date as the restoration.
- Intra-operative and post-operative radiographic images.

5. Under Delta Dental national processing policies, the benefit allowance for cervical restorations on anterior and posterior teeth is limited to the benefit allowance for single surface restorations. A separate fee may not be charged to the patient or Delta Dental.

6. When multiple restorations are provided involving the proximal and occlusal surfaces of the same tooth the allowance is limited to that of a multi-surface restoration. To be considered a multi-surface restoration, occlusal-facial restorations must extend beyond the occlusal-facial line angle; occlusal-lingual restorations must extend beyond the occlusal-lingual line angle.

7. Allowance is made for a tooth surface only once in each episode of treatment, regardless of the number or combination of restorations placed on that surface.

8. Replacement of an amalgam or resin restoration on the same tooth surface in less than two years by the same dentist or by a dentist at the same location is not chargeable to Delta Dental or the patient. Benefits are allowed only once per surface in a 24 month interval,

irrespective of the number or combination of procedures requested or performed.

9. Delta Dental's standard contract provides benefits for direct resin restorations on anterior teeth and on the facial surfaces of bicuspids. For patients covered by these contracts, Delta Dental makes an allowance toward all other direct and indirect resin restorations based on the dentist's fee for an equivalent amalgam restoration.

10. Under Delta Dental's processing policies, if a restorative material is limited to enamel, it is considered a preventive resin restoration and subject to the same limitations, exclusions and policies as procedure D1352.

If the restorative material extends into dentin, Delta Dental will apply the patient's restorative benefits to the procedure. A preventive resin restoration is considered a sealant for benefit purposes.

11. Delta Dental considers the fee for specialized techniques such as lasers or perioscopy to be included in the fee for any restorative procedure. A separate fee may not be charged to the patient or Delta Dental.

12. Replacement of otherwise satisfactory amalgam restorations is a benefit when allergy to mercury has been verified and documented by a medical specialist (allergist). Delta Dental will make an allowance for a corresponding resin restoration toward the cost of replacement when such claims are submitted with the required documentation.

13. Biomimetic restorations are generally not a benefit.

14. Restorative services must be necessary, appropriate, meet generally accepted standards of care, and have reasonable prognosis to be benefits. Radiographic evidence of decay should be present on teeth for which interproximal restorations are planned. Teeth with uncontrolled or untreated periodontal disease typically have a compromised long term prognosis and will not be considered for restorative services. For teeth with evident periodontal involvement, documentation of the current periodontal status and history of definitive therapy is required. Placement of a restoration on a tooth with untreated or unresolved endodontic issues, including periapical or periradicular pathology is not appropriate.

AMALGAM RESTORATIONS (INCLUDING POLISHING)

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

RESIN-BASED COMPOSITE RESTORATIONS – DIRECT

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)

D2390

Resin-based composite crown, 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

GOLD FOIL RESTORATIONS

Gold foil restorations are not a benefit of most Delta Dental plans. Delta Dental may make an allowance for a corresponding amalgam

restoration, and the patient is responsible for the remainder of the fee.

D2410

Gold foil – one surface

D2420

Gold foil – two surfaces

D2430

Gold foil – three surfaces

INLAYS, ONLAYS, CROWNS

GENERAL GUIDELINES

1. A pre-operative periapical radiograph showing the apex of the tooth, and taken within one year of the restorative procedure, is required for the reporting of procedures D2510-D2664, D2710-D2794 and D2950-D2955, D2957.

Panoramic x-rays are not a substitute for the periapical x-rays, and photographs, when available, can be submitted along with the required x-rays. Additionally, for procedures D2950-D2955, D2957, a narrative is required. Please do not submit original radiographic images, specifically if they are the only diagnostic record for your patient. Duplicate radiographic images and radiographic image copies of diagnostic quality, including paper copies of digitized images, are acceptable.

2. Crowns, labial veneers, cast inlays and cast onlays are a benefit once in a five-year period in most Delta Dental plans.

3. According to Delta Dental guidelines, the fee for inlays, onlays, and crowns includes, but is not limited to:

- Laboratory costs
- Temporary restorations
- Porcelain margins
- Cementation
- Adhesives
- Etching
- Any material placed in the tooth as a liner
- Any material placed in the tooth as a base
- Any desensitizing material placed
- Direct and Indirect Pulp capping
- Local anesthesia
- Polishing
- Occlusal correction/adjustments done for single or multiple restorations that involve the occlusal surfaces.
- Tooth Preparation
- Caries removal

- Removal of the existing restoration
- Impressions
- Diagnostic Casts
- Local anesthesia
- Gingivectomy, and the preparation of gingival tissues for placing the restoration, irrespective of the date of treatment, and crown lengthening done on the same date as the restoration.

4. Delta Dental plans provide for amalgam or, in certain cases, resin restorations for treatment of caries, failing restorations, or fracture. If the tooth can be restored with such material, any cast restoration, inlay, onlay, crown, or 3/4 crown is considered optional. Delta Dental will make an allowance for the corresponding amalgam or resin restoration.

5. If an indirectly fabricated restoration is performed by the same dentist or dental office within 24 months of the placement of an amalgam or direct resin restoration, the fee for the amalgam or resin restoration will be deducted from the allowance for the indirectly fabricated restoration.

6. Delta Dental considers the fee for preparation of the gingival tissue for placing an inlay, onlay, or crown to be included in the fee for these services. When procedure D4249 is performed on the same day as the preparation of the inlay, onlay, or crown, a separate fee for D4249 may not be charged to the patient or Delta Dental.

7. Delta Dental considers fees for inlays, onlays, or crowns to include the fee for any recementation or repair by the same dental office within six months after placement. After six months have elapsed, benefits may be paid for one recementation. Additional recementations by the same dentist/dental office are not benefits of Delta Dental plans and the patient is responsible for the fee.

8. Multi-stage procedures are reported and benefited upon completion. The completion date for crowns, onlays, and inlays is the cementation date regardless of the type of cement utilized.

9. Teeth to be restored with inlays, onlays and crowns must not have a clinically poor or unfavorable prognosis due to inadequate periodontal bone support or unresolved endodontic issues. Please see restorative general guidelines for additional information on this subject.

10. Restorative procedures for repair of lesions due to wear, attrition, abrasion, erosion, and abfraction are not a benefit. A tooth must exhibit significant structural loss from decay, failing large restorations, or fracture not attributable to the aforementioned causes. Please see restorative general guidelines for additional information on this subject.

INLAY/ONLAY RESTORATIONS GENERAL GUIDELINES

1. Inlay: An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips.

Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface.

2. Onlays are appropriate only if the tooth would otherwise qualify for full crown placement based on the degree of damaged tooth structure.

3. An onlay is appropriate when the restoration restores or replaces one or more cusps as well as a portion of the occlusal surface and must extend to the proximal and facial or lingual surfaces of the restored cusp or cusps.

4. Restorations that cover only the occlusal inclines of cusps are not considered an onlay regardless of the percentage of cusp incline coverage.

5. A core buildup is generally not a separate benefit in conjunction with an inlay or onlay. For these procedures, buildups constitute pulp capping, insulation or protection of pulp, block-out of undercuts, enhancement of box form, fillers for reduction of final restorative materials, etc.

6. For inlay restorations an alternate benefit will be allowed for an amalgam or resin restoration, according to the policies for amalgam and resin restorations. Any additional fee up to the approved amount for the inlay is chargeable to the patient. For porcelain/ceramic onlays Delta Dental may make an allowance based on the dentist's fee for the corresponding full cast metal onlay. Any additional fee up to the approved amount for the onlay is chargeable to the patient.

D2510

Inlay – metallic – one surface

D2520

Inlay – metallic – two surfaces

D2530

Inlay – metallic – three or more surfaces

D2542

Onlay – metallic – two surfaces

D2543

Onlay – metallic – three surfaces

D2544

Onlay – metallic – four or more surfaces

D2610

Inlay – porcelain/ceramic – one surface

D2620

Inlay – porcelain/ceramic – two surfaces

D2630

Inlay – porcelain/ceramic – three or more surfaces

D2642

Onlay – porcelain/ceramic – two surfaces

D2643

Onlay – porcelain/ceramic – three surfaces

D2644

Onlay – porcelain/ceramic – four or more surfaces

D2650

Inlay – resin-based composite – one surface

D2651

Inlay – resin-based composite – two surfaces

D2652

Inlay – resin-based composite – three 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

CROWNS

GENERAL GUIDELINES

1. To qualify for crown coverage, an anterior tooth must demonstrate significant loss of tooth structure (greater than 50%) and involvement of one or both incisal angles or, in the instance of a cuspid, involvement of the tip of the cuspid.

a. The replacement of any existing restoration must be necessary due to caries, fracture, or missing tooth structure.

b. At least 50 percent of the incisal angle must require replacement due to decay or fracture.

c. There must be large existing restorations involving both mesial and distal surfaces, encompassing at least 50 percent of tooth structure that require replacement due to decay or fracture.

2. To qualify for crown coverage, a posterior tooth must have significant missing tooth structure (greater than 50%) including loss of, or undermining of, one or more cusps, and a compromised mesial or distal marginal ridge. At least one of the following findings should be present:

a. Large area of decay on a previously unrestored surface

b. Extensive recurrent decay

c. Prior endodontic treatment

d. Evidence of cuspal fracture

3. Anterior and posterior teeth that have been treated endodontically will be considered eligible for full crown coverage if meeting the criteria stated above.

4. Teeth with developmental grooves, craze lines, or stress fracture lines confined to the tooth enamel do not qualify for full crown coverage.

5. When tooth sensitivity as a result of “Cracked Tooth Syndrome” is an issue relative to the proposed necessity for full crown placement, a narrative documenting the diagnosis, character, frequency and type of sensitivity should be submitted. For full crown coverage, sensitivity must arise from confirmed dentinal fracture as diagnosed by appropriate tests (bite test, percussion, palpation) and not from thermal sensitivity testing alone.

6. Full crowns placed for repair of lesions due to wear, attrition, abrasion, erosion or abfraction are not a benefit. A tooth must exhibit significant structural loss from decay, large restorations or fracture not attributable to the aforementioned causes.

7. When a crown is placed on molars certain group contracts consider porcelain, resin, or similar materials to be optional. Delta Dental may make an allowance based on the dentist’s fee for the corresponding full cast metal crown.

8. Full crowns placed for occlusal alterations and/or changes in vertical dimension are not a benefit.

9. Crowns are not a benefit for children under 12 years of age. Delta Dental may make an allowance for a prefabricated crown.

10. The periodontal health of a tooth to be crowned must be considered. Teeth with uncontrolled or untreated periodontal disease typically have a compromised long term prognosis and will not be considered for full crown coverage. For teeth with evident periodontal involvement, documentation of the current periodontal status and history of definitive therapy is required.

11. The status of an endodontically treated tooth must be considered. Placement of a full crown on a tooth with untreated or unresolved periapical or periradicular pathology is not appropriate.

12. The laboratory invoice must be maintained as part of the patient treatment record for laboratory processed crowns and prosthodontic appliances.

13. When provided, an identalloy/identceram certificate must be maintained as part of the patient treatment record.

CROWNS – SINGLE RESTORATIONS ONLY

D2710

Crown – resin-based composite (indirect)

1. Delta Dental considers the fee for a resin crown that is used as a temporary restoration while the final restoration is being fabricated to be included in the fee for the final restoration.

2. When a resin-based composite crown is provided on a child for a fractured anterior tooth as a temporary measure until a porcelain or

Restorative (D2000 – D2999)

other permanent restoration can be fabricated, please see procedure D2932.

D2712

Crown – 3/4 resin-based composite (indirect)

Please see the guidelines for procedure D2710.

D2720

Crown – resin with high noble metal

D2721

Crown – resin with predominantly base metal

D2722

Crown – resin with noble metal

D2740

Crown – porcelain/ceramic

Porcelain/ceramic crowns (D2740) on teeth 1-3, 14-19, and 30-32 are subject to the same processing policies and fee allowances as procedure D2750.

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 – 3/4 cast high noble metal

Please refer to the general guidelines for inlay/onlay procedures regarding the policy for metallic inlays and onlays.

D2781

Crown – 3/4 cast predominantly base metal

Please refer to the general guidelines for inlay/onlay procedures regarding the policy for metallic inlays and onlays.

D2782

Crown – 3/4 cast noble metal

Please refer to the general guidelines for inlay/

onlay procedures regarding the policy for metallic inlays and onlays.

D2783

Crown – 3/4 porcelain/ceramic

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

D2799

Interim crown - further treatment or completion of diagnosis necessary prior to final impression

1. Delta Dental considers the fee for a temporary, interim or provisional crown to be included in the fee for the permanent crown or cast restoration.

2. Long term cases requiring provisional restorations that will be in place six months or longer may be allowed based on individual consideration.

OTHER RESTORATIVE SERVICES

GUIDELINES ON RECEMENTATION OF VENEERS, INLAYS, ONLAYS, CROWNS AND POST AND CORES

1. The fee for recementation of veneers, crowns, inlays, onlays and post and cores is included in the fee for the veneer, crown, inlay, onlay and post and core when performed by the same dentist/dental office within six months of the initial placement.

2. After six months, payment will be limited to one recementation in a lifetime by the same dentist/dental office.

D2910

Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration

D2915

Re-cement or re-bond indirectly fabricated or prefabricated post and core

D2920

Re-cement or re-bond crown

D2921

Reattachment of tooth fragment, incisal edge or cusp

1. This procedure is allowed on permanent teeth only.
2. The fee for any subsequent reattachment is included in the fee for an initial reattachment procedure. The fee for reattachment is also included in any restoration placed within 24 months by the same dentist/ dental office. A separate fee may not be charged to the patient or Delta Dental.

PREFABRICATED RESTORATIONS

GENERAL GUIDELINES, CODES

D2928-D2934

1. Prefabricated crowns are a benefit to restore teeth in cases where there is extensive tooth structure loss and incisal edge or cuspal involvement due to:
 - a. extensive decay on multiple surfaces
 - b. pulpal therapy
 - c. fracture
2. Teeth receiving these services must meet the clinical guidelines for crowns. See Crowns General Guidelines.
3. A resin based composite restoration that does not meet the clinical guidelines for a crown will be benefited under the appropriate resin based composite code based on the surfaces involved.
4. Documentation in the treatment record should include an up-to-date medical history, diagnosis and a comprehensive, sequenced treatment plan that takes into consideration the patient's dental developmental stage, oral hygiene, and caries status.
5. Under Delta Dental's processing policies, the fee for replacement of a prefabricated porcelain/ceramic or stainless steel crown, on either a primary or permanent tooth, by the same dentist or dental office, within 24 months of initial placement, is considered to be included in the fee for the crown, and may not be charged to the patient.

D2928

Prefabricated porcelain/ceramic crown - permanent tooth

1. This service is a benefit for permanent teeth only.
2. Please see the General Guidelines for Prefabricated Restorations for additional information.

D2929

Prefabricated porcelain/ceramic crown - primary tooth

1. This procedure is a benefit only on primary teeth.
2. Please see the General Guidelines for Prefabricated Restorations for additional information.

D2930

Prefabricated stainless steel crown – primary tooth

1. This procedure is a benefit for primary teeth only.
2. Please see the General Guidelines for Prefabricated Restorations for additional information.

D2931

Prefabricated stainless steel crown – permanent tooth

1. This procedure is a benefit for permanent teeth only.
2. Please see the General Guidelines for Prefabricated Restorations for additional information.

D2932

Prefabricated resin crown

1. This procedure is a benefit only on primary anterior teeth.
2. Please see the General Guidelines for Prefabricated Restorations for additional information.

D2933

Prefabricated stainless steel crown with resin window

1. This procedure is a benefit only on primary maxillary anterior teeth.

2. When this procedure is provided on a posterior primary tooth or a permanent tooth, Delta Dental will make an allowance toward the cost based on procedure D2930 (primary tooth) or D2931 (permanent tooth). The patient is responsible for the remainder of the fee.

3. Please see the General Guidelines for Prefabricated Restorations for additional information.

D2934

Prefabricated esthetic coated stainless steel crown – primary tooth

1. This procedure is a benefit only on anterior teeth.

2. Please see the General Guidelines for Prefabricated Restorations for additional information.

D2940

Placement of interim direct restoration

1. Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under a restoration.

2. This procedure is not a separate benefit of most Delta Dental plans.

3. This code is not to be used for preventative restorations.

4. The fee for procedure D2940 is considered included in the fee for any restorative procedure, fixed prosthodontic procedure, or endodontic procedure (D3220-D3950) performed by the same dentist/dental office, on the same date of service.

5. When allowed, procedure D2940 is benefited once per tooth per lifetime.

6. When procedure D2940 is a benefit, D3110, direct pulp cap, and D3120, indirect pulp cap, are not separately billable to the patient.

7. An interim direct restoration may be used when a patient presents with caries or a tooth fracture and uncertain pulpal diagnosis. The patient is anesthetized, the tooth is isolated, and all caries are removed. There is no pulp exposure. A sedative temporary filling is placed using an appropriate material.

8. Documentation in the patient treatment record should include symptoms and subjective observations or the patient's chief complaint, objective findings, diagnosis, treatment plan, the reason a protective restoration is necessary (relieve pain, promote healing, or prevent further deterioration), the type and amount of anesthesia, the type of instrumentation (rotary or hand instruments), the type of restorative material used, and follow up care and instructions. Definitive treatment should be provided no later than six-months after placement of the interim direct restoration.

D2949

Restorative foundation for an indirect restoration

The fee for procedure D2949 is included in the fee for the definitive indirect restoration.

D2950

Core buildup, including any pins when required

1. Submission of a periapical radiograph image and written report is required for core build-ups.

2. Under Delta Dental's processing policies, an allowance may be made for core build-up when there is extensive loss of tooth structure as evidenced by radiographic images or narrative report, or when need is suggested by dental history such as following root canal treatment.

3. Per the ADA, build-ups should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation and therefore included.

4. A core buildup is generally indicated if all of the following conditions are met:

a. A significant portion of tooth structure (50 percent or more) is fractured or carious;

b. The preparation is at or below the gingival crest;

c. Less than 3 mm of sound dentin remains vertically above the preparation line in opposing walls where the crown margins will be located.

5. The fees for core buildups are considered to be included in the fee for inlays, $\frac{3}{4}$ crowns, onlays, or veneers. A separate fee may not be charged to the patient.

D2951

Pin retention – per tooth, in addition to restoration

Pin retention is per tooth and includes all necessary pins to retain the restoration. It is payable only in conjunction with a restoration (amalgam or resin). The fee for pin retention is considered to be included in the fee for a core buildup procedure.

POST AND CORE

GENERAL GUIDELINES

1. Submission of a periapical radiograph and written report is required for post and cores.
2. To qualify for benefits for a post and core, in addition to a full crown, a tooth must exhibit a successfully completed endodontic treatment. Radiographs should reflect completely filled canals and the tooth should be free of unresolved periapical pathology. Please see endodontic general guidelines for additional information regarding acceptably completed root canal therapy.
3. The endodontically treated tooth must have sufficient tooth structure to support a cast restoration and must have radiographic evidence of 50 percent or more of tooth structure missing or evidence of cuspal fracture.
4. A post and core is not a benefit for a tooth with an intact or conservatively restored clinical crown which has an endodontic access opening as the only other loss of tooth structure.
5. Additional amalgam or composite restorations performed on the same tooth on the same date of service as post and core placement will not be considered for benefit payment.

D2952

Post and core in addition to crown, indirectly fabricated

1. An indirectly fabricated post and core in addition to a crown is payable only on an endodontically-treated tooth and is a benefit for anterior teeth only when there is insufficient tooth structure remaining to support a cast restoration. When radiographs indicate more than half of the coronal tooth structure remains, fees for post and cores are included in the fee for the restorative procedure. A separate fee is not chargeable to the patient or Delta Dental.

2. When the post is indirectly fabricated as part of the crown, see procedure D2954.

3. As defined, the fee for procedure D2952 includes the post and any core build-up/substructure.

D2953

Each additional indirectly fabricated post – same tooth

Delta Dental considers the fee for this procedure to be included in the fee for procedure D2952. A separate fee may not be charged to the patient.

D2954

Prefabricated post and core in addition to crown

1. A prefabricated post and core in addition to a crown is payable only on an endodontically-treated tooth and is allowable for anterior teeth only when there is insufficient tooth structure remaining to support a cast restoration. When radiographs indicate more than half of the coronal tooth structure remains, fees for post and cores are included in the fee for the restorative procedure. A separate fee is not chargeable to the patient or Delta Dental.
2. Delta Dental considers this code to apply to commercial products or any preformed post of any material or shape.
3. The fee for procedure D2954 includes the post and any core build-up/substructure.

D2955

Post removal

1. This procedure is for the removal of posts (for example, fractured posts).
2. Delta Dental considers the fee for endodontic retreatment to include the fee for post removal. A separate fee may not be charged to the patient or Delta Dental when this procedure is done in conjunction with procedure D3346, D3347 or D3348.

D2956

Removal of an indirect restoration on a natural tooth

The fee for this procedure is included in the fee for the subsequent restorative service to the tooth, and it is not separately billable to the patient.

D2957

Each additional prefabricated post – same tooth

Delta Dental considers the fee for this procedure to be included in the fee for procedure D2954. A separate fee is not chargeable to the patient or Delta Dental.

LABIAL VENEERS

GENERAL GUIDELINES

1. Labial veneers are generally considered cosmetic procedures and are not benefits under most Delta Dental plans. A benefit may be permitted in cases where the criteria for a crown are met, or in circumstances where an existing veneer is broken, fractured, has recurrent decay and needs to be replaced.

2. Some Delta Dental plans may have a benefit for cosmetic correction of congenital anomalies, severe fluorosis or tetracycline staining.

3. Labial veneers are not benefits as abutments to acid-etch retained bridges.

D2960

Labial veneer (resin laminate) – direct

D2961

Labial veneer (resin laminate) – indirect

D2962

Labial veneer (porcelain laminate) – indirect

D2971

Additional procedures to customize a crown to fit under an existing partial denture framework

D2975

Coping

Delta Dental considers coping to be a specialized procedure and therefore, generally not a benefit under most Delta Dental plans.

D2976

Band Stabilization – per tooth

1. Benefits for D2976 are limited to posterior permanent teeth only.

2. Benefits for D2976 are available once per tooth, per lifetime.

D2980

Crown repair necessitated by restorative material failure

1. Please provide a narrative report and a copy of the lab bill.

2. Fees for a crown repair completed on the same date of service as a new crown are included in the fee for the crown procedure. A separate fee is not chargeable to the patient or Delta Dental.

3. The fee for procedure D2980 is included in the fee for a restorative procedure if performed within 24 months of the original restoration by the same dentist/dental office. A separate fee is not chargeable to the patient or Delta Dental.

D2981

Inlay repair necessitated by restorative material failure

1. Procedure D2981 is not allowed when submitted by the same dentist/dental office within 24 months of the original inlay (D2510-D2530, D2610-D2630 and D2650-D2652). A separate fee is not chargeable to Delta Dental or the patient.

2. Procedure D2981 is not a benefit when performed by a dentist/dental office that did not perform the original inlay (D2510-D2530, D2610-D2630, D2650-D2652). The fee is the patient's responsibility.

3. Please provide a narrative report and a copy of the lab bill.

D2982

Onlay repair necessitated by restorative material failure

1. Procedure D2982 is not allowed when submitted by the same dentist/dental office within 24 months of the original onlay (D2542-D2544, D2642-D2644, and D2662-D2664). A separate fee is not chargeable to Delta Dental or the patient.

2. Procedure D2982 is not a benefit when performed by a dentist/dental office that did not perform the original onlay procedure (D2542-D2544, D2642-D2644, D2662-D2664). The fee is the patient's responsibility.

3. Please provide a narrative report and a copy of the lab bill.

ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)

GENERAL GUIDELINES

1. Delta Dental considers the fee for a root canal to include the fee for intra-operative and post-operative radiographic images. The fees for these images are not separately billable to the patient. A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit.
2. Under Delta Dental's processing policies, the fee for the initial opening into the canal, placement of a temporary material to seal the access opening, and routine post-operative visits are considered included in the fee for completed endodontic treatment.
3. Incomplete endodontic treatment is not a benefit of Delta Dental plans. A separate fee may not be charged to the patient or Delta Dental.
4. When endodontic therapy is provided in conjunction with overdentures (complete or partial), the treatment is the financial responsibility of the patient.
5. Root canal therapy performed on primary teeth with no permanent successor may be benefited when justified.
6. When root canal therapy is performed without the use of a biologically acceptable, nonresorbable, semi-solid or solid core material, the fees for endodontic therapy and the subsequent restoration are not chargeable to Delta Dental or the patient.
7. Delta Dental considers the fee for retreatment of root canal therapy within 24 months of the initial procedure to be included in the original fee when performed by the same dentist/dental office. Delta Dental considers the fee for retreatment of apical surgery within 24 months of the initial procedure to be included in the original fee when performed by the same dentist/dental office. A separate fee may not be charged to the patient or Delta Dental. Individual consideration will be given to apical surgery performed within 24 months of root canal therapy by the same dentist/dental office.
8. The fee for root canal procedures includes the fee for canal preparation, including

medicaments or irrigants used in the canal. The fee also includes the cost of files used to prepare the canal.

9. The fee for retreatment procedures may include the removal of a post, pin(s), old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling. This includes complete root canal therapy. Separate fees for these procedures by the same dentist/dental office are not chargeable to Delta Dental or the patient.
10. Delta Dental considers specialized techniques such as lasers or perioscopy to be included in the fee for any endodontic procedure. A separate fee may not be charged to the patient or Delta Dental.
11. Please include a tooth code for all endodontic procedures D3000-D3999.
12. The following factors are considered when determining a benefit allowance for endodontic treatment:
 - a. Periodontal status - there must be a reasonable longevity prognosis for the tooth.
 - b. Adequate remaining tooth structure for restoration - reasonable longevity prognosis.
 - c. Prosthetic considerations, such as remaining crown to root ratio, if tooth is to be used as an abutment for a fixed or removable prosthesis, span of bridgework, location, number and quality of endodontically treated.
13. Benefits for endodontic treatment are not allowed on teeth that demonstrate:
 - a. Insufficient tooth or root structure,
 - b. Internal or external resorption,
 - c. Furcal involvement and perforation of the root surface,
 - d. Persistent, unresolved periapical pathology,
 - e. Fracture to clinical crown extending below the gingival margin, or fracture of the root of the tooth.
 - f. Inadequate root canal seal, including root canal fillings that are more than 2 mm short of the apex of the tooth, or root canal fillings that extend more than 2 mm beyond the apex of the tooth,
 - g. Underfilled canals and canals that are not densely filled,
 - h. Broken or separated instruments

14. Pre-operative and post-operative periapical radiographs are to be submitted for procedures D3310-D3330 and D3346-D3348. All working radiographs should be maintained in the patient treatment record.

15. Multi-stage procedures are reported and benefited upon completion. The completion date for endodontic therapy is the date of final obturation the canal system.

16. Treatment records should include the chief complaint(s) in the patient's own words; a current medical and dental history; the results of diagnostic tests and clinical examination; clinical impressions based on subjective and objective evaluations; the pulpal and periradicular diagnoses and treatment recommendations; a description of treatment rendered, including pulpal status upon entry; the prognosis as reported to the patient; recommendations for tooth restoration; and the pre-operative, appropriate working, post-operative and follow-up radiographic examination. Prescriptions must be recorded, and consultations should be made part of the patient record. (American Association of Endodontists, Guide to Clinical Endodontics, Sixth Edition)

PULP CAPPING

D3110

Pulp cap — direct (excluding final restoration)

Fees for a direct pulp cap, performed in conjunction with a restoration, irrespective of the material used, are not separately billable to the patient.

D3120

Pulp cap — indirect (excluding final restoration)

Fees for an indirect pulp cap, performed in conjunction with a restoration, irrespective of the material used, are not separately billable to the patient.

PULPOTOMY

D3220

Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament

1. This procedure is covered under Delta Dental plans for primary teeth.

2. For permanent teeth, Delta Dental considers the fee for this procedure to be included in the fee for the complete endodontic treatment.

3. A therapeutic pulpotomy performed on a permanent tooth may receive an alternate benefit of an emergency palliative treatment. Fees in excess of emergency palliative treatment are not separately billable to the patient.

D3221

Pulpal debridement, primary and permanent teeth

1. Delta Dental considers this procedure to be the equivalent of palliative treatment, procedure D9110.

2. Under Delta Dental's processing policies, procedure D3221 is not considered a separately payable procedure when performed by the same dentist/dental office on the same day that the root canal is completed.

D3222

Partial pulpotomy for apexogenesis — permanent tooth with incomplete root development

Under Delta Dental's processing policies, procedure D3222 is not considered a separately payable procedure when performed on the same day or within 30 days on the same tooth by the same dentist/dental office as root canal therapy or apexification/recalcification procedures.

ENDODONTIC THERAPY ON PRIMARY TEETH

Primary teeth with insufficient root structure, internal resorption, furcal perforation, or extensive periapical pathosis are not indicated for nonsurgical endodontic treatment. When a pulpectomy or pulpotomy is billed and radiographs reveal any of the above, the service may not be charged to the patient.

D3230

Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)

D3240

Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)

ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)

D3310

Endodontic therapy, anterior tooth (excluding final restoration)

D3320

Endodontic therapy, premolar tooth (excluding final restoration)

D3330

Endodontic therapy, molar tooth (excluding final restoration)

D3331

Treatment of root canal obstruction; non-surgical access

According to Delta Dental processing policies, the fee for this procedure is included in the fee for root canal therapy. A separate fee for the procedure by the same dentist/dental office may not be charged to Delta Dental or the patient.

D3332

Incomplete endodontic therapy; inoperable, un-restorable or fractured tooth

1. The benefit allowance for procedure D3332 is equivalent to that of procedure D9110. A separate fee may not be charged to the patient.
2. Upon a request for reconsideration procedure D3332 will be benefited subject to individual consideration.

D3333

Internal root repair of perforation defects

When procedure D3333 is performed on a primary tooth, the patient is responsible for the fee. A separate fee may not be charged to the patient or Delta Dental when this procedure is done in conjunction with an apicoectomy or retrograde filling by the same dentist/dental office. When benefited, internal root repair is only allowed on permanent teeth with incomplete root development or for repair of a perforation.

ENDODONTIC RETREATMENT

D3346

Retreatment of previous root canal therapy – anterior

D3347

Retreatment of previous root canal therapy – premolar

D3348

Retreatment of previous root canal therapy – molar

APEXIFICATION/RECALCIFICATION

Apexification is only benefited on permanent teeth with incomplete root canal development or for the repair of a perforation.

D3351

Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

D3352

Apexification/recalcification – interim medication replacement

D3353

Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)

PULPAL REGENERATION

D3355

Pulpal regeneration – initial visit

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D3356

Pulpal regeneration – interim medication replacement

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D3357

Pulpal regeneration – completion of treatment

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

APICOECTOMY/PERIRADICULAR SERVICES

1. These procedures do not include retrograde filling. Refer to procedure D3430 for retrograde filling.
2. The fee for retreatment of apical surgery by the same dentist/dental office within 24 months is considered to be included in the fee for the original procedure.
3. The fees for biopsy (D7285, D7286), frenulectomy D7961, D7962, and D7963 and excision of hard and soft tissue lesions (D7410, D7411, D7450, D7451) are included in the fee for apicoectomy/periradicular services when they are performed on the same date, in the same surgical site/area, by the same dentist/dental office. A separate fee may not be charged to the patient or Delta Dental.

D3410

Apicoectomy – anterior

D3421

Apicoectomy – premolar (first root)

D3425

Apicoectomy – molar (first root)

D3426

Apicoectomy – (each additional root)

D3428

Bone graft in conjunction with periradicular surgery – per tooth, single site

1. This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.
2. For plans that cover procedure D3428, this service is considered medical primary.

D3429

Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site

1. This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.
2. For plans that cover procedure D3429, this service is considered medical primary.

D3430

Retrograde filling – per root

Maximum of three roots.

D3431

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

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D3432

Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D3450

Root amputation – per root

Delta Dental considers the fee for root amputation performed in conjunction with an apicoectomy by the same dentist/dental office to be included in the fee for the surgical procedure. A separate fee may not be charged to the patient or Delta Dental.

D3460

Endodontic endosseous implant

This procedure is generally not a benefit of most Delta Dental plans. Please refer to the guidelines for implant procedures (D6000-D6199).

D3470

Intentional reimplantation (including necessary splinting)

This procedure is not a benefit of most Delta Dental plans.

SURGICAL REPAIR OF ROOT RESORPTION

1. Procedures D3471, D3472 and D3473 are allowable only on permanent teeth.
2. The fee for retreatment of apical surgery by the same dentist/dental office within 24 months is considered to be part of the fee for the original procedure.
3. Procedure Procedures D3471, D3472 and D3473 are not allowed if performed on the same date of service by the same dentist/dental office as procedures D3410-D3426 and D3501-D3503.

D3471

Surgical repair of root resorption - anterior

D3472

Surgical repair of root resorption - premolar

D3473

Surgical repair of root resorption - molar

SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION

1. Procedures D3501, D3502 and D3503 are allowable only on permanent teeth.
2. The fee for retreatment of apical surgery by the same dentist/dental office within 24 months is considered to be part of the fee for the original procedure.
3. Procedures D3501, D3502 and D3503 are not allowed if performed on the same date of service by the same dentist/dental office as procedures D3410-D3426 and D471-D3473.

D3501

Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior

D3502

Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar

D3503

Surgical exposure of root surface without apicoectomy or repair of root resorption - molar

OTHER ENDODONTIC PROCEDURES

D3910

Surgical procedure for isolation of tooth with rubber dam

1. Delta Dental considers the fee for this procedure to be included in the fees for the related services provided on the same date.
2. This code is used for procedures that involve recontouring soft tissues to allow placement of a rubber dam, whether using a scalpel, electrosurgery, or laser.

D3911

Intraorifice barrier

Delta Dental considers the fee for this procedure to be included in the fee for any restorative procedure or for any completed endodontic therapy (D3310-D3348). The fee for this service is not billable to the patient.

D3920

Hemisection (including any root removal), not including root canal therapy

D3921

Decoronation or submergence of an erupted tooth

1. This procedure requires a periapical radiograph benefited under individual consideration and supporting documentation.
2. D3921 (decoronation or submergence of an erupted tooth) is not covered in conjunction with an extraction procedure on the same tooth, same date of service, same dentist dental office, and is not billable to the patient.

D3950

Canal preparation and fitting of preformed dowel or post

Delta Dental considers the fee for this procedure to be included in the fee for completed endodontic therapy and/or placement of the post.

D3999

Unspecified endodontic procedure, by report

Please provide a required narrative report with a complete description of the procedure and its rationale.

PERIODONTICS

GENERAL GUIDELINES

1. The information routinely collected during a periodontal examination includes demographic data (e.g., age, gender, etc.), medical history, history of previous and current periodontal problems, periodontal probe measurements (i.e., probing depths, clinical attachment loss, etc.), radio-graphic findings, and miscellaneous clinical signs, symptoms, or observations (e.g., gingival inflammation, plaque/calculus, mobility, occlusal problems).
2. Periodontal charting or documentation reflecting periodontal probing depths, recession, clinical attachment loss, loss of keratinized tissue, mobility, furcation involvement is required for all periodontal procedures with the exception of codes D4230, D4231, D4249, 4346, 4355, 4910, D4920 and 4921. Submitted periodontal charting must be dated no more than 12 months prior to the date of service.
3. The fee for surgical and non-surgical periodontal procedures includes the fee for local anesthesia, whether that anesthesia is administered via intramucosal injection, topical application or another modality.
4. The fee for intra-operative and post-operative radiographic images taken in conjunction with periodontal services are included in the fee for those services and are not separately billable to the patient.
5. For procedures 4210-4285 and 4341-4342 radiographic images are required. Bitewing radiographs, taken within 12 months of the planned treatment, which show both arches of bone levels, or the most recent periapical radiographs should be submitted. Loss of alveolar crest height beyond the normal 1-1.5 millimeter distance to the cemento-enamel junction (CEJ) must be evident on radiographs. Periapical or panoramic radiographs should be substituted when bone loss exceeds levels that can be captured in a bitewing radiograph.
6. Under Delta Dental's plans, benefits for periodontal procedures are only available when performed on natural teeth. With the exception of D4230, D4231, D4249, benefits are also only available for teeth with periodontal disease.
7. When periodontal procedures are reported in conjunction with implants, ridge augmentation, extraction sites, and periradicular surgery

(except for D3471-D3473), the patient is responsible for the fee. The fee for scaling and root planing is not separately billable to the patient when performed on the same teeth as codes D3471-D3473.

8. Delta Dental considers the fee for periodontal services (D4210-D4286) to include the fee for any frenectomy and/or distal wedge performed in the same area on the same date of service.

9. Under Delta Dental processing policies, the fees for periodontal surgical procedures (D4210 - D4286) include the fees for all necessary post-operative care, finishing procedures, and evaluations for three months, as well as any surgical re-entry, by the same dentist/dental office, for 36 months. (Exceptional cases will be given consideration by report.)

10. A waiting period of a minimum of four weeks should follow periodontal scaling and root planing to allow for healing and re-evaluation and to assess tissue response. When the interval between scaling and root planing and surgical periodontal services (D4210, D4211, D4240, D4241, D4245, D4260, D4261, D4263, D4264, D4265, D4266, D4267, D4268, D4270, D4273, D4274, D4275, D4276, D4277, D4278, D4283, D4285, D6101, D6102, and D6103) is less than 4 weeks, the scaling and root planing is considered to be included in the fee for that surgery, and the fee for the scaling and root planing will be deducted from the fee for the surgical procedure.

11. Under Delta Dental's processing policies, periodontal root planing procedures, D4341 and D4342, are not a benefit on the same date and in the same quadrants as periodontal surgical services (D4210-D4286). A separate fee may not be charged to the patient or Delta Dental. Codes D1110, D4346 and D4910 are not a benefit on the same date as periodontal surgical services, D4210-D4286. A separate fee may not be charged to the patient or Delta Dental.

12. If there is a combination of procedures in one quadrant, benefits will be applied for the most inclusive procedure. For example, when mucogingival procedures are performed on the same date of service as D4240, D4241, D4260 and D4261, the benefit will be based on the most inclusive procedure, and benefits for the soft tissue graft will be denied.

13. Benefits are not available for periodontal surgical services procedures provided to treat teeth with structural loss due to wear, attrition, abrasion and abfraction. The fees for these services are the patient's responsibility.

14. Except when treatment of these services is covered by group contract, benefits are not available for cosmetic (esthetic) purposes or to correct congenital or developmental defects. These procedures are considered optional treatment and the fees for these services are the patient's responsibility.

15. Procedures D4210-D4211, D4230-D4241, D4260-D4261, and D4341-D4342 require submission of a quadrant code. Procedures D4212, D4245, D4249, D4263, D4264, 4322 and 4323 and D4381 require submission of a tooth code.

16. Delta Dental considers specialized techniques such as lasers or perioscopy to be included in the fee for any scaling and root planing or surgical procedure. A separate fee may not be charged to the patient or to Delta Dental.

17. Procedures involved in acquiring graft tissues, hard or soft, from extra-oral donor sites are not benefits of Delta Dental plans. The fee is the patient's responsibility.

SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)

D4210

Gingivectomy or gingivoplasty — four or more contiguous teeth or tooth bounded spaces per quadrant

1. This procedure is performed to eliminate suprabony or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

2. Please submit periodontal charting. Periodontal charting should reflect pocketing of 4 mm, and should identify any teeth that are missing. A narrative and photograph(s) confirming the presence of hyperplastic gingival tissues, and a definitive treatment plan are also acceptable.

3. Gingivectomies will not be considered for correction of cosmetic defects.

D4211

Gingivectomy or gingivoplasty — one to three contiguous teeth or tooth bounded spaces per quadrant

Please see guidelines for procedure D4210.

D4212

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

1. Delta Dental considers the fee for gingivectomy provided in association with a crown or other restoration to be included in the fee for the restoration. This is the case whether the gingivectomy is done at the time the tooth is prepared, the time the restoration is placed, or at any time in between. A separate fee for this service may not be billed to the patient.

D4230

Anatomical crown exposure — four or more contiguous teeth or tooth bounded spaces per quadrant

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D4231

Anatomical crown exposure — one to three teeth or tooth bounded spaces per quadrant

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D4240

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

1. A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption.

2. Reporting of procedure D4240 requires the submission of periodontal charting which indicates at least Stage 2 periodontal disease (4 to 5 mm pockets, early bone loss) with definitive staging, grading and treatment plan. Please identify missing teeth on the claim.

3. When both teeth on either side of a bounded space are diseased, Delta Dental will count the bounded space in determining benefits. A bounded space will be counted as one space regardless of the number of missing teeth.

D4241

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

Please see the guidelines for procedure D4240.

D4245

Apically positioned flap

Please submit periodontal charting. Generally this procedure is done for patients with at least Stage 3 periodontal disease (5 to 8 mm pockets, moderate to severe bone loss) and definitive staging, grading and treatment plan.

D4249

Clinical crown lengthening – hard tissue

1. 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. Because this procedure is performed to expose sound tooth structure, to facilitate restorative procedures, it is not generally provided in the presence of periodontal disease.

2. Please submit pre-treatment bitewing or periapical radiographs taken within 12 months of the planned treatment and a detailed clinical narrative.

3. Benefits for clinical crown lengthening are allowed where the preparation of a restoration violates the biologic width of the periodontal attachment apparatus. For example, where there is less than three millimeters of tooth structure remaining between the alveolar crest and the restorative margin as noted by radiographic review or bone sounding, this procedure is appropriate.

4. When performed in conjunction with osseous surgery, the fee for crown lengthening is considered included in the fee for the more inclusive surgery. A separate fee may not be charged to the patient or Delta Dental.

5. When multiple crown lengthening services are performed in a quadrant, the fee for these services may not exceed the fee for a quadrant (or partial quadrant depending on the number of teeth) of osseous surgery.

6. When procedure D4249 is performed on the same day as the preparation/placement of an inlay, onlay or crown, a separate fee for procedure D4249 may not be charged to the patient or Delta Dental. Prior to the final restoration of a tooth, a minimum of four weeks must be allowed for healing following clinical crown lengthening.

7. If performed for cosmetic (aesthetic) purposes or to correct congenital or developmental defects, this procedure is considered optional treatment, and the fees for these services are the patient's responsibility. Benefits may be available when cosmetic treatment and treatment to correct congenital defects are covered by the patient's group contract.

8. Clinical crown lengthening will not be considered for benefits on teeth with structural loss due to wear, attrition, abrasion and abfraction.

D4260

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

1. Osseous surgery (procedures D4260/D4261) 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 (osteotomy) and/or non-supporting bone (osteoplasty). Procedures that do not include elevation of a full thickness flap and closure, and direct surgical modification of the bony support and reshaping of the alveolar process do not qualify as osseous surgery.

2. Please submit periodontal charting. Reporting of procedure D4260 requires the submission of periodontal charting which indicates at least Stage 3 periodontal disease (5 to 8 mm pockets,

moderate to severe bone loss) and definitive staging, grading and treatment plan.

3. Under Delta Dental's processing policies, the fee for osseous surgery is considered to include osseous contouring, distal or proximal wedge surgery, frenectomy, scaling and root planing, gingivectomy and flap procedures.

4. If there is a combination of procedures in one quadrant, benefits will be applied for the most inclusive procedure. For example, when mucogingival procedures are performed on the same date of service as D4240, D4241, D4260 and D4261, the benefit will be based on the most inclusive procedure, and benefits for the soft tissue graft will be denied.

5. When both teeth on either side of a bounded space are diseased, Delta Dental will count the bounded space in determining benefits. A bounded space will be counted as one space regardless of the number of missing teeth.

D4261

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

Please see the guidelines for procedure D4260.

D4263

Bone replacement graft – retained natural tooth – first site in quadrant

1. Please submit periodontal charting. Reporting of procedure D4263 requires the submission of periodontal charting which indicates at least Stage 3 periodontal disease (5 to 8 mm pockets, moderate to severe bone loss) and definitive staging, grading and treatment plan.

2. Benefits for bone graft replacement are generally allowable when performed on vertical, multi-walled or narrow defects. Benefits may not be allowed in areas of horizontal bone loss, class III furcation involvements and broad interproximal defects.

3. Under Delta Dental's processing policies, bone replacement grafts are not considered covered benefits when done in conjunction with extractions, mucogingival surgery, periradicular surgery, implants or ridge augmentation. The fee is the patient's responsibility.

4. If two contiguous teeth have adjacent but separate osseous defects, each defect is a

single site. If two contiguous teeth have a communicating interproximal osseous defect, this should be considered a single site. All non-communicating osseous defects are single sites. All edentulous non-contiguous tooth positions are single sites. Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.

D4264

Bone replacement graft – retained natural tooth – each additional site in quadrant

Please see the guidelines for procedure D4263.

D4265

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

1. Please identify the material used for periodontal regenerative purposes.

2. Please submit periodontal charting. Reporting of procedure D4265 requires the submission of periodontal charting which indicates at least Stage 3 periodontal disease (5 to 8 mm pockets, moderate to severe bone loss) and definitive staging, grading and treatment plan.

3. Under Delta Dental's processing policies, this procedure is not considered a covered benefit when done in conjunction with extractions, periradicular surgery, implants or ridge augmentation. In these instances, the fee for D4265 is the patient's financial responsibility.

4. Benefits are not available when D4265 is done in combination with procedure D4263, D4264, D4266, D4267, D4270, D4273, D4274, D4275, D4276, D4277, D4278, D4283, D4285, or D6103 on the same day/same site. In these circumstances, the patient is responsible for the fee for procedure D4265.

D4266

Guided tissue regeneration, natural teeth – resorbable barrier, per site

1. Please submit periodontal charting. Reporting of procedure D4266 or D4267 requires the submission of periodontal charting which indicates at least Stage 3 periodontal disease (5 to 8 mm pockets, moderate to severe bone loss) and definitive staging, grading and treatment plan.

2. When procedure D4266 or D4267 is performed in conjunction with procedure D4270, D4273, D4275, D4276, D4277, D4278,

D4283 or D4285, benefits are not available. The fee is the patient's responsibility.

D4267

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

Please see the guidelines for procedure D4266. Removal of the barrier membrane must be documented in the chart notes.

D4268

Surgical revision procedure, per tooth

1. Please submit periodontal charting.
2. Delta Dental considers the fee for procedure D4268 to include the fees for three months of post-operative care and any necessary treatment, by the same dentist/dental office, within 36 months. Therefore, when procedure D4268 follows periodontal surgery (D4240, D4241, D4260, D4261) in the same area of the mouth, within three years, no additional allowance will usually be made. Cases involving extraordinary circumstances may be submitted by report.

MUCOGINGIVAL SURGERY

GENERAL GUIDELINES

1. Radiographs are required with claims for mucogingival surgeries. The following should also be specifically documented, with periodontal charting, prior to mucogingival surgery:
 - Measurements of recession in mms (CEJ to gingival margin),
 - Measurements of attached gingiva in mms,
 - Periodontal pocket depth probing measurements in mms,
 - Notation on the presence of high active frenum attachments,
 - Number of teeth affected,
 - Photographic documentation, if possible, of areas demonstrating recession..
2. Mucogingival surgery is indicated for specific teeth that exhibit recession or loss of attached tissue. In the absence of extraordinary circumstances, such as frenum involvement, chronic inflammation, etc., mucogingival surgery, for the correction of recession defects or to resolve the loss of attached gingiva will be considered for benefit allowance if the periodontal charting indicates minimal recession

of two millimeters or 1 mm or less of attached gingiva.

3. If two contiguous teeth have areas of soft tissue recession, each area of recession is a single site.
4. Mucogingival Grafts (D4270, D4273, D4275, D4276, D4277, D4278, D4283, and D4285):
 - a. Are a benefit on natural teeth, typically on the facial surface of these teeth. Lingual surfaces should be submitted by report.
 - b. Bone grafting, GTR/ biologic materials in conjunction with soft tissue grafts in the same surgical area are not a benefit, the fees for these services are the responsibility of the patient.
 - c. Mucogingival grafts are not a benefit if provided in conjunction with implants or to repair an extraction site.
 - d. Mucogingival grafts are not a benefit if provided cosmetic purposes. The fee in these circumstances is the patient's responsibility.
 - e. If a frenectomy is provided in conjunction with a mucogingival graft in the same area/site, the fee for the frenectomy is included in the fee for the mucogingival graft.
 - f. If there is a combination of procedures in one quadrant, benefits will be applied for the most inclusive procedure. For example, when mucogingival procedures are performed on the same date of service as D4240, D4241, D4260 and D4261, the benefit will be based on the most inclusive procedure, and benefits for the soft tissue graft will be denied.
 - g. Delta Dental considers the fee or these procedures to include three months post-operative care and any surgical re-entry for three years. Exceptional cases will be given consideration on a by report basis.

D4270

Pedicle soft tissue graft procedure

1. Please refer to the mucogingival surgery general guidelines.

D4273

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

1. Please refer to the mucogingival surgery general guidelines.

2. Non-autogenous connective tissue grafts should be reported as procedure D4275 or D4285.

3. Codes D4273 and D4283 must include the use of autogenous connective tissue graft(s). Neither barrier membrane nor collagen membranes are a substitute for a connective tissue graft material.

D4274

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

1. Please submit periodontal charting. Pocket depths of at least 4 mm are required to obtain a benefit for this procedure.

2. When this procedure is provided in conjunction with another periodontal surgical procedure, Delta Dental's allowance will be based on the fee for the more inclusive procedure.

D4275

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

1. Please refer to the mucogingival surgery general guidelines.

2. Codes D4275 and D4285 must include the use of non-autogenous connective tissue graft(s). Neither barrier membrane nor collagen membranes are a substitute for connective tissue material.

3. Documentation in the patient treatment record for non-autogenous connective tissue grafts should include the type and size of matrix material utilized. The product identification sticker should be maintained as part of the patient treatment record.

D4276

Combined connective tissue and double pedicle graft

Please refer to the mucogingival surgery guidelines.

D4277

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

Please refer to the mucogingival surgery guidelines.

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

Please refer to the mucogingival surgery guidelines.

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

Please refer to the mucogingival surgery guidelines.

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

Please refer to the mucogingival surgery guidelines.

D4286

Removal of non-resorbable barrier

1. The fee for removal of a barrier membrane is included in the fee of D4267, D6107, & D7957 from the same tooth site when submitted by the same dentist/dental office, and it is not billable to the patient within 36 months.

2. Upon request for reconsideration, with the appropriate supporting documentation, the fee for this service may become the patient's responsibility if this procedure is performed by a different dentist/dental office than the provider/office who initially placed the barrier membrane.

NON-SURGICAL PERIODONTAL SERVICE

D4322

Splint – intra-coronal; natural teeth or prosthetic crowns

1. Please provide periodontal charting which includes a record of mobility and periapical x-rays documenting bone loss.

2. The fees for Intra-coronal splints, when submitted in conjunction with prosthetic crowns

(D2700-D2799), implant prosthetic crowns (6058-D6067, D6082-D6085, D6086-D6088, D6094, D6097), fixed partial dentures (D6205-D6794) and implant fixed partial denture retainers (D6068-D6077, D6098, D6099, D6120-D6123, D6194, D6195) are not separate benefits and should be included in the fee for the prosthetic appliance. Fees for intra-coronal splints, in this circumstance, are not billable to the patient.

3. When provided as a standalone service, without another restorative or prosthodontic procedure, tooth stabilization is not a benefit of most Delta Dental plans.

D4323

Splint – extra-coronal; natural teeth or prosthetic crowns

Please see guidelines for procedure D4322.

D4341

Periodontal scaling and root planing – four or more teeth per quadrant

1. This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

2. Delta Dental considers a quadrant of procedure D4341 to consist of at least four diseased teeth. When fewer than four diseased teeth are involved, Delta Dental will base its allowances on procedure D4342. Periodontal scaling and root planing is benefited for patients with at least Stage 1 periodontal disease (4 mm pockets, early bone loss).

3. Current radiographs should be submitted and must show loss of alveolar crest height of 1.5 mm or more beyond the cemento-enamel junction (CEJ); exposure of cemental surfaces of the roots is necessary for root planing. Without reduction in alveolar crest level, root planing is not indicated.

4. Periodontal scaling and root planing typically requires administration of local anesthesia by intramucosal injection to permit effective debridement of the root surfaces. Delta Dental considers the fee for scaling and root planing procedures to include the fee for local anesthesia, whether that anesthesia is administered via intramucosal injection, topical application, or another modality. Documentation in the patient treatment record should include the type and volume of local anesthetic used, and the concentration of the vasoconstrictor, if present. If no local anesthetic was used, the progress notes must document “no local anesthesia used”.

5. Under Delta Dental’s processing policies, periodontal root planing is generally not benefited on the same date as a prophylaxis, scaling in the presence of generalized moderate or severe gingival inflammation, or periodontal maintenance.

6. Under Delta Dental’s processing policies, fees for D4341 or D4342, when billed in conjunction with periodontal surgery (D4210, D4211, D4212, D4240, D4241, D4245, D4260, D4261) or surgical repair of root resorption (D3471-D3473) procedures, by the same dentist/dental office, are not billable to the patient as a component of the surgical procedure.

7. Under Delta Dental’s processing policies, the fee for scaling and root planing includes the fee for any retreatment, in the same quadrant, within 24 months following completion of prior scaling and root planing. For any necessary follow-up root planing, see procedure D4910. Extraordinary cases may be submitted by report.

8. When scaling and root planing is done within 36 months of osseous surgery or gingival flap surgery, by the same dentist who performed the surgical procedure, the fee for the scaling and root planing, is included in the fee for the prior surgery. (Exceptional cases will be given consideration by report.)

D4342

Periodontal scaling and root planing – one to three teeth, per quadrant

Please see the guidelines for procedure D4341.

D4346

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

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between Delta Dental’s Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

1. Procedure D4346 is included in the frequency limitations for procedures D1110, D1120 and D4910.

2. The fees for procedures D1110, D1120 and D4346 are included in the fee for procedure D4910 (periodontal maintenance). A separate fee for these procedures may not be charged to Delta Dental or the patient.

3. The benefit allowance for procedure D4346 includes the fees for D1110, D1120 and D4355 when completed by the same dentist/dental office on the same date of service. A separate fee may not be charged to Delta Dental or the patient.

D4355

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

1. Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive periodontal evaluation (D0180).

2. Procedure D4355 is not payable when performed by the same dentist/dental office on the same day as code D0180 procedures. A separate fee may not be charged to Delta Dental or the patient.

3. Full mouth debridement is appropriate when the patient has no history of prophylaxis, scaling and root planing, periodontal surgery, or periodontal maintenance procedures within three years. Procedure D4355 is allowable once per lifetime and is included in the frequency limitation for prophylaxis procedures.

D4381

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

1. Except in unusual circumstances, procedure D4381 is not a benefit of most Delta Dental plans.

2. Procedure D4381 requires the submission of periodontal charting indicating pockets of 5 to 10 mm and documentation as a nonresponsive case. A nonresponsive case either fails to respond or has a progression of periodontal disease despite effectively administered surgical and non-surgical periodontal therapy.

3. For enrollees for whom D4381 is a covered service, a Delta Dental consultant may approve an allowance for a nonresponsive case on a by report basis, limited to not more than two teeth per quadrant in a 12 month period. A separate fee may be charged to the patient for treatment of other teeth in the quadrant. If the same teeth are re-treated within 24 months, no additional allowance will be made, and a separate fee may be charged to the patient.

4. Benefits are not available when D4381 is provided in conjunction with procedure D4341 or D4342. The fee is the patient's responsibility. Benefits are available when at least 4 weeks have elapsed since scaling and root planing was completed, and where elevated pocketing persists.

5. The fee for code D4381 is included in the fee for services in the D3000-D3999 and D7000-D7999 code section.

OTHER PERIODONTAL SERVICES

D4910

Periodontal maintenance

1. Under Delta Dental's processing policies, periodontal maintenance is a covered benefit when a patient has completed active periodontal therapy; and commencing no sooner than 30 days after treatment completion. Active periodontal therapy may include scaling and root planing surgical periodontal therapy. Active periodontal therapy does not include procedures such as crown lengthening procedures, full mouth debridement, ridge augmentation and implants.

2. Delta Dental considers the fee for procedure D4910 to include the fee for prophylaxis and any scaling and root planing and/or polishing as may be necessary. The fees for procedures D1110, D1120, D4346, and/or D4910 may be included in the fee for scaling and root planing (D4341, D4342) or other periodontal therapy if the services are rendered by the same dentist/dental office within 30 days after the most recent scaling and root planing (D4341, D4342) or other periodontal therapy.

3. After the initial 30 day post-operative period, periodontal maintenance, alone or in combination with other prophylaxis procedures, is subject to the same contractual limitations

Periodontics (D4000 – D4999)

as all prophylaxis treatments, generally two in a calendar year. Additional treatments are the patient's financial responsibility.

D4920

Unscheduled dressing change (by someone other than treating dentist or their staff)

1. The fee for unscheduled dressing change by the same dentist or dental office is considered to be included in the fees for periodontal surgery.
2. When performed by a different dentist at some other location, please provide a brief narrative report citing the circumstances and necessity of the treatment.

D4921

Gingival irrigation with a medicinal agent - per quadrant

1. Gingival irrigation is not a separately payable procedure when provided in conjunction with any prophylaxis or periodontal procedure (D1110, D1120 and D4000-D4999). Benefits are also not separately payable when gingival irrigation is provided in conjunction with procedure codes D3000-D3999 and D7000-D7999. A separate fee for the procedure by the same dentist/dental office may not be charged to Delta Dental or the patient.
2. When submitted as a standalone procedure, gingival irrigation is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D4999

Unspecified periodontal procedure, by report

Please provide a required narrative report with a complete description of the procedure and its rationale.

PROSTHODONTICS — REMOVABLE

GENERAL GUIDELINES

1. Under Delta Dental's processing policies: Laboratory costs and the fees for impressions are included in the fee for denture services. The fees for complete dentures, and removable partial dentures include the fees for repairs for six months after the insertion of the dentures. The fees for relines (laboratory or chairside), adjustments, tissue conditioner or additions are included in the fee for immediate dentures for three months following the delivery of those prostheses. These fees are included in the fee for other types of dentures for six months following the delivery of those dentures. Rebases are included in the fee for a denture for 24 months following the delivery of the denture.
2. Under most Delta Dental plans, prosthetic appliances are a benefit once in a five-year period. Some group contracts may allow exceptions to be made to frequency limitations when there is such extensive loss of remaining teeth or change in supporting tissues that the appliance cannot be made satisfactory. Such exceptions are reviewed upon receipt of a request for re-evaluation and submission of supporting documentation.
3. Delta Dental considers impressions to be components of, and included in the fee for, the final appliance.
4. Delta Dental considers occlusal correction to be part of the placing of a removable prosthodontic appliance.
5. Delta Dental's allowance for repair, reline or rebase of a full or removable partial denture will not exceed one-half of the allowance for the replacement of the appliance. Any amount in excess of the approved allowance is not chargeable to the patient.
6. A duplicate denture (as a spare or replacement) is not a covered benefit. The patient is responsible for the fee.
7. Delta Dental plans provide for replacement of missing teeth with full or removable partial dentures using standard procedures. Treatment involving specialized techniques is considered optional and the patient is responsible for the additional fee. This includes, but is not limited to, the following:

- a. precious metal, personalization or characterization;
- b. precision attachments;
- c. overdentures and overlays.

8. According to Delta Dental's processing policies, when a posterior fixed partial denture and a removable partial denture are placed in the same arch, within the same treatment episode, Delta Dental's allowance is based on the cost of the removable partial denture. When applicable, Delta Dental may deduct from the allowance any payment already made toward the fixed bridge.
9. Procedures and appliances to correct congenital or developmental malformations are not benefits of most Delta Dental plans and include, but are not limited to, replacement of congenitally missing permanent teeth regardless of the length of time the deciduous tooth is retained. Benefits may be available when treatment to correct congenital defects is covered by the patient's groups contract.
10. Removable partial dentures are not a benefit for patients under age 16. Delta Dental may make an allowance and the patient is responsible for the additional fee.
11. Replacement of an interim removable partial denture (stayplate) is not a covered benefit. The fee is the patient's responsibility.
12. Implants are benefits of some plans. In plans where implants are not covered, Delta Dental may make an allowance toward the cost of the implant supported prosthesis. If such an allowance is made, no payment will be made for any replacement until five years have elapsed.
13. Multi-stage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays, and inlays is the cementation date regardless of the type of cement utilized.
14. Please include a tooth code for procedures D5520, and D5630-D5660. Please include a quadrant code for procedure D5381. Please include an arch code for procedures D5110-D5226, D5410-D5512, D5611-D5622, and D5671-D5851.

15. Prosthodontic services must be necessary, appropriate, meet generally accepted standards of care and have reasonable prognosis to qualify for benefits.

16. Benefits for prosthodontic procedures may not be allowed if the following conditions are present:

- a. Untreated/uncontrolled periodontal disease,
- b. Tooth abutments have poor to hopeless prognosis from a restorative or periodontal perspective,
- c. Periapical pathology is unresolved due to incomplete or failed endodontic therapy,
- d. Services are meant to treat TMJ by increasing vertical dimension or restoring occlusion.

17. A removable partial denture for treatment of temporomandibular joint dysfunction or alterations in vertical dimension will not be considered for benefit allowance. Removable partial dentures for the correction of developmental or congenital defects are not a benefit except when treatment of such defects is covered by group contract.

18. A removable partial denture will be considered adequate treatment for benefit allowance if the total number of missing teeth in contra lateral quadrants is three or more, and occlusal function of the entire arch can be adequately restored with a removable prosthesis.

19. Interim partial dentures, or “stayplates,” (acrylic partials) will be considered for benefit allowance only for patients less than 16 years of age, and for replacement of missing anterior permanent teeth.

20. The laboratory invoice must be maintained as part of the patient treatment record for laboratory processed prosthodontic appliances.

COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

D5110

Complete denture — maxillary

D5120

Complete denture — mandibular

D5130

Immediate denture — maxillary

For determination of benefits, an immediate denture is considered to be equivalent to a complete denture.

D5140

Immediate denture — mandibular

For determination of benefits, an immediate denture is considered to be equivalent to a complete denture.

PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

D5211

Maxillary partial denture — resin base (including retentive/clasping materials, rests and teeth)

D5212

Mandibular partial denture — resin base (including retentive/clasping materials, rests and teeth)

D5213

Maxillary partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)

D5214

Mandibular partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)

D5221

Immediate maxillary partial denture — resin base (including retentive/clasping materials, rests and teeth)

D5222

Immediate mandibular partial denture — resin base (including retentive/clasping materials, rests and teeth)

D5223

Immediate maxillary partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)

D5224

Immediate mandibular partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)

D5225

Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)

D5226

Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)

D5227

Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)

D5228

Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)

D5282

Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary

D5283

Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular

D5284

Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant

D5286

Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant

ADJUSTMENTS TO DENTURES

D5410

Adjust complete denture — maxillary

D5411

Adjust complete denture — mandibular

D5421

Adjust partial denture — maxillary

D5422

Adjust partial denture — mandibular

REPAIRS TO COMPLETE DENTURES

D5511

Repair broken complete denture base, mandibular

D5512

Repair broken complete denture base, maxillary

D5520

Replace missing or broken teeth — complete denture - per tooth

Please provide in the description of service the total number of teeth involved.

REPAIRS TO PARTIAL DENTURES

D5611

Repair resin partial denture base, mandibular

D5612

Repair resin partial denture base, maxillary

D5621

Repair cast partial framework, mandibular

A narrative report of the extent of the repair and copy of the lab bill is required.

D5622

Repair cast partial framework, maxillary

A narrative report of the extent of the repair and copy of the lab bill is required.

D5630

Repair or replace broken retentive clasping materials — per tooth

D5640

Replace missing or broken teeth — partial denture - per tooth

D5650

Add tooth to existing partial denture — per tooth

D5660

Add clasp to existing partial denture — per tooth

D5670

Replace all teeth and acrylic on cast metal framework (maxillary)

Delta Dental will base the allowance for procedure D5670 so as not to exceed two-thirds of the fee for a new appliance (D5213). The

excess fee may not be charged to the patient or Delta Dental.

D5671

Replace all teeth and acrylic on cast metal framework (mandibular)

Delta Dental will base the allowance for procedure D5671 so as not to exceed two-thirds of the fee for a new appliance (D5214). The excess fee may not be charged to the patient or Delta Dental.

DENTURE REBASE PROCEDURES

GENERAL GUIDELINES

1. Delta Dental considers the fee for any rebase procedure to be included in the fee for the initial denture service for 24 months following the delivery of the denture.
2. Delta Dental considers the fee for any rebase to include the fee for relining and any adjustments for six months following the rebase procedure.
3. Delta Dental allows one rebase per arch in a 24 month period. The patient is responsible for the cost of additional treatments.
4. Delta Dental's allowance for rebase of a partial denture or a reline will not exceed one-half of the allowance for a new appliance. Any amount in excess of the approved allowance is not chargeable to the patient.

D5710

Rebase complete maxillary denture

D5711

Rebase complete mandibular denture

D5720

Rebase maxillary partial denture

D5721

Rebase mandibular partial denture

D5725

Rebase hybrid prosthesis

DENTURE RELINE PROCEDURES

A maximum of two relines may be allowed per arch in a 12 month period. The patient is responsible for the cost of additional treatments.

D5730

Reline complete maxillary denture (direct)

D5731

Reline complete mandibular denture (direct)

D5740

Reline maxillary partial denture (direct)

D5741

Reline mandibular partial denture (direct)

D5750

Reline complete maxillary denture (indirect)

D5751

Reline complete mandibular denture (indirect)

D5760

Reline maxillary partial denture (indirect)

D5761

Reline mandibular partial denture (indirect)

D5765

Soft liner for complete or partial removable denture - indirect

INTERIM PROSTHESIS

D5810

Interim complete denture (maxillary)

Temporary complete dentures are not benefits of most Delta Dental plans.

D5811

Interim complete denture (mandibular)

Temporary complete dentures are not benefits of most Delta Dental plans.

D5820

Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary

An interim partial denture is covered only to replace extracted anterior permanent teeth during the healing period. If provided for other circumstances, the patient is responsible for the cost. Delta Dental considers the fee for D5820 to include the fee for all teeth and clasps.

D5821

Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular

See guidelines for procedure D5820.

OTHER REMOVABLE PROSTHETIC SERVICES

D5850

Tissue conditioning, maxillary

1. Under Delta Dental processing policies, a maximum of two tissue conditionings are allowed per arch in a 12 month period. The patient is responsible for additional treatments.
2. According to Delta Dental national processing policies, when this procedure is provided on the same day the denture is delivered or a reline/rebase has been done, Delta Dental considers the fee for tissue conditioning to be included in the denture or reline/rebase fee. A separate fee may not be charged to the patient or Delta Dental.

D5851

Tissue conditioning, mandibular

1. Under Delta Dental processing policies, a maximum of two tissue conditionings is allowed per arch in a 12 month period. The patient is responsible for additional treatments.
2. According to Delta Dental national processing policies, when this procedure is provided on the same day the denture is delivered or a reline/rebase has been done, Delta Dental considers the fee for tissue conditioning to be included in the denture or reline/rebase fee. A separate fee may not be charged to the patient or Delta Dental.

D5862

Precision attachment, by report

Precision attachments are not benefits of most Delta Dental plans, and are the financial responsibility of the patient.

D5863

Overdenture — complete maxillary

Overdentures are not benefits of Delta Dental plans. However, an allowance, based on the fee for a standard complete denture, may be made toward the cost of the overdenture. The patient is responsible for any additional fee. Please provide a full description of service.

D5864

Overdenture — partial maxillary

Overdentures are not benefits of Delta Dental plans. However, an allowance, based on the fee for a standard complete denture, may be made toward the cost of the overdenture. The patient is responsible for any additional fee. Please provide a full description of service.

D5865

Overdenture — complete mandibular

Overdentures are not benefits of Delta Dental plans. However, an allowance, based on the fee for a standard complete denture, may be made toward the cost of the overdenture. The patient is responsible for any additional fee. Please provide a full description of service.

D5866

Overdenture — partial mandibular

Overdentures are not benefits of Delta Dental plans. However, an allowance, based on the fee for a standard complete denture, may be made toward the cost of the overdenture. The patient is responsible for any additional fee. Please provide a full description of service.

D5867

Replacement of semi-precision or precision attachment, per attachment

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

Maxillofacial Prosthetics (D5900 – D5999)

D5875

Modification of removable prosthesis following implant surgery

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D5876

Add metal substructure to acrylic full denture (per arch)

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D5899

Unspecified removable prosthodontic procedure, by report

Please submit a narrative report with a description of the service provided and its rationale.

MAXILLOFACIAL PROSTHETICS

GENERAL GUIDELINES

Maxillofacial prosthetic procedures are not benefits of Delta Dental programs unless specified by group/individual contract, and are the financial responsibility of the patient.

D5911

Facial moulage (sectional)

D5912

Facial moulage (complete)

D5913

Nasal prosthesis

D5914

Auricular prosthesis

D5915

Orbital prosthesis

D5916

Ocular prosthesis

D5919

Facial prosthesis

D5922

Nasal septal prosthesis

D5923

Ocular prosthesis, interim

D5924

Cranial prosthesis

D5925

Facial augmentation implant prosthesis

D5926

Nasal prosthesis, replacement

D5927

Auricular prosthesis, replacement

D5928

Orbital prosthesis, replacement

D5929

Facial prosthesis, replacement

D5931

Obturator prosthesis, surgical

D5932

Obturator prosthesis, definitive

D5933

Obturator prosthesis, modification

D5934

Mandibular resection prosthesis with guide flange

D5935

Mandibular resection prosthesis without guide flange

D5936

Obturator prosthesis, interim

D5937

Trismus appliance (not for TMD treatment)

D5951

Feeding aid

D5952

Speech aid prosthesis, pediatric

D5953

Speech aid prosthesis, adult

Maxillofacial Prosthetics (D5900 – D5999)

D5954

Palatal augmentation prosthesis

This service is not a benefit of most Delta Dental programs. The fee is the patient's responsibility.

D5955

Palatal lift prosthesis, definitive

D5995

Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary

D5958

Palatal lift prosthesis, interim

This service is not a benefit of most Delta Dental programs. The fee is the patient's responsibility.

D5959

Palatal lift prosthesis, modification

D5996

Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular

D5960

Speech aid prosthesis, modification

This service is not a benefit of most Delta Dental programs. The fee is the patient's responsibility.

D5982

Surgical stent

D5999

Unspecified maxillofacial prosthesis, by report

D5983

Radiation carrier

Please provide a required narrative report with a complete description of the procedure and its rationale.

D5984

Radiation shield

D5985

Radiation cone locator

D5986

Fluoride gel carrier

D5987

Commissure splint

D5988

Surgical splint

D5991

Topical medicament carrier

This service is not a benefit of most Delta Dental programs. The fee is the patient's responsibility.

D5992

Adjust maxillofacial prosthetic appliance, by report

This service is not a benefit of most Delta Dental programs. The fee is the patient's responsibility.

D5993

Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report

IMPLANT SERVICES

GENERAL GUIDELINES

1. Implants and procedures and prostheses associated with them are not benefits of most Delta Dental plans. However, Delta Dental's standard plans pay an allowance toward the cost of implant-supported prosthodontic appliances, subject to the same limitations as standard prosthodontic services. The allowance is based on the fee for a standard pontic procedure or a removable partial or full denture. The patient is responsible for any difference in cost for the implant supported procedure.

2. When implant services are covered by the patient's contract, Delta Dental's payment is based on the patient's prosthodontic benefit, subject to a lifetime maximum allowance per individual. An annual maximum allowance may also apply. Replacement of an implant is a benefit of such plans only after five years have elapsed following any prior provision under any Delta Dental contract.

3. Delta Dental considers laboratory costs, intra-operative and post-operative radiographic images, impressions and local anesthesia to be components of, and included in the fee for, the completed implant services. Fees for these services are not separately billable to the patient.

4. Delta Dental considers the fee for implant crowns, bridges and dentures to include the fees associated with impressions for these services. The fees associated with impressions include, but are not limited to, impression materials and implant components (transfer screws, analogs, etc.,) Additional fees for the parts and materials used for impressions are not separately billable to the patient.

5. Post-operative periapical radiographs including the apex of the implant body and surrounding bone are required for D6010-D6050 (excludes D6011). A post-operative Panoramic radiographic image is acceptable when implants are placed in edentulous arches. Current periapical radiographs including the apex of the implant body and surrounding bone are required and any available photographs for the reporting of procedures D6055-D6077, D6082-D6088, D6094, D6097-D6099, D6110-D6123, and D6194-D6195. Do not substitute a panoramic radiograph to replace this periapical image. Please do not submit original radiographic

images especially if they are the only diagnostic record for the patient. Duplicate radiographic images and radiographic image copies of diagnostic quality, including paper copies of digitized images, are acceptable.

6. CDT coding for implant procedures does not follow numerical order. In some cases below, references have been added to assist you in locating a procedure by its code number.

7. Please include a tooth code for procedures D6010-D6050, D6056-D6077, D6081-D6084, D6086-D6089, D6094, D6097-D6099, D6100, D6120-D6123, D6193-D6195, D6100 and D6194. Please include an arch code for procedures D6080, D6110-D6119, D6180 and D6190.

8. The functional occlusion of the entire dentition must be considered prior to implant placement.

9. Implant length, width and location must be appropriate for the clinical condition and allow for adequate function of the implant supported restoration/prosthesis.

10. The prognosis of remaining teeth must be considered; implant services are not benefited in the presence of uncontrolled or untreated periodontal disease or teeth with unresolved periradicular pathology.

11. Implant placement will not be considered for correction of developmental or congenital defects, except when treatment of such defects is covered by group contract. Implant placement will also not be considered for spacing due to migration/drift of teeth.

12. When implant services are covered by the patient's contract, benefits are available for patients age 19 and above.

13. When implant crowns are attached directly to the implant body, the code for an implant supported crown or implant supported retainer crown should be used. Even though a separate abutment may be used in the manufacturing process, when that abutment is delivered as an integral part of a one-piece implant supported crown, the code for an implant supported crown or implant supported retainer crown should be used.

14. When implant abutments D6056 and D6057 are submitted with codes D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6075, D6076, D6077 D6098, D6099, D6120, D6121, D6122, D6123, the fee for the

implant abutment is included in the fee for these crown and retainer crown codes. An implant abutment cannot be separately billed with the aforementioned codes.

15. The laboratory invoice must be maintained as part of the patient treatment record for laboratory processed implant or abutment supported prosthetic appliances.

16. For a completely edentulous arch, replacement of teeth and restoration of the occlusion can be adequately restored with four to six dental implants.

17. Procedures involved in acquiring graft tissues, hard or soft, from extra-oral donor sites are not benefits of Delta Dental plans. The fee is the patient's responsibility.

PRE-SURGICAL SERVICES

D6190

Radiographic/surgical implant index, by report

1. When the patient's plan includes implant benefits D6190 will be covered at the prosthetic benefit level. When covered, D6190 is a benefit one in 60 months, per arch.

2. If implants are not covered by the patient's plan, this procedure is not a benefit and the patient is responsible for the fee.

SURGICAL SERVICES

D6010

Surgical placement of implant body: endosteal implant

D6011

Surgical access to an implant body (second stage implant surgery)

When implant services are covered by the patient's contract, Delta Dental considers the fee for this procedure to be included in the fee for procedure D6010, surgical placement of implant body. A separate fee may not be charged to the patient or Delta Dental.

D6012

Surgical placement of interim implant body for transitional prosthesis: endosteal implant

Delta Dental considers the fee for this procedure to be part of the fee for a transitional prosthesis which is not a covered benefit. A separate fee

may not be charged to the patient or Delta Dental.

D6013

Surgical placement of mini implant

1. For plans without implant coverage, procedure D6013 is not a benefit.

2. For plans with implant coverage, procedure D6013 is subject to the same policy and limitations as procedure D6010.

D6040

Surgical placement: eposteal implant

D6050

Surgical placement: transosteal implant

D6100

Surgical removal of implant body

1. Please indicate the type of implant removed and describe any complexities.

2. When implants are covered by the group/individual contract, the fee for D6100 when performed within 3 months of D6010/D6013 on the same tooth by the same dentist/dental office are not billable to the patient. After 3 months, procedure D6100 is a benefit once per tooth per 60-months.

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

1. Procedure D6101 is a benefit only of plans with implant benefits.

2. When covered, procedure D6101 would not be a benefit on the same date as periodontal scaling and root planing (procedures D4341 and D4342) or periodontal surgical procedures. A separate fee may not be charged to the patient or Delta Dental.

3. When implant procedures are covered, procedure D6101 is allowed once in 36 months.

4. The fee for procedure D6101 is included in the fee for procedures D4260, D4261 or D6102 if provided on the same date of service as D4260, D4261 or D6102. A separate fee may not be charged to the patient or Delta Dental.

5. Under Delta Dental's processing policies, the fee for D6101 is considered to include the fees for three months of post-operative care and any

surgical re-entry or scaling and root planing for three years.

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

1. Procedure D6102 is a benefit only of plans with implant benefits.
2. When covered, procedure D6102 would not be a benefit on the same date as periodontal root planing (procedures D4341 and D4342) or periodontal surgical procedures. A separate fee may not be charged to the patient or Delta Dental.
3. Under Delta Dental's processing policies, the fee for D6102 is considered to include the fees for three months of post-operative care and any surgical re-entry or scaling and root planing for three years.

D6103

Bone graft for repair of peri-implant defect – does not include flap entry and closure

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D6104

Bone graft at time of implant placement

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D6105

Removal of implant body not requiring bone removal or flap elevation

When implants are covered by the group/individual contract, the fee for D6105 when performed within 3 months of D6010/D6013 on the same tooth by the same dentist/dental office are not billable to the patient. After 3 months, procedure D6105 is a benefit once per tooth site per 60-months.

D6106

Guided tissue regeneration – resorbable barrier, per implant

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D6107

Guided tissue regeneration – non-resorbable barrier, per implant

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

Removal of the barrier membrane must be documented in the chart notes.

IMPLANT SUPPORTED PROSTHETICS

SUPPORTING STRUCTURES

D6055

Connecting bar – implant supported or abutment supported

D6056

Prefabricated abutment – includes modification and placement

D6057

Custom fabricated abutment – includes placement

D6051

Placement of interim implant abutment

The fee for interim abutments are considered to be included in the fee for the completed implant service. A separate fee may not be charged to the patient.

D6191

Semi-precision abutment – placement

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D6192

Semi-precision attachment – placement

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

SINGLE CROWNS, ABUTMENT SUPPORTED

D6058

Abutment supported porcelain/ceramic crown

D6059

Abutment supported porcelain fused to metal crown (high noble metal)

D6060

Abutment supported porcelain fused to metal crown (predominantly base metal)

D6061

Abutment supported porcelain fused to metal crown (noble metal)

D6062

Abutment supported cast metal crown (high noble metal)

D6063

Abutment supported cast metal crown (predominantly base metal)

D6064

Abutment supported cast metal crown (noble metal)

D6094

Abutment supported crown — titanium and titanium alloys

D6097

Abutment supported crown — porcelain fused to titanium and titanium alloys

SINGLE CROWNS, IMPLANT SUPPORTED

D6065

Implant supported porcelain/ceramic crown

D6066

Implant supported crown — porcelain fused to high noble alloys

D6067

Implant supported crown — high noble alloys

D6082

Implant supported crown — porcelain fused to predominantly base alloys

D6083

Implant supported crown — porcelain fused to noble alloys

D6084

Implant supported crown — porcelain fused to titanium and titanium alloys

D6086

Implant supported crown — predominantly base alloys

D6087

Implant supported crown — noble alloys

D6088

Implant supported crown — titanium and titanium alloys

FIXED PARTIAL DENTURE, ABUTMENT SUPPORTED

D6068

Abutment supported retainer for porcelain/ceramic FPD

D6069

Abutment supported retainer for porcelain fused to metal FPD (high noble metal)

D6070

Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)

D6071

Abutment supported retainer for porcelain fused to metal FPD (noble metal)

D6072

Abutment supported retainer for cast metal FPD (high noble metal)

D6073

Abutment supported retainer for cast metal FPD (predominantly base metal)

D6074

Abutment supported retainer for cast metal FPD (noble metal)

D6194

Abutment supported retainer crown for FPD — titanium and titanium alloys

D6195

Abutment supported retainer — porcelain fused to titanium and titanium alloys

FIXED PARTIAL DENTURE, IMPLANT SUPPORTED

D6075

Implant supported retainer for ceramic FPD

D6076

Implant supported retainer for FPD — porcelain fused to high noble alloys

D6077

Implant supported retainer for metal FPD — high noble alloys

D6098

Implant supported retainer — porcelain fused to predominantly base alloys

D6099

Implant supported retainer for FPD – porcelain fused to noble alloys

D6120

Implant supported retainer – porcelain fused to titanium and titanium alloys

D6121

Implant supported retainer for metal FPD – predominantly base alloys

D6122

Implant supported retainer for metal FPD – noble alloys

D6123

Implant supported retainer for metal FPD – titanium and titanium alloys

IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURES

Implant/abutment supported removable dentures will receive the benefit allowance of a conventional removable denture. The patient is responsible for the difference between the providers contracted fee for implant/abutment supported removable denture and the contracted fee for the conventional removable denture.

D6110

Implant/abutment supported removable denture for edentulous arch – maxillary

D6111

Implant/abutment supported removable denture for edentulous arch – mandibular

D6112

Implant/abutment supported removable denture for partially edentulous arch – maxillary

D6113

Implant/abutment supported removable denture for partially edentulous arch – mandibular

IMPLANT/ABUTMENT SUPPORTED FIXED DENTURES (HYBRID PROSTHESIS)

When covered by group contract implant/abutment supported fixed dentures will receive the benefit allowance of a conventional removable denture. The patient is responsible for the difference in fee between the implant/abutment supported fixed denture and the conventional removable denture.

D6114

Implant/abutment supported fixed denture for edentulous arch – maxillary

D6115

Implant/abutment supported fixed denture for edentulous arch – mandibular

D6116

Implant/abutment supported fixed denture for partially edentulous arch – maxillary

D6117

Implant/abutment supported fixed denture for partially edentulous arch – mandibular

D6118

Implant/abutment supported interim fixed denture for edentulous arch – mandibular

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D6119

Implant/abutment supported interim fixed denture for edentulous arch – maxillary

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

OTHER IMPLANT SERVICES

D6080

Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments

1. Procedure D6080 is not a per implant code, and is indicated for full arch fixed hybrid prostheses, D6114 and D6115.

2. For plans with implant coverage, benefits for D6080 are a benefit once in a 3-year period. D6080 and D6180 share a 3-year frequency limitation period.

3. Fees for D6080 are not billable to the patient if done with 12 months of D6114 and D6115 by the same dentist/dental office. Different dentist/dental office, the patient is responsible for the fee for D6080.

D6081

Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and

Implant Services (D6000 – D6199)

increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure

1. Procedure D6081 is not a benefit for plans that do not cover implant procedures. The fee is the patient's responsibility.
2. For plans that do cover implant procedures:
 - a. Procedure D6081 is allowed once per tooth in a 24 month period.
 - b. The fee for procedure D6081 includes retreatment within 24 months if performed by the same dentist/dental office as the original procedure on the same tooth.
 - c. The fee for procedure D6081 is included in the fees for procedures D6058-D6077, D6085, D6094, D6118, D6119 and D6194 when performed by the same dentist/dental office within 12 months.
 - d. The fee for procedure D6081 is included in the fee for procedures D1110, D4346 or D4910 if provided on the same date of service by the same dentist/dental office.
 - e. The fee for procedure D6081 is included in the fee for procedures D4341/D4342 or D4240/4241, D4260/D4261, D4271-D4285 or D6101/D6102 when performed on the same date of service in the same quadrant by the same dentist/dental office.

D6085

Interim implant crown

1. Procedure D6085 is not a benefit for plans that do not have implant coverage. The fee is the patient's responsibility.
2. For plans with implant coverage, the fee for procedure D6085 is included in the fee for other implant procedures. A separate fee may not be charged to the patient or Delta Dental.

D6089

Accessing and retorquing loose implant screw – per screw

1. Procedure D6089 is not a benefit for plans that do not have implant coverage. The fee is the patient's responsibility.
2. For plans with implant coverage, D6089 is a benefit once every 24 months.
3. The fee for D6089, when done on the same date of service, by the same dentist/dental office as D6080, D6090 or D6193, is not billable to the patient.

4. The fee for this procedure is included in the fee for the placement of an implant supported prosthesis (D6058-D6077, D6082-D6084, D6086-D6088, D6094, D6097-D6099, D6120-D6123, D6194, 6195, D6110-D6117), within the first six months of placement of that implant prosthesis.

D6090

Repair implant supported prosthesis, by report

Please report the type of repair provided.

1. Procedure D6090 is not a benefit for plans that do not have implant coverage. The fee is the patient's responsibility.
2. When covered, procedure D6090 is a benefit once in a 24-month period.
3. Fees for the repair of an implant/abutment supported prosthesis, if performed within six months of the initial placement of the prosthesis, by the same dentist/dental office who placed the prosthesis, are not billable to the patient.

D6091

Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment

If an implant is covered by the patient's plan, D6091 is a benefit only after the prosthodontic time limitation (usually a five year period) has elapsed since the implant attachment was placed. Otherwise, the patient is responsible for the fee.

D6092

Re-cement or re-bond implant/abutment supported crown

1. Procedure D6092 is not a benefit for plans that do not have implant coverage. The fee is the patient's responsibility.
2. Benefits may be paid for one recementation after six months. Subsequent requests by the same dentist/dental office are not a benefit and the fee may be the patient's responsibility.

D6093

Re-cement or re-bond implant/abutment supported fixed partial denture

1. Procedure D6093 is not a benefit for plans that do not have implant coverage. The fee is the patient's responsibility.
2. Benefits may be paid for one recementation after six months. Subsequent requests by the same dentist/dental office are not a benefit and may be charged to the patient.

D6094

CDT coding places procedure D6094 immediately following D6064. Please see above.

D6096

Remove broken implant retaining screw

1. Procedure D6096 is not a benefit for plans that do not have implant coverage. The fee is the patient's responsibility.
2. When covered, procedure D6096 is a benefit once in a 24-month period.
3. Delta Dental considers the fee for placement of implant or implant supported prosthesis to include procedure D6096 for the six months following placement.

D6100 – D6104

CDT coding places procedures D6100-D6104 immediately following D6050. Please see above.

D6180

Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments

1. Procedure D6180 is not a per implant code, and is indicated for full arch fixed hybrid prostheses, D6114 and D6115.
2. For plans with implant coverage, benefits for D6180 are a benefit once in a 3-year period. D6180 and D6080 share a 3-year frequency limitation period.
3. Fees for D6180 are not billable to the patient if done within 12 months of D6114 and D6115, same dentist/dental office. Different dentist/dental office, the patient is responsible for the fee for D6180.

D6190

CDT coding places procedure D6190 immediately before D6010. Please see above.

D6194

CDT coding places procedure D6194 immediately following D6074. Please see above.

D6193

Replacement of an implant screw

1. Procedure D6193 is not a benefit for plans that do not have implant coverage. The fee is the patient's responsibility.
2. For plans with implant coverage, D6193 is a benefit once every 24 months.

3. The fee for this procedure is included in the fee for the placement of an implant supported prosthesis (D6058-D6077, D6082-D6084, D6086-D6088, D6094, D6097-D6099, D6120-D6123, D6194, D6195, D6110-D6117), within the first six months of placement of that implant prosthesis, by the same dentist/dental provider.

4. The fee for D6089, accessing and retorquing an implant screw are not billable to the patient on the same date of service as D6193.

D6197

Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant

1. This procedure is a benefit only of plans with implant benefits.
2. When covered, fees for replacement of restorative material to close an access opening of a screw retained implant supported prosthesis when performed by the same dentist/dental office within 6 months placement of the implant prosthesis may not be charged to Delta Dental or the patient.
3. When covered, benefit for D6197 is once in 24 months.
4. Fees for D6197 are not billable on the same date of service by same dentist/dental office as D6080 or D6090. A separate fee may not be charged to Delta Dental or the patient.

D6198

Remove interim implant component

1. The fees for removal of an interim implant component by the same dentist/dental office who placed the implant component are considered part of the interim abutment placement procedure and are not billable to the patient.
2. The removal of an interim implant abutment by a different dentist/office than who placed the abutment are not covered, the fee is the patient's responsibility.

D6199

Unspecified implant procedure, by report

Please provide a required narrative report with a complete description of the procedure and its rationale.

PROSTHODONTICS, FIXED

GENERAL GUIDELINES

1. Under most Delta Dental plans, prosthetic appliances are a benefit once in a five-year period. Some group contracts may allow exceptions to be made to frequency limitations when there is such extensive loss of remaining teeth or change in supporting tissues that the existing fixed bridge cannot be made satisfactory. Such exceptions are reviewed upon receipt of a request for re-evaluation and submission of supporting documentation.
2. Delta Dental considers laboratory costs, intra-operative and post-operative radiographic images, tooth preparation, temporary restorations, cement bases, impressions and local anesthesia to be components of, and included in the fee for, the completed prosthetic appliance. Fees for these services are not separately billable to the patient.
3. Delta Dental considers occlusal correction to be part of the placing of restorations involving occlusal surfaces.
4. When a posterior fixed partial denture and a partial denture are placed in the same arch, within the same treatment episode, the fixed partial denture is considered optional, and Delta Dental's allowance is based on the cost of the partial denture. When applicable, Delta Dental may deduct from the allowance any payment already made toward the fixed partial denture.
5. Fixed partial dentures and indirectly fabricated removable partial dentures are not a benefit for patients under age 16. When provided, Delta Dental may make an allowance for a space maintainer.
6. Except when treatment for congenital defects is covered by group contract, procedures and appliances to correct congenital or developmental malformations are not benefits. Replacement of congenitally missing permanent teeth is not a benefit, regardless of the length of time the deciduous tooth is retained.
7. Most Delta Dental plans that include prosthodontic benefits cover pre-existing conditions. Therefore, replacement of teeth extracted before the patient became eligible under a Delta Dental plan is generally covered.
8. Inlay/onlay retainers, 3/4 crowns and crown retainers fabricated with porcelain or ceramic

are not benefits of Delta Dental plans. When these services are provided, Delta Dental will make an allowance based on the dentist's fee for the equivalent porcelain fused to high noble metal procedure. The patient will be responsible for any difference in fee.

9. Multi-stage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays, and inlays is the cementation date regardless of the type of cement utilized.

10. A pre-operative periapical radiograph showing current endodontic/periodontal state of the tooth taken within one year of the crown prep is required and any available photographs for the reporting of procedures D6710-D6794. Do not substitute a panoramic radiograph to replace this periapical image. Please do not submit original radiographic images, especially if they are the only diagnostic record for your patient. Duplicate radiographic images and radiographic image copies of diagnostic quality, including paper copies of digitized images are acceptable. Periapical radiographic images depicting the apex are required when submitting for crowns and fixed partial dentures.

11. Please include a tooth code for procedures D6205-D6253, D6600-D6634 and D6710-D6794. Please include a quadrant code for procedures D6930, D6940 and D6980.

12. Services must be necessary, appropriate, meet generally accepted standards of care, and have reasonable prognosis to receive benefits. The prognosis of abutment teeth must be considered and a) Teeth with uncontrolled or untreated periodontal disease, as evidenced, by extensive bone loss, typically have a compromised long term prognosis and will not be considered for restorative services. For teeth with evident periodontal involvement, documentation of the current periodontal status and history of definitive therapy is required. b) Placement of a restoration on a tooth with untreated or unresolved endodontic issues, including periapical or periradicular pathology is not appropriate due to compromised prognosis. For teeth with persistent pathology,

documentation of the endodontic history of the tooth is required. c) There must be adequate remaining tooth structure to support a restoration.

13. If an edentulous space is closed to the point that replacement of the missing tooth would not be customary, the pontic or replacement tooth is not appropriate.

14. An edentulous space does not qualify for benefit allowance for placement of a fixed partial denture if the space is created by migration or drifting of teeth.

15. Anterior cantilever fixed bridges will be considered for benefit allowance only if the abutment is periodontally sound, and no more than one pontic is used.

16. Except in extraordinary circumstances, posterior fixed bridges require the use of two abutments. Additionally, and in general, for posterior cantilever bridges, the numbers of abutments must exceed the numbers of pontics.

17. Second molar distal pontics will not be considered for benefit allowance unless that pontic is an integral part of a fixed bridge utilizing more than one abutment, and the pontic is necessary for prevention of passive eruption of an opposing first or second molar.

18. Abutments and pontics beyond the normal and necessary number will not be considered for benefit allowance.

19. Fixed bridges utilized for periodontal splinting do not meet the criteria for benefit allowance.

20. Placement of a posterior fixed partial denture and a removable partial denture will not be considered for benefit allowance if the total number of missing teeth in contra lateral quadrants is three or more, and the occlusion can be adequately restored with the removable prosthesis.

21. Restorations to replace teeth beyond the normal complement in the arch do not meet criteria for benefit allowance.

22. The laboratory invoice must be maintained as part of the patient treatment record for laboratory processed prosthodontic appliances.

FIXED PARTIAL DENTURE PONTICS

D6205

Pontic — indirect resin based composite

Delta Dental considers this procedure to be a specialized technique. As such, it is not a benefit of most plans. When reported, Delta Dental will make an alternate allowance, based on the benefit for procedure D6211 (cast predominantly base metal pontic). The patient is responsible for the remainder of the fee.

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 predominantly base metal

D6242

Pontic — porcelain fused to noble metal

D6243

Pontic — porcelain fused to titanium and titanium alloys

D6245

Pontic — porcelain/ceramic

Claims for this procedure code are held to the same processing policies as procedure D6240 (pontic — porcelain fused to high noble metal).

D6250

Pontic — resin with high noble metal

D6251

Pontic — resin with predominantly base metal

D6252

Pontic — resin with noble metal

D6253

Interim pontic

1. Under Delta Dental's processing policies, a temporary, interim or provisional pontic is considered to be part of, and included in the fee for, the completed prosthodontic service. A separate fee may not be charged to the patient.

2. Long term cases requiring interim prostheses that will be in place six months or longer may be allowed based on individual consideration.

FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS

D6545

Retainer – cast metal for resin bonded fixed prosthesis

1. Resin-bonded bridges are benefits of most Delta Dental plans and are subject to the standard prosthodontic limitations and exclusions. Delta Dental considers the fee for this procedure to include any necessary rebonding or repair for three years following placement.

2. Resin bonded bridges on primary teeth are considered optional services. When provided, Delta Dental may make an allowance for a space maintainer.

D6548

Retainer – porcelain/ceramic for resin bonded fixed prosthesis

D6549

Resin retainer –for resin bonded fixed prosthesis

Resin-bonded bridges are benefits of most Delta Dental plans and are subject to the standard prosthodontic limitations and exclusions. Delta Dental considers the fee for this procedure to include any necessary rebonding or repair for three years following placement.

D6600

Inlay – porcelain/ceramic, two surfaces

D6601

Inlay – porcelain/ceramic, three or more surfaces

D6602

Inlay – cast high noble metal, two surfaces

D6603

Inlay – cast high noble metal, three or more surfaces

D6604

Inlay – cast predominantly base metal, two surfaces

D6605

Inlay – cast predominantly base metal, three or more surfaces

D6606

Inlay – cast noble metal, two surfaces

D6607

Inlay – cast noble metal, three or more surfaces

D6624

Inlay – titanium

D6608

Onlay – porcelain/ceramic, two surfaces

D6609

Onlay – porcelain/ceramic, three or more surfaces

D6610

Onlay – cast high noble metal, two surfaces

D6611

Onlay – cast high noble metal, three or more surfaces

D6612

Onlay – cast predominantly base metal, two surfaces

D6613

Onlay – cast predominantly base metal, three or more surfaces

D6614

Onlay – cast noble metal, two surfaces

D6615

Onlay – cast noble metal, three or more surfaces

D6634

Onlay – titanium

FIXED PARTIAL DENTURE RETAINERS – CROWNS

D6710

Crown – indirect resin based composite

Delta Dental considers procedure D6710 to be a specialized technique. As such, it is not a benefit

Prosthodontics, Fixed (D6200 – D6999)

of most plans. When D6710 is submitted, Delta Dental will make an alternate allowance, based on the benefit for procedure D6721 (resin crown with predominantly base metal). The patient is responsible for the remainder of the fee.

D6720

Crown – resin with high noble metal

D6721

Crown – resin with predominantly base metal

D6722

Crown – resin with noble metal

D6740

Crown – porcelain/ceramic

Claims for this procedure are held to the same processing policies and fees as procedure D6750, crown – porcelain fused to high noble metal.

D6750

Crown – porcelain fused to high noble metal

D6751

Crown – porcelain fused to predominantly base metal

D6752

Crown – porcelain fused to noble metal

D6753

Retainer crown – porcelain fused to titanium and titanium alloys

D6780

Crown – $\frac{3}{4}$ cast high noble metal

D6781

Crown – $\frac{3}{4}$ cast predominantly base metal

D6782

Crown – $\frac{3}{4}$ cast noble metal

D6783

Crown – $\frac{3}{4}$ porcelain/ceramic

D6784

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

D6790

Crown – full cast high noble metal

D6791

Crown – full cast predominantly base metal

D6792

Crown – full cast noble metal

D6794

Retainer crown – titanium and titanium alloys

D6793

Interim retainer crown

1. Under Delta Dental's processing policies, a temporary, interim or provisional retainer crown is considered to be part of, and included in the fee for, the completed prosthodontic service. A separate fee may not be charged to the patient.
2. Long term cases requiring interim prostheses that will be in place six months or longer may be allowed based on individual consideration.

OTHER FIXED PARTIAL DENTURE SERVICES

D6920

Connector bar

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D6930

Re-cement fixed partial denture

1. The fee for re-cementation of a fixed partial denture by the same dentist/dental office within six months of the seating date is considered to be a component of the fee for the original procedure.
2. Benefits may be paid for one re-cementation after six months have elapsed since the initial placement. Subsequent requests for re-cementation by the same dentist/dental office are denied.

D6940

Stress breaker

Delta Dental plans generally provide coverage for a simple stress breaker such as a keyway. More complex or precision attachments are optional and are the patient's financial responsibility. Stress breakers are covered only in connection with fixed prosthodontics. If otherwise provided, they are considered specialized techniques which are the financial responsibility of the patient.

ORAL AND MAXILLOFACIAL SURGERY

GENERAL GUIDELINES

1. Delta Dental considers fees for oral surgery procedures to include intra-operative and post-operative radiographic images, local anesthesia and routine post-operative visits.

2. Delta Dental plans provide benefits only for dental related conditions and treatment. Under most Delta Dental plans, the patient's medical carrier is considered primary for the following oral surgery codes: D7270, D7410 – D7415, D7440 – D7451, D7460 – D7465, D7511, D7521, D7610 – D7780, D7910 – D7912, D7940 – D7949, and D7979 – D7983. Please include an explanation of benefit from the patient's medical carrier along with claims for these services.

3. All hospital costs are the responsibility of the patient. Additional fees charged by the dentist for performing procedures in the hospital are the responsibility of the patient.

4. Delta Dental considers any charge for a stent in conjunction with oral surgery to be part of, and included in the fee for, the surgery. A separate fee may not be charged to the patient.

5. In Delta Dental's processing policies, classification of impactions is based on the anatomical position of the tooth rather than the surgical technique employed in removal.

6. Delta Dental considers the removal of impacted teeth to include the excision of associated minor cystic or inflamed soft tissue. A separate fee may not be charged to the patient.

7. Under Delta Dental's processing policies, when surgical extractions are provided, they are considered to include any necessary alveoloplasty.

8. Please include a tooth code for procedures D7111- D7252, D7270-D7283, D7290, D7291, D7510, D7511, D7953 and D7971. Please use a quadrant code for procedures D7310-D7321, D7471-D7485, D7560, D7963 and D7972. Please use an arch code when billing for procedures D7260, D7261, D7285, D7286, D7340, D7350, D7880, D7962, D7963 and D7970.

9. Delta Dental considers specialized techniques such as lasers or perioscopy to be included in the fee for any surgical procedure.

10. Guidelines for when to allow for dentally necessary surgical removal:

- A tooth with history or documented root canal therapy;
- Teeth with large restorations (amalgam or composite) or crowns;
- Anatomical variations, including but not limited to bulbous root development and dilacerated roots, suggesting that complications may occur with routine removal;
- Bone density due to patient age;
- Presence of additional bone such as tori making removal difficult (typically mandibular tori);
- Angulation of the tooth to be extracted (mesio or distoangular).

11. For an extraction to be considered surgical, the procedure requires a soft tissue incision, flap reflection, appropriate removal of osseous (bone) tissue and/or sectioning of the tooth, complete removal of the tooth and roots, and closure of the surgical site.

12. A tooth that is fully erupted may be considered a surgical extraction but does not qualify as an impaction. To be considered an impaction, a tooth must meet the ADA/ CDT definition of being unerupted or partially erupted and positioned against another tooth, bone or soft tissue so that complete eruption is unlikely.

a. A tooth is considered impacted when it cannot fully erupt into function due to an abnormal position or impingement of other anatomic structures which block the normal eruption path.

b. A soft tissue impaction extraction involves removal of a tooth which is not fully erupted, is partially or completely covered with soft tissue, and the tooth can be removed without excision of bone. These teeth are usually oriented in a close to vertical position and are generally below the level of occlusion.

c. A partial bone impaction extraction involves removal of a tooth which is not fully encased in bone where part of the crown is covered by bone which interferes with removal of the tooth. This procedure requires flap reflection and the removal of some bone. A partial bone impaction is generally submerged relative to the adjacent teeth, and the bone level around the tooth prevents adequate purchase of instruments.

d. A complete bone impaction extraction involves removal of a tooth which is fully

encased in bone where most or the entire crown is covered by bone.

13. Special considerations for the surgical extraction of bone impacted mandibular teeth with unusual complications include:

- a. Intimate involvement with the mandibular canal.
- b. Intimate involvement with the roots of the adjacent tooth.
- c. The mandibular ramus obstructs access.
- d. The tooth is unusually low relative to the adjacent lower molar.
- e. Access and angulation of the tooth complicates removal without injury to the adjacent tooth.

14. Special considerations for the surgical extraction of bone impacted maxillary teeth with unusual complications include:

- a. Proximity to the maxillary sinus.
- b. The impacted tooth is located above the roots of the adjacent tooth.
- c. Difficulty in locating the tooth because of its size or position.

15. Erupted third molar teeth do not automatically qualify as surgical extractions.

16. A tooth does not qualify for “surgical exposure” or for “mobilization to aid eruption” if that tooth is adjacent to another tooth that is surgically removed, or if another surgical procedure is performed in the same anatomic area on the same date of service by the same dentist/dental office.

17. The removal of a fractured cusp is not a surgical procedure. This procedure could be considered palliative treatment.

18. Procedures involved in acquiring graft tissues, hard or soft, from extra-oral donor sites are not benefits of Delta Dental plans. The fee is the patient’s responsibility.

19. Current pre-operative periapical or panoramic radiographs with detailed, tooth specific clinical chart notes regarding the necessity of the treatment are required for procedures D7210-D7241, D7250, D7251. D7251 also requires the submission of post-operative x-rays. Submission of any available photographs that add clarity to the diagnosis and treatment provided are welcome.

20. Radiographs are necessary to evaluate conditions detected by history and clinical

examination and are essential to detect, diagnose and treat conditions that otherwise may be difficult to identify. Therefore, pre-operative radiographs should be maintained in the patient treatment record.

EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST-OPERATIVE CARE)

D7111

Extraction, coronal remnants – primary tooth

D7140

Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

D7210

Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

Diagnostic x-rays are required for surgical extractions performed on primary teeth.

D7220

Removal of impacted tooth – soft tissue

Occlusal surface 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 crown covered by bone; requires mucoperiosteal flap elevation and bone removal. Diagnostic x-rays are required for procedure D7240.

D7241

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

Please submit an operative report.

D7250

Removal of residual tooth roots (cutting procedure)

1. Surgical extraction of residual tooth roots (D7250) requires incision of soft tissue, flap reflection, and removal of bone to allow extraction of a root which was retained at the

time of the prior extraction of the rest of the tooth or as a result of carious degradation of a tooth where the only remaining tooth structure is the retained root. To qualify as a surgical removal, the tooth root must be fully encased in bone except for the occlusal surface.

2. The fee for procedure D7250 is included in the fee for a surgical extraction in the same area by the same dentist/dental office.

D7251

Coronectomy - intentional partial tooth removal, impacted teeth only

1. This procedure is benefited under individual consideration and only for documented probable neurovascular complications such as proximity to mental foramen, inferior alveolar nerve, sinus, etc.

2. Procedure D7251 is a benefit only under plans that cover removal of impacted teeth.

D7252

Partial extraction for immediate implant placement

1. Sectioning the root of a tooth vertically, then extracting the palatal portion of the root. The buccal section of the root is retained in order to stabilize the buccal plate prior to immediate implant placement. Also known as the Socket Shield Technique.

2. Procedure D7252 is not a benefit for plans that do not have implant coverage. The fee is the patient's responsibility.

3. For plans with implant coverage, D7252 is a benefit once in a lifetime.

4. When implants are not done on the same date of service, this service is not a benefit.

5. Subsequent extraction procedures submitted for the same tooth, irrespective of provider, are not a benefit.

D7259

Nerve dissection - Involves the separation or isolation of a nerve from surrounding tissues. Performed to gain access to and protect nerves during surgical procedures.

1. Nerve dissection is part of code D7241, removal of impacted tooth - completely bony, with unusual surgical complications.

2. When not performed with code D7241, nerve dissection is a specialized procedure and is not a covered benefit of most dental plans.

OTHER SURGICAL PROCEDURES

D7260

Oroantral fistula closure

Please submit the required detailed operative clinical chart notes regarding the necessity of the treatment and the procedure performed.

D7261

Primary closure of a sinus perforation

Delta Dental considers the fee for this service to be included in the fee for an extraction.

D7270

Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

D7272

Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)

Delta Dental considers this procedure to include the tooth extraction.

D7280

Exposure of an unerupted tooth

This procedure is a benefit only of Delta Dental plans with orthodontic coverage or that have specifically included it as a covered benefit.

D7282

Mobilization of erupted or malpositioned tooth to aid eruption

Under Delta Dental's processing policies, procedure D7282 is considered to be included in any surgery in the same area on the same date. A separate fee may not be charged to the patient.

D7283

Placement of device to facilitate eruption of impacted tooth

Please see the guidelines for procedure D7280.

BIOPSIES, GENERAL GUIDELINES

1. Please submit a copy of the required pathology report for all biopsy services.

2. Biopsies will only be considered for benefit allowance when performed on oral structures.

3. Biopsy is appropriate if there are inadequate clinical signs and symptoms to make an accurate

diagnosis. Indications for biopsy include the following:

- a. Soft tissue lesions with no identifiable etiology that persist for more than 10 to 14 days and that do resolve after local therapy,
- b. An enlarging intrabony lesion,
- c. Any lesion with malignant or premalignant characteristics,
- d. A lesion that has enlarged for no reason,
- e. Red, white, pigmented or mixed mucosal (oral soft tissue) lesions with no obvious etiology,
- f. A lesion firmly attached to adjacent structures,
- g. A lesion in an oral area at high risk for malignancy, e.g., floor of mouth, lateral border of the tongue, etc.
- h. A lesion that does not respond to routine clinical management, e.g., endodontic therapy, antibiotic therapy, etc.
- i. A lesion about which a patient has a particular concern.

j. Additional indications for biopsy include:

1. Pain associated with a specific identifiable area of pathology,
2. Tissue deformity,
3. Altered sensation, e.g., parasthesia (numbness),
4. Altered function,
5. Induration (unusual hardness or firmness),
6. Ulceration.

D7284

Excisional biopsy of minor salivary glands

1. The fee for biopsy of oral tissue is included in the fee for a surgical procedure (e.g., apicoectomy, extractions, etc.) and is not billable to the patient when performed by the same dentist/dental office, in the same surgical area, and on the same date of service. A separate fee may not be charged to the patient.

D7285

Incisional biopsy of oral tissue – hard (bone, tooth)

1. Delta Dental considers the fee for this procedure to be included in the fee for the resection of hard tissue. A separate fee may not be charged to the patient.
2. A separate fee for this procedure is not chargeable when performed in the same location, on the same date, and by the same dentist/dental office as another surgical procedure.

D7286

Biopsy of oral tissue – soft

Please see guidelines for procedure D7285

D7287

Exfoliative cytological sample collection

This procedure is not a benefit of most Delta Dental plans. The patient is responsible for the fee.

D7288

Brush biopsy – transepithelial sample collection

This procedure is not a benefit of most Delta Dental plans. The patient is responsible for the fee.

D7290

Surgical repositioning of teeth

1. This procedure is a benefit only of Delta Dental plans with orthodontic coverage. Payment will be applied toward the patient's orthodontic maximum.

2. Please submit an operative report.

D7291

Transseptal fiberotomy/supra crestal fiberotomy, by report

Please see guidelines for procedure D7290.

D7292

Placement of temporary anchorage device [screw retained plate] requiring flap

Delta Dental considers this a specialized procedure; therefore, it is not a covered benefit unless covered by group/individual contract. The patient is responsible for the fee.

D7293

Placement of temporary anchorage device requiring flap

Delta Dental considers this a specialized procedure; therefore, it is not a covered benefit unless covered by group/individual contract. The patient is responsible for the fee.

D7294

Placement of temporary anchorage device without flap

Delta Dental considers this a specialized procedure; therefore, it is not a covered benefit

unless covered by group/individual contract. The patient is responsible for the fee.

D7295

Harvest of bone for use in autogenous grafting procedure

1. This procedure is not a benefit of most Delta Dental plans. The patient is responsible for the fee.
2. Procedure D7295 may be covered when procedures D7953 and D7955 are covered under the plan.

D7296

Corticotomy – one to three teeth or tooth spaces, per quadrant

1. This procedure is not a benefit of most Delta Dental plans. The patient is responsible for the fee.
2. This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately.

D7297

Corticotomy – four or more teeth or tooth spaces, per quadrant

This procedure is not a benefit of most Delta Dental plans. The patient is responsible for the fee.

D7298

Removal of temporary anchorage device [screw retained plate], requiring flap

1. This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.
2. When covered by a plan:
 - a. The fee for D7298 is included in the fee for D7292 when submitted by the same dentist/dental office and not billable to the patient.
 - b. If this procedure is performed by a different dentist/dental office, the fee is the patient's responsibility.

D7299

Removal of temporary anchorage device, requiring flap

1. This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When covered by a plan:

- a. The fee for D7299 is included in the fee for D7293 when submitted by the same dentist/dental office and not billable to the patient.
- b. If this procedure is performed by a different dentist/dental office, the fee is the patient's responsibility.

D7300

Removal of temporary anchorage device without flap

1. This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. When covered by a plan:

- a. The fee for D7300 is included in the fee for D7294 when submitted by the same dentist/dental office and not billable to the patient.
- b. If this procedure is performed by a different dentist/dental office, the fee is the patient's responsibility.

ALVEOLOPLASTY – PREPARATION OF RIDGE

D7310

Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant

1. Delta Dental considers this procedure to include any associated frenectomy. Smoothing and contouring of ridges in conjunction with the surgical removal of a tooth or with an implant procedure is considered part of and included in the fee for the complete surgical extraction or implant procedure unless rationale is submitted indicating necessity of the additional surgical bone removal.

2. Delta Dental considers procedures D7310 and D7311 to be part of, and included in the fee for, surgical extractions (procedures D7210 through D7250). A separate fee may not be charged to the patient.

D7311

Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

1. Please see the guidelines for procedure D7310.

2. Delta Dental will process the claim by considering a bounded tooth space as one space regardless of the number of teeth that would normally exist in the space.

D7320

Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant

1. Delta Dental considers this procedure to include any associated frenectomy.
2. Delta Dental will process the claim by considering a bounded tooth space as one space regardless of the number of teeth that would normally exist in the space.
3. An alveoloplasty is a surgical procedure for recontouring supporting bone, sometimes in preparation for a prosthesis, or other treatments. The service must be accurately described and documented in the patient's chart, including the reason for the alveoloplasty and the surgical procedure utilized.
4. Smoothing or contouring of ridges in conjunction with an implant procedures is considered part of or included in the fee for the implant service.
5. Techniques that do not include surgical recontouring of the alveolar process do not qualify as an alveoloplasty.
6. Procedure that involves creating multiple cuts, perforations, or removal of cortical bone should be reported as D7296 or D7297.

D7321

Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

Please see the guidelines for procedure D7320.

VESTIBULOPLASTY

D7340

Vestibuloplasty – ridge extension (secondary epithelialization)

1. Delta Dental defines this procedure as the revision of the maxillary or mandibular arches by incising horizontally over the crest for the recontouring of the osseous structures and lengthening the labial and/or buccal vestibule.
2. Delta Dental considers this procedure to include any associated frenectomy.

3. Please submit an operative report.

D7350

Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

1. Delta Dental defines this procedure as the revision of the maxillary or mandibular alveolar arches by undermining the submucosal tissues which in turn lengthens the vertical dimension of the buccal and labial vestibule.
2. Delta Dental considers this procedure to include any associated frenectomy.
3. This procedure does not include hard or soft tissue or synthetic grafts. Bone or other hard tissue or synthetic grafts used to augment the vestibuloplasty are not benefits of Delta Dental plans. Any additional fee should be indicated as a separate item. The cost is the responsibility of the patient.
4. Please submit an operative report.

EXCISION OF SOFT TISSUE LESIONS

1. These procedures may be a benefit under some Delta Dental plans. The patient is responsible for the fee if no coverage is available.
2. For patients with coverage, please submit the required detailed operative clinical chart notes and pathology reports for procedures D7410-D7415, and D7465.
3. As indicated in the oral surgery general guidelines, please submit these services to the patient's medical carrier as the primary insurer.

D7410

Excision of benign lesion up to 1.25 cm

Delta Dental considers this procedure to be included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office. A separate fee may not be charged to the patient or Delta Dental.

D7411

Excision of benign lesion greater than 1.25 cm

Delta Dental considers this procedure to be included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office. A separate fee may not be charged to the patient or Delta Dental.

D7412

Excision of benign lesion, complicated

Delta Dental considers this procedure to be included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office. A separate fee may not be charged to the patient or Delta Dental.

D7413

Excision of malignant lesion up to 1.25 cm

Delta Dental considers this procedure to be included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office. A separate fee may not be charged to the patient or Delta Dental.

D7414

Excision of malignant lesion greater than 1.25 cm

Delta Dental considers this procedure to be included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office. A separate fee may not be charged to the patient or Delta Dental.

D7415

Excision of malignant lesion, complicated

D7465

Destruction of lesion(s) by physical or chemical method, by report

EXCISION OF INTRA-OSSEOUS LESIONS

1. Please submit the required detailed operative clinical chart notes and pathology reports for procedures D7440-D7461.

2. As indicated in the oral surgery general guidelines, please submit these services to the patient's medical carrier as the primary insurer. Delta Dental plans provide benefits only for dental related conditions and treatment.

D7440

Excision of malignant tumor – lesion diameter up to 1.25 cm

D7441

Excision of malignant tumor – lesion diameter greater than 1.25 cm

D7450

Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm

Delta Dental considers this procedure to be included in the fee for another surgery in the same part of the mouth on the same day by the same dentist/dental office. A separate fee may not be charged to the patient or Delta Dental.

D7451

Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm

Delta Dental considers this procedure to be included in the fee for another surgery in the same part of the mouth on the same day by the same dentist/dental office. A separate fee may not be charged to the patient or Delta Dental.

D7460

Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm

D7461

Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm

D7465

CDT coding places procedure D7465 immediately following D7415. Please see above.

EXCISION OF BONE TISSUE

D7471

Removal of lateral exostosis (maxilla or mandible)

Please identify surgical site by quadrant.

D7472

Removal of torus palatinus

D7473

Removal of torus mandibularis

Please identify surgical site by quadrant.

D7485

Reduction of osseous tuberosity

Please indicate the quadrant on the claim.

D7490

Radical resection of maxilla or mandible

Please submit the required detailed operative clinical chart notes regarding the necessity of the treatment and the procedure performed. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.

SURGICAL INCISION

Detailed operative clinical chart notes are required regarding the necessity of the treatment and the procedure performed for D7509-D7521, D7530, D7540, D7610-D7780, D7910-D7912, D7980-D7983, and D7998.

D7509

Marsupialization of odontogenic cyst

1. Please submit the required detailed operative clinical chart notes regarding the necessity of the treatment and the procedure performed. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.
2. D7509 is not a covered benefit unless covered by group/individual contract.
3. When covered, under Delta Dental's processing policies, D7509 is considered to be part of, and included in the fees for, all oral surgery (D7000-D7999), endodontic procedures (D3000-D3999), surgical periodontal procedures (D4210-D4285) or other definitive service performed on the same day by the same dentist or dental office. A separate fee may not be charged to the patient.

D7510

Incision and drainage of abscess – intraoral soft tissue

1. Please identify the surgical site by nearest tooth and submit an operative report. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.
2. Under Delta Dental's processing policies, D7510 is considered to be part of, and included in the fees for, all oral surgery (D7000-D7999), endodontic procedures (D3000-D3999), surgical periodontal procedures (D4210-D4285) or other definitive service performed on the same day by the same dentist or dental office. A separate fee may not be charged to the patient.

D7511

Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)

1. Please identify the surgical site by quadrant and submit an operative report. As indicated in the oral surgery general guidelines, please

submit this service to the patient's medical carrier as the primary insurer.

2. Under Delta Dental's processing policies, procedure D7511 is considered to be part of, and included in the fees for, all oral surgery (D7000-D7999), endodontic procedures (D3000-D3999), surgical periodontal procedures (D4210-D4285) or other definitive service performed on the same day by the same dentist or dental office. A separate fee may not be charged to the patient.

D7520

Incision and drainage of abscess – extraoral soft tissue

This procedure is a benefit of Delta Dental plans only if a dentally related infection is present. If not, the patient is responsible for the fee.

D7521

Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)

1. Please submit the operative report.
2. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer. This procedure is a benefit of Delta Dental plans only if a dentally related infection is present.

D7530

Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue

Please provide a narrative report describing the nature and location of the foreign body and the necessity of the treatment.

D7540

Removal of reaction producing foreign bodies, musculoskeletal system

Please provide a narrative report describing the nature and location of the foreign body and the necessity of the treatment.

D7550

Partial ostectomy/sequestrectomy for removal of non-vital bone

Delta Dental defines this procedure as the surgical removal of necrosed bone which has become separated from the surrounding healthy osseous tissue.

D7560

Maxillary sinusotomy for removal of tooth fragment or foreign body

TREATMENT OF CLOSED FRACTURES

Delta Dental plans provide benefits only for dental related conditions and treatment. For procedures D7610-D7680, please submit these services to the patient's medical carrier as the primary insurer.

D7610

Maxilla – open reduction (teeth immobilized, if present)

D7620

Maxilla – closed reduction (teeth immobilized, if present)

D7630

Mandible – open reduction (teeth immobilized, if present)

D7640

Mandible – closed reduction (teeth immobilized if present)

D7650

Malar and/or zygomatic arch – open reduction

D7660

Malar and/or zygomatic arch – closed reduction

D7670

Alveolus – closed reduction, may include stabilization of teeth

1. Please submit an operative report and indicate the teeth involved.

2. Under Delta Dental's processing policies, procedure D7670 is considered to include any splinting, wiring or banding.

D7671

Alveolus – open reduction, may include stabilization of teeth

Please see guidelines for D7670

D7680

Facial bones – complicated reduction with fixation and multiple surgical approaches

TREATMENT OF OPEN FRACTURES

1. Delta Dental plans provide benefits only for dental related conditions and treatment.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between Delta Dental's Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

For procedures D7710-D7780, please submit these services to patient's medical carrier as the primary insurer.

D7710

Maxilla – open reduction

D7720

Maxilla – closed reduction

D7730

Mandible – open reduction

D7740

Mandible – closed reduction

D7750

Malar and/or zygomatic arch – open reduction

D7760

Malar and/or zygomatic arch – closed reduction

D7770

Alveolus – open reduction stabilization of teeth

Under Delta Dental's processing policies, procedure D7770 is considered to include any splinting, wiring or banding.

D7771

Alveolus, closed reduction stabilization of teeth

Under Delta Dental's processing policies, procedure D7771 is considered to include any splinting, wiring or banding.

D7780

Facial bones – complicated reduction with fixation and multiple approaches

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS

GENERAL GUIDELINES

1. With the exception of specific procedures for reduction of fractures and dislocations, services related to TMJ dysfunctions are excluded from most Delta Dental plans. The cost of excluded procedures is the financial responsibility of the patient.

2. When covered by a plan, all procedures are by report and subject to primary coverage by the patient's medical carrier.

3. Repair or replacement of any appliance fabricated for TMJ therapy is not covered. The cost of the repair or replacement is the financial responsibility of the patient.

4. Services which would normally be provided under medical care, including, but not limited to, psychotherapy, are not benefits.

D7810

Open reduction of dislocation

Please submit history and operative report.

D7820

Closed reduction of dislocation

Delta Dental defines this procedure as a single emergency repositioning of the mandible by physical manipulation.

D7830

Manipulation under anesthesia

D7840

Condylectomy

D7850

Surgical discectomy, with/without implant

D7852

Disc repair

D7854

Synovectomy

D7856

Myotomy

D7858

Joint reconstruction

D7860

Arthrotomy

D7865

Arthroplasty

D7870

Arthrocentesis

D7871

Non-arthroscopic lysis and lavage

D7872

Arthroscopy – diagnosis, with or without biopsy

D7873

Arthroscopy: lavage and lysis of adhesions

D7874

Arthroscopy: disc repositioning and stabilization

D7875

Arthroscopy: synovectomy

D7876

Arthroscopy: discectomy

D7877

Arthroscopy: debridement

D7880

Occlusal orthotic device, by report

Replacement or repair of an occlusal orthotic device is not a covered benefit of most Delta Dental plans.

D7899

Unspecified TMD therapy, by report

Please provide a required narrative report with a complete description of the procedure and its rationale.

REPAIR OF TRAUMATIC WOUNDS

D7910

Suture of recent small wounds up to 5 cm

Please submit the operative report. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.

D7911

Complicated suture – up to 5 cm

Please submit the operative report. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.

D7912

Complicated suture – greater than 5 cm

Please see guidelines for D7911.

OTHER REPAIR PROCEDURES

D7920

Skin graft (identify defect covered, location and type of graft)

This procedure is not a benefit of most

Delta Dental plans. The fee is the patient's responsibility.

D7921

Collection and application of autologous blood concentrate product

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7922

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

The fee for placement of an intra-socket biological dressing to aid in hemostasis or clot stabilization is considered part of the fee for an extraction and/or post-operative procedure. A separate fee may not be charged to the patient.

D7939

Indexing for osteotomy using dynamic robotic assisted or dynamic navigation

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7940

Osteoplasty – for orthognathic deformities

1. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.

2. This procedure is a benefit only of Delta Dental plans with orthodontic coverage. Payment will be applied toward the patient's orthodontic maximum.

D7941

Osteotomy – mandibular rami

Please see guidelines for D7940.

D7943

Osteotomy – mandibular rami with bone graft; includes obtaining the graft

Please see guidelines for D7940.

D7944

Osteotomy – segmented or subapical

Please see guidelines for D7940.

D7945

Osteotomy – body of mandible

Please see guidelines for D7940.

D7946

LeFort I (maxilla – total)

Please see guidelines for D7940.

D7947

LeFort I (maxilla – segmented)

Please see guidelines for D7940.

D7948

LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft

Please see guidelines for D7940.

D7949

LeFort II or LeFort III – with bone graft

Please see guidelines for D7940.

D7950

Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report

1. This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

2. All edentulous non-contiguous tooth positions are single sites. Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.

D7951

Sinus augmentation with bone or bone substitutes via a lateral open approach

1. This procedure is a specialized procedure that is not a benefit of most Delta Dental plans. The patient is responsible for the fee.

2. For plans that cover code D7951 this service is a benefit once in a lifetime, per maxillary quadrant.

D7952

Sinus augmentation via a vertical approach

1. D7952 is a specialized procedure that is not a benefit of most Delta Dental plans. The patient is responsible for the fee.

2. For plans that cover code D7952, this service may be a benefit when provided at the time of implant placement.

3. This service is limited to once per lifetime per implant site.

4. When multiple vertical approach sinus augmentation services are performed in a quadrant, the allowance for these services may not exceed the allowance for sinus augmentation via a lateral open approach.

D7953

Bone replacement graft for ridge preservation — per site

1. This procedure is not a benefit of most Delta Dental plans.
2. For plans that cover code D7953, this service is a benefit once per tooth or implant site.
3. All edentulous non-contiguous tooth positions are single sites. Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.

D7955

Repair of maxillofacial soft and/or hard tissue defect

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7956

Guided tissue regeneration, edentulous area – resorbable barrier, per site

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7957

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

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility. Removal of the barrier membrane must be documented in the chart notes.

D7961

Buccal/labial frenectomy (frenulectomy)

D7962

Lingual frenectomy (frenulectomy)

1. Under Delta Dental's processing policies, this procedure is considered part of, and included in the fee for, alveoloplasty, vestibuloplasty, gingivectomy or other surgical procedures in the same surgical site. A separate fee may not be charged to the patient.
2. Procedures D7961 and D7962 are not an allowable benefit of most Delta Dental plans when performed as a separate procedure.

3. Procedures D7961 and D7962 may be allowed upon reconsideration:

- a. in cases of ankyloglossia interfering with feeding or speech as diagnosed and documented by a physician. This is usually done in concert with an IBCLC (International Board Certified Lactation Consultant). Adequate records should include pre and post operative intraoral images, a diagnosis and a description of the procedure in the treatment record.
- b. if a papilla penetrating frenum interfering with closure or maintenance of a diastema is demonstrated.

D7963

Frenuloplasty

1. Under Delta Dental's processing policies, this procedure is considered to be part of, and included in the fees for, other surgical procedures in the same surgical site. A separate fee may not be charged to the patient.
2. Procedure D7963 is not an allowable benefit of most Delta Dental plans when performed as a separate procedure.

D7970

Excision of hyperplastic tissue — per arch

Under Delta Dental's processing policies, this procedure is considered to be part of, and included in the fees for, other surgical procedures in the same surgical site. A separate fee may not be charged to the patient.

D7971

Excision of pericoronal gingiva

1. Delta Dental considers the preparation of gingival tissues for placing a crown or other restoration to be included in the fee for the restoration. A separate fee may not be charged to the patient.
2. The fee for procedure D7971 is included in the fee for any other surgical procedure(s) in the same surgical site by the same dentist/dental office. A separate fee may not be charged to the patient.

D7972

Surgical reduction of fibrous tuberosity

This procedure is considered to be part of, and included in the fees for, procedures D4210, D4211, D4260 and D4261. A separate fee may not be charged to the patient or Delta Dental.

D7979

Non-surgical sialolithotomy

Please submit an operative report. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer. This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7980

Surgical Sialolithotomy

Please submit an operative report. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.

D7981

Excision of salivary gland, by report

Please submit an operative report. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.

D7982

Sialodochoplasty

Please provide an operative report. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.

D7983

Closure of salivary fistula

Please provide an operative report. As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer.

D7990

Emergency tracheotomy

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7991

Coronoidectomy

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7993

Surgical placement of craniofacial implant – extra oral

This service is not a benefit of most Delta Dental programs. The fee is the patient's responsibility.

D7994

Surgical placement: zygomatic implant

This service is not a benefit of most Delta Dental programs. The fee is the patient's responsibility.

D7995

Synthetic graft – mandible or facial bones, by report

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7996

Implant-mandible for augmentation purposes (excluding alveolar ridge), by report

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7997

Appliance removal (not by dentist who placed appliance), includes removal of archbar

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7998

Intraoral placement of a fixation device not in conjunction with a fracture

Detailed operative clinical chart notes are required regarding the necessity of the treatment and the procedure performed.

D7999

Unspecified oral surgery procedure, by report

Please provide a required narrative report with a complete description of the procedure and its rationale.

ORTHODONTICS

GENERAL GUIDELINES

1. Comprehensive and limited orthodontic services are reported and benefited upon placement of the orthodontic appliances, braces or aligners.
2. Orthognathic surgery is generally a benefit of plans with orthodontic coverage.
3. Delta Dental's allowances for all orthodontic procedures include all appliances, adjustments, insertion, devices to accelerate tooth movement, appliance removal, post treatment stabilization (retention), and final orthodontic records (which include radiographic images, photos and models). A separate fee may not be charged to the patient.
4. Repairs or replacements of any appliances benefited under a Delta Dental plan are not covered. The fee is the patient's responsibility.
5. Please do not submit radiographic images or diagnostic casts with orthodontic claims or requests for pre-treatment estimate unless specifically requested by Delta Dental.
6. Orthodontic coverage obtained through the Affordable Care Act (as an essential health benefit) requires that medical necessity, as evidenced by a severe handicapping malocclusion, be established before orthodontic treatment can be authorized. Be sure to check your patients' eligibility and benefits information and "Section 8 Health Care Reform Features" for details about the prior authorization process and the additional documentation required.
7. Orthodontics, including oral evaluations and all treatment, must be performed by a licensed dentist or his or her supervised staff, acting within the scope of applicable law. The dentist of record must perform an in-person clinical evaluation of the patient (or the tele-health equivalent where required under applicable law to be reimbursed as an alternative to an in-person clinical evaluation) to establish the need for orthodontics and have adequate diagnostic information, including appropriate radiographic imaging, to develop a proper treatment plan. A narrative including diagnosis, orthodontia type, and treatment length is required for the reporting of D8010-D8090.

8. Invoices for laboratory processed orthodontic appliances must be maintained as part the patients' treatment record.

9. Delta Dental's allowance for all orthodontic procedures includes placement of buttons, brackets, and any attachments regardless of the materials used.

LIMITED/INTERCEPTIVE ORTHODONTIC TREATMENT

D8010

Limited orthodontic treatment of the primary dentition

D8020

Limited orthodontic treatment of the transitional dentition

D8030

Limited orthodontic treatment of the adolescent dentition

D8040

Limited orthodontic treatment of the adult dentition

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

Orthodontic procedures D8010-D8090 are not a benefit when provided in conjunction with code D8091, Comprehensive orthodontic treatment with orthognathic surgery.

MINOR TREATMENT TO CONTROL HARMFUL HABITS

D8210

Removable appliance therapy

1. This procedure is an orthodontic service only and is not equivalent to a night guard, occlusal orthotic device, bite guard or occlusal splint which is provided for non-orthodontic purposes.
2. Please submit a required narrative report including the necessity of the treatment.

D8220

Fixed appliance therapy

OTHER ORTHODONTIC SERVICES

D8660

Pre-orthodontic treatment examination to monitor growth and development

1. This procedure is only allowable for groups that have orthodontic coverage.
2. Procedure D8660 is included in the evaluation frequency limitations.
3. A separate allowance will not be made for procedure D8660 if submitted with any other evaluation procedure provided by the same dentist/dental office on the same date of service. A separate fee may not be charged to the patient.
4. If procedure D8660 is submitted in conjunction with comprehensive orthodontic treatment (D8070, D8080, or D8090) provided by the same dentist/dental office on the same date of service, a separate allowance for this procedure will not be made and a separate fee may not be charged to the patient.

D8670

Periodic orthodontic treatment visit

Delta Dental considers the fee for periodic treatment visits to be included in the fees for limited/interceptive and comprehensive orthodontic treatment. A separate fee may not be charged to the patient.

D8671

Periodic orthodontic treatment visit associated with orthognathic surgery

1. Delta Dental considers the fee for periodic orthodontic treatment visit associated with

orthognathic surgery to be included in the fee for comprehensive orthodontic treatment with orthognathic surgery. A separate fee may not be charged to the patient.

2. Periodic orthodontic treatment, D8670, is not separately billable on the same date as D8671.

D8680

Orthodontic retention (removal of appliances, construction and placement of retainer(s))

1. Under Delta Dental's processing policies, the fee for orthodontic retention (removal of appliances, construction and placement of retainers(s)) is considered to be included in the fee for orthodontic treatment. A separate fee for retainers may not be charged by the dentist who provided orthodontic treatment, or who removed the orthodontic appliances in the preceding 24-month period.
2. A dentist other than the dentist who provided orthodontic treatment may submit a claim along with a narrative report regarding the necessity of the treatment. The service must be provided within 24 months of debanding or orthodontic appliance removal.
3. Procedure D8680 performed more than 24 months after the removal of appliances are not a covered benefit.
4. Code D8680 is for initial retainer placement. It is not the appropriate code for repair or replacement retainers.

D8681

Removable orthodontic retainer adjustment

Under Delta Dental's processing policies, the fee for the adjustment of orthodontic appliances is considered to be included in the fee for orthodontic treatment when performed by the same dentist or dental office. A separate fee may not be charged to the patient for removable orthodontic retainer adjustments if performed by the same dentist/dental office providing orthodontic treatment.

D8695

Removal of fixed orthodontic appliances for reasons other than completion of treatment

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between Delta Dental's Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

UNCLASSIFIED TREATMENT

D9110

Palliative treatment of dental pain - per visit

1. Please provide a description of the nature of the patient complaint and the treatment provided.
2. Under Delta Dental's processing policies, this procedure is payable per visit, not per tooth. As such, this procedure is only permitted if there is not another billable service on the same date. The fee includes all treatment provided other than required radiographic images or select diagnostic procedures.
3. The fee for palliative treatment is included in the fee for all CDT code procedures except x-rays (D0210-D0340) and diagnostic procedures (D0120-D0180 and D0460) that are performed by the same dentist/dental office on the same date. If the treatment to remove the patient from pain is defined by a separate CDT code, that code must be the treatment submitted on the claim form. A separate fee may not be charged to the patient or to Delta Dental.
4. Delta Dental considers the fee for a temporary restoration to be a component of, and included in the fee for, the final restoration. Such temporary restorations are not considered palliative treatments.
5. Procedure D9110 is not a covered benefit when submitted in conjunction with procedure D9430 (office visit for observation). A separate fee may not be charged to the patient.
6. Emergencies cannot be submitted for pre-treatment estimate.
7. Delta Dental considers the fee for palliative treatment to be part of the initiation of endodontic therapy and is included in the fee when performed on the same date by the same dentist/dental office.
8. Palliative treatment should only be used when submitting for urgent treatment of dental pain, bleeding, or swelling.
9. Urgent dental conditions are those that require immediate attention to relieve severe pain and/or risk of infection.

D9120

Fixed partial denture sectioning

When benefited, this procedure is only allowable if a portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. When reported as part of the removal and replacement of a fixed prosthesis, a separate fee may not be charged to the patient because the fee for removal is considered to be included in the fee for the replacement procedure. Please include a quadrant number when submitting for procedure D9120.

D9130

Temporomandibular joint dysfunction – non-invasive physical therapies

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

ANESTHESIA

ANESTHESIA GENERAL GUIDELINES

Procedures that may be provided by a dental anesthesiologist (may or may not be covered benefits or payable): D9219, D9222, D9223, D9230, D9239, D9243, and D9248. Dental anesthesiologist claims will need to be submitted after the treating provider for proper benefit determination.

D9210

Local anesthesia not in conjunction with operative or surgical procedures

Delta Dental considers the fee for local anesthesia to be included in the fees for any services provided.

D9211

Regional block anesthesia

Delta Dental considers the fee for this procedure to be included in the fees for any services provided.

D9212

Trigeminal division block anesthesia

Delta Dental considers the fee for this procedure to be included in the fees for any services provided.

Adjunctive General Services (D9000 – D9999) excluding Sleep Apnea Services, D9947-D9959

D9215

Local anesthesia in conjunction with operative or surgical procedures

Delta Dental considers the fee for local anesthesia to be included in the fees for other services. A separate fee may not be charged to the patient.

D9219

Evaluation for moderate, sedation deep sedation or general anesthesia

1. The fee for procedure D9219 is included in the fee for an evaluation procedure performed on the same date by the same dentist/dental office. A separate fee may not be charged to the patient.

2. Procedure D9219 is not allowed when billed in conjunction with general anesthesia or intravenous conscious sedation by the same dentist/dental office. A separate fee may not be charged to the patient.

D9222

Deep sedation/general anesthesia – first 15 minutes

D9223

Deep sedation/general anesthesia – each subsequent 15 minute increment

1. General anesthesia is a benefit of most Delta Dental plans only when provided by a dentist in conjunction with covered oral surgery procedures (D7000 through D7999), selected endodontic and periodontal surgical procedures, or specifically covered by group/individual contract. When otherwise provided, the patient is responsible for the fee.

2. Anesthesia drugs are included in the fee for the anesthesia procedure. Additional charges beyond the cost of the anesthesia service may be the patient's responsibility.

3. For Delta Dental to make an allowance for general anesthesia, if the dentist's state requires an anesthesia permit for general anesthesia, the permit number issued by the licensing board must be indicated in the remarks section of the claim.

4. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous

attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.

5. Anesthesia time in excess of 60 minutes will require written documentation explaining the rationale for the extended anesthesia for the surgical service. For example, special health care needs patients may require additional units of anesthesia and more than one hour of anesthesia may be a benefit according to group/individual contract. Necessary documentation includes all associated X-rays, progress notes and the complete anesthesia record.

6. The time and condition of the patient at discharge from the treatment area shall be documented, which should include documentation that the patient's level of consciousness and oxygen saturation in room air have returned to a state that is safe for discharge by recognized criteria. (American Academy of Pediatric Dentistry "Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedure")

7. Deep sedation/general anesthesia is a benefit only when administered with appropriate monitoring by a properly licensed provider who is acting in compliance with applicable State rules. Deep sedation/general anesthesia is not covered when billed by anyone other than an appropriately licensed and qualified provider.

8. An appropriate sedative record must be maintained in the patient treatment record including the names and dosage of the drugs administered, the time administered and the route of administration. This record should include local anesthetics and recorded continuous monitored physiological parameters, such as pulse oximetry and end-tidal CO₂ measurements (if taken), heart rate, respiratory rate and blood pressure. The record should also include the condition of the patient at discharge.

Adjunctive General Services (D9000 – D9999) excluding Sleep Apnea Services, D9947-D9959

D9230

Inhalation of nitrous oxide/analgesia, anxiolysis

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9239

Intravenous moderate (conscious) sedation/analgesia – first 15 minutes

D9243

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

1. This procedure is not a benefit of most Delta Dental plans. For those plans which provide coverage for I.V. sedation, the procedure is generally a benefit only when provided by a dentist in conjunction with covered oral surgery procedures (D7000 through D7999) or selected endodontic and periodontal surgical procedures. When otherwise provided, the patient is responsible for the fee.
2. Please enter the dentist's permit number, if applicable, issued by the state's dental board in the remarks section of the claim.
3. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.
4. Anesthesia time in excess of 60 minutes will require written documentation explaining the rationale for the extended anesthesia for the surgical service. Necessary documentation includes all associated X-rays, progress notes and the complete anesthesia record.
5. An appropriate sedative record must be maintained in the patient treatment record including the names and dosage of the drugs administered, the time administered and the route of administration. This record

should include local anesthetics and recorded continuous monitored physiological parameters, such as pulse oximetry and end-tidal CO₂ measurements (if taken), heart rate, respiratory rate and blood pressure. The record should also include the condition of the patient at discharge.

D9248

Non-intravenous conscious sedation

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

PROFESSIONAL CONSULTATION

D9310

Consultation-diagnostic service provided by dentist or physician other than requesting dentist or physician

1. Delta Dental considers this procedure to be for a consultation by a specialist whose opinion or advice has been requested regarding a specific problem.
2. Delta Dental considers the fee for this procedure to include the fee for any oral evaluations.
3. Under most Delta Dental plans, procedure D9310 is counted toward the patient's annual oral evaluation benefit.
4. D9310 should only be reported when the dentist provides an opinion or advice for a patient who was specifically referred by a physician, dentist, or other appropriate source. A self-referred new patient presenting to a dentist for a second opinion with a complete treatment plan from a previous dentist, should be charged a comprehensive oral evaluation (D0150 or D0180). If the new patient requests a consultation regarding a single or limited service (example: evaluating a tooth for a crown), the dentist should consider reporting a limited oral evaluation – problem focused (D0140).
5. Documentation in the patient's treatment record should include the name of the referring dentist or physician, a description of the patients' health condition and chief complaint, findings from radiographs, examinations and tests, a diagnosis or a list of possible diagnoses, the recommended treatment or treatment options.

Adjunctive General Services (D9000 – D9999) excluding Sleep Apnea Services, D9947-D9959

6. A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.

D9311

Consultation with medical health care professional

The fees for the consultation with a health care professional concerning medical issues are considered included in overall patient management. A separate fee may not be charged to the patient.

PROFESSIONAL VISITS

D9410

House/extended care facility call

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9420

Hospital or ambulatory surgical center call

This procedure is not a benefit of Delta Dental plans. The fee is the patient's responsibility.

D9430

Office visit for observation (during regularly scheduled hours) – no other services performed

1. Procedure D9430 may not be a benefit under some Delta Dental plans, in which case the fee is the patient's responsibility. When covered, this procedure is allowable only when the visit is for the purpose of observing injuries and when no other services are provided. The nature of injury must be described. Delta Dental considers the fee to include all services provided other than required radiographic images.

2. D9430 is not chargeable in conjunction with hospital visits, periodontal recalls, orthodontic observation, or as a routine post-operative visit.

3. Under most Delta Dental plans, D9430 is counted toward the patient's annual oral evaluation benefit.

4. The fees for an office visit for observation are included in the fee for all other procedures

when performed on the same date by the same dentist/dental office. A separate fee is not chargeable to Delta Dental or the patient.

D9440

Office visit – after regularly scheduled hours

1. Procedure D9440 is not a benefit of most Delta Dental plans.

2. For contracts that cover procedure D9440, it is only allowed for visits occurring after the regular business day (8 a.m. to 5 p.m.), typically in connection with an emergency appointment. If an appointment is scheduled in the course of normal business hours, it is not allowed under this code. This includes lunch, afternoon breaks, and visits after normal hours when the dentist sees the patient following the normal closing hour. This code may be used only in a situation where the dentist is called away from home to return to the office in the evening, night or early morning, or a non-business day, when staff is not present to treat an emergency condition which cannot be scheduled. Scheduled appointments are not allowed reimbursement under this code.

D9450

Case presentation, subsequent to detailed and extensive treatment planning

1. Not performed on same day as evaluation.

2. Under Delta Dental's processing policies, the fee for procedure D9450 is considered to be included in the fees for oral evaluations and procedure D9310.

3. Procedure D9450 is not a covered benefit when performed as a separate procedure; the fee is the patient's responsibility. Delta Dental may consider D9450 as a separate benefit for complex treatment planning cases involving multiple treatment disciplines and multiple providers of care.

DRUGS

GENERAL GUIDELINES

1. Prescription drugs, premedication and/or relative analgesia are not benefits of most Delta Dental plans. The patient is responsible for the fee.

2. When an injectable drug is administered, the name of the drug must be indicated. The record

Adjunctive General Services (D9000 – D9999) excluding Sleep Apnea Services, D9947-D9959

should also reflect the dosage of the drug and the route of administration.

D9610

Therapeutic parenteral drug, single administration

D9612

Therapeutic parenteral drugs, two or more administrations, different medications

D9613

Infiltration of sustained release therapeutic drug – per quadrant

1. This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.
2. For groups that cover procedure D9613 it is a benefit once per date of service and only when submitted with extractions of impacted teeth (D7220-D7241).

D9630

Drugs or medicaments dispensed in the office for home use

MISCELLANEOUS SERVICES

D9910

Application of desensitizing medicament

Delta Dental considers the fee for the application of fluoride and other medicaments for desensitization to be included in the fee for restorative (D2000-D2999), (D6200-D6999) or surgical services (D7000-D7999). When provided under these circumstances the fee for desensitization is not separately billable to the patient.

D9911

Application of desensitizing resin for cervical and/or root surface, per tooth

Delta Dental considers the fee for the application of fluoride and other medicaments for desensitization to be included in the fee for restorative (D2000-D2999), (D6200-D6999) or surgical services (D7000-D7999). When provided under these circumstances, the fee for desensitization is not separately billable to the patient.

D9912

Pre-visit patient screening

The fee for a pre-visit patient screening is considered part of the oral evaluation and is not billable to the patient.

D9913

Administration of neuromodulators

1. This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.
2. When covered by a plan, D9913 is subject to primary coverage by the patient's medical carrier.
3. When covered by a plan, D9913 is a benefit only for enrollees with coverage for TMJ services. The benefit is limited to one administration every 60 months.

D9914

Administration of dermal fillers

1. This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.
2. When covered by a plan, D9914 is subject to primary coverage by the patient's medical carrier.
3. D9914 is a cosmetic service and is a benefit only for enrollees with coverage for cosmetic services. The benefit is limited to one administration every 60 months.

D9920

Behavior management, by report

1. This procedure is not a benefit of Delta Dental plans. The fee is the patient's responsibility.
2. D9920 is to be used for situations when the patient is developmentally disabled, mentally ill, or especially uncooperative and difficult to manage resulting in dental staff providing additional time, skill, and/or assistance to render treatment. Basic behavior guidance techniques such as positive reinforcement, or voice control are not billable to the patient. Documentation the patient treatment record should include a description of the patients' behavior issues, and the behavior management technique used.

Adjunctive General Services (D9000 – D9999) excluding Sleep Apnea Services, D9947-D9959

D9930

Treatment of complications (post-surgical) – unusual circumstances, by report

1. Under Delta Dental's processing policies, the fees for routine post-operative visits for irrigation, dressing change and suture removal are considered to be included in the fee for the surgical service.
2. In the case of post-operative complications, please provide a required narrative description of the complications.

D9932

Cleaning and inspection of removable complete denture, maxillary

1. The fee for cleaning and inspection of a removable appliance is not separately payable when provided in conjunction with denture relines or denture rebase procedures.
2. The fee for cleaning and inspection of a removable appliance is not separately billable when provided in conjunction with codes D1110, D4346, and D4910.

D9933

Cleaning and inspection of removable complete denture, mandibular

1. The fee for cleaning and inspection of a removable appliance is not separately payable when provided in conjunction with denture relines or denture rebase procedures.
2. The fee for cleaning and inspection of a removable appliance is not separately billable when provided in conjunction with code D1110, D4346, and D4910.

D9934

Cleaning and inspection of removable partial denture, maxillary

1. The fee for cleaning and inspection of a removable appliance is not separately payable when provided in conjunction with denture relines or denture rebase procedures.
2. The fee for cleaning and inspection of a removable appliance is not separately billable when provided in conjunction with codes D1110, D1120, D4346, and D4910.

D9935

Cleaning and inspection of removable partial denture, mandibular

1. The fee for cleaning and inspection of a removable appliance is not separately payable when provided in conjunction with denture relines or denture rebase procedures.
2. The fee for cleaning and inspection of a removable appliance is not separately billable when provided in conjunction with codes D1110, D1120, D4346 and D4910.

D9938

Fabrication of a custom removable clear plastic temporary aesthetic appliance

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9939

Placement of a custom removable clear plastic temporary aesthetic appliance

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9941

Fabrication of athletic mouthguard

For groups that cover the fabrication of an athletic mouthguard, the service is a benefit once in 24 months for patients age 18 and under. This procedure is not a benefit of most Delta Dental plans for enrollees age 19 and over. The fee is the patient's responsibility.

OCCLUSAL GUARDS

GENERAL GUIDELINES

1. Occlusal guards are removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.
2. Occlusal guards are not benefits of most Delta Dental plans.
3. Documentation in the patient's treatment record should include a description of the patient's chief complaint, findings from radiographs, examinations and tests, a diagnosis or a list of possible diagnoses, which include bruxism occlusal discrepancies, or

Adjunctive General Services (D9000 – D9999) excluding Sleep Apnea Services, D9947-D9959

other parafunctional habit, the recommended treatment or treatment options, physical or digital impressions, method of fabrication, post delivery or home instructions.

4. Some Delta Dental plans may include coverage for an occlusal guard as part of the periodontal benefits. In these instances, the benefit is limited to a maximum lifetime allowance per patient.

5. When occlusal guards are a benefit, Delta Dental pays the plan's percentage of the dentist's approved fee or a maximum allowance, whichever is less. If the approved fee is higher than the maximum allowance, the patient is responsible for the difference, up to the approved fee.

D9942

Repair and/or reline of occlusal guard

Please see the guidelines for procedure D9944.

D9943

Occlusal guard adjustment

1. Occlusal guards are not benefits of most Delta Dental plans.

2. For groups that cover occlusal guards, the fee for the occlusal guard adjustments are is considered to be included in the fee for the occlusal guard for the first six months following delivery of a covered occlusal guard.

3. For groups that cover occlusal guards, adjustments are allowed once per year once six months have passed since the time of initial placement.

D9944

Occlusal guard — hard appliance, full arch

1. For groups that cover procedure D9944 it is allowed once every five years.

2. Replacement of an occlusal guard provided under any Delta Dental plan is not a benefit. Any fee is the patient's responsibility.

3. Under Delta Dental's processing policies, the fees for adjustments, repairs and relines of a covered occlusal guard are considered to be included in the fee for the occlusal guard for the first six months following delivery.

D9945

Occlusal guard — soft appliance, full arch

1. For groups that cover procedure D9945 it is allowed once every five years.

2. Replacement of an occlusal guard provided under any Delta Dental plan is not a benefit. Any fee is the patient's responsibility.

3. Under Delta Dental's processing policies, the fees for adjustments, repairs and relines of a covered occlusal guard are considered to be included in the fee for the occlusal guard for the first six months following delivery.

D9946

Occlusal guard — hard appliance, partial arch

1. For groups that cover procedure D9946 it is allowed once every five years.

2. Replacement of an occlusal guard provided under any Delta Dental plan is not a benefit. Any fee is the patient's responsibility.

3. Under Delta Dental's processing policies, the fees for adjustments, repairs and relines of a covered occlusal guard are considered to be included in the fee for the occlusal guard for the first six months following delivery.

D9950

Occlusion analysis — mounted case

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9951

Occlusal adjustment — limited

1. Under Delta Dental's processing policies, limited occlusal adjustment is interpreted as minor occlusal correction for the relief of symptomatic teeth and is considered to represent selective grinding of the equivalent of one quadrant or less.

2. Major occlusal correction or gnathological procedures including equilibration are not benefits except for the few plans that have provision for TMJ services.

3. Delta Dental considers the fee for occlusal adjustment to be included in the fee for multiple restorations involving occlusal surfaces and prosthodontic services.

Adjunctive General Services (D9000 – D9999) excluding Sleep Apnea Services, D9947-D9959

4. May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. 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.

5. Documentation in the patient treatment record should include a description of the chief complaint, the evaluation, and diagnosis; and the specific teeth and surfaces adjusted.

D9952

Occlusal adjustment – complete

1. Complete occlusal adjustment is not a benefit of most Delta Dental plans.

2. Some plans cover this procedure as part of a contract rider which provides limited coverage for certain TMJ services.

D9961

Duplicate/copy patient's records

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9970

Enamel microabrasion

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9971

Odontoplasty – per tooth

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9972

External bleaching – per arch – performed in office

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9973

External bleaching – per tooth

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9974

Internal bleaching – per tooth

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9975

External bleaching for home application, per arch; includes materials and fabrication of custom trays

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9985

Sales tax

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9986

Missed appointment

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9987

Cancelled appointment

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9990

Certified translation or sign language services – per visit

The fees for translation or sign language services are considered inclusive in overall patient management. A separate fee may not be charged to the patient.

D9991

Dental case management – addressing appointment compliance barriers

Actions taken to schedule and assure compliance with patient appointments are considered included in office operations and therefore not separately payable. A separate fee may not be charged to the patient.

Adjunctive General Services (D9000 – D9999) excluding Sleep Apnea Services, D9947-D9959

D9992

Dental case management – care coordination

The fees for care coordination are considered included in overall patient management. A separate fee may not be charged to the patient.

D9993

Dental case management – motivational interviewing

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9994

Dental case management – patient education to improve oral health literacy

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9995

Teledentistry – synchronous; real-time encounter

The fees for teledentistry – synchronous are considered inclusive in overall patient management. A separate fee may not be charged to the patient.

D9996

Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review

The fees for teledentistry – asynchronous are considered inclusive in overall patient management. A separate fee may not be charged to the patient.

D9997

Dental case management – patients with special health care needs

The fees for case management services are considered inclusive in overall patient management. A separate fee may not be charged to the patient.

D9999

Unspecified adjunctive procedure, by report

Please provide a required narrative report with a complete description of the procedure and its rationale.

SLEEP APNEA SERVICES (D9947 - D9959)

D9947

Custom sleep apnea appliance fabrication and placement

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9948

Adjustment of Custom sleep apnea appliance

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9949

Repair of a Custom sleep apnea appliance

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9953

Reline custom sleep apnea appliance (indirect)

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9954

Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9955

Oral appliance therapy (OAT) titration visit

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9956

Administration of home sleep apnea test

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9957

Screening for sleep related breathing disorders

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9959

Unspecified sleep apnea procedure

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.