



Dental Clinical Criteria Guidelines and Practice Standards

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Introduction

Avēsis Dental Plan's Clinical Criteria Guidelines and Practice Standards undergo regular revisions and annual review by the QMI Committee and Board of Directors. Our Dental Directors internally developed this criteria document, with input from participating panel general dentists and specialists. Avēsis relies on the American Dental Association's 'Dental Practice Parameters,' which are grounded in sound dental clinical principles, processes, and evidence. These guidelines ensure consistent evaluation of the appropriateness of dental services that require review. It's essential to recognize that Plan/Program guidelines take precedence over the information contained in Avēsis's Clinical Criteria Guidelines and Practice Standards document.

Coverage and Criteria Formulation

Criteria are developed based on Medicare and State Medicaid guidelines, professional education materials, industry standards, and health plan-specific requirements. Medical necessity criteria applicable to children ages birth through twenty (20) years of age shall reflect EPSDT standards. As part of our criteria and review process, Avēsis will take into account special clinical circumstances on a case-by-case basis.

- Criteria are influenced by specialty organizations such as:
 - The American Academy of Pediatric Dentistry
 - The Academy of General Dentistry
 - The American Endodontic Society
 - The American Orthodontic Society
 - Various Dental Schools
 - American Dental Association
 - The American Association of Oral and Maxillofacial Surgery
 - Local coverage and national coverage determinations
 - Local State advisory boards

Regarding new patient information, registration details should minimally include the following:

- Name, sex, birth date, address, telephone number, cell phone number, email address, name of employer, work address, and telephone number.
- Emergency contact information, including names and telephone numbers.
- For minors, the names and telephone numbers of parents or guardians (if different from the above).
- A detailed medical history form, including information such as the patient's current health status, physician's name and contact details, history of hospitalizations or surgeries, blood pressure history, current medications, allergies, and adverse reactions to local anesthetics.

Additionally, the medical history should cover diseases related to the cardiovascular system, pulmonary disorders, nervous disorders, endocrine disorders (including diabetes and thyroid abnormalities), liver or kidney disease, sexually transmitted diseases, immune system disorders (including HIV/AIDS), and other viral diseases. Musculoskeletal history, pregnancy details, cancer history, and social history related to dental complaints should also be documented.

Dentists must sign and date baseline medical histories after reviewing them with the patient. Regular updates to the medical history, signed by both the patient and dentist, are essential. Dental history, including reasons for seeking care, previous treatments, complications, and risk assessments, should also be well-documented. Finally, maintaining complete dental records in compliance with state and federal regulations is crucial. Avēsis holds all records for a period of 10 years.

Dental records must be comprehensive, well-organized, and legible. All entries should be made in ink, signed, and dated by the treating dentist or other licensed healthcare professional who performed the services. Contracted

dentists are required to provide copies of all member records upon request within the specified timeframe. These records may be requested for grievance resolutions, second opinions, or state/federal compliance purposes. Dentists must make these records available to the Plan at no cost. Failure to comply may result in disciplinary actions, including transfer of enrollment or closure to new enrollment. Continued non-compliance could lead to termination by Avēsis.

Progress notes serve as a legal record and must be detailed, legible, and indelible. Each entry must be signed, initialed, and dated by the person providing treatment or include unique identifiers for documentation support. Corrections or modifications to entries require the name of the person or unique identifier responsible for the changes, along with the date of the modification. Progress notes should include documentation of anesthetics used (or not used), specifying type, strength, and vasoconstrictor. Additionally, all prescriptions must be documented, including medication details, dosage, directions, and refills. Copies of lab prescriptions and communications should be kept in the patient's chart.

Electronic dental records cannot be modified without proper identification of the person making the change and the date of modification. Informed consent is crucial:

- Dentists must document that they reviewed all recommended treatment options with the member, ensuring understanding of risks, benefits, alternatives, and financial responsibilities.
- Appropriate informed consent should be documented, signed, and dated by both the member and the dentist for the accepted treatment plan.
- Member refusal of recommended procedures must be documented and signed on a specific "refusal of care" document.

For procedures with guarded or poor prognosis (endodontic, periodontal, or restorative), coverage is not provided. Dentists recommending endodontic, periodontal, or restorative procedures (including crown lengthening) should consider and document the anticipated prognosis, restorability, and maintainability of the involved teeth. Avēsis's licensed Dental Consultants review prognosis determinations based on submitted evidence such as radiographs and images. Reconsideration of poor prognosis determinations is possible upon receipt of a new claim with appropriate documentation and new diagnostic x-rays taken at least six months after the original service date.

Regarding upgrades and alternative treatment, some upgraded procedures (e.g., metals and porcelain on molars) may not be covered. Dentists should review the schedule of benefits before creating a treatment plan to ensure members receive covered services. If multiple procedures are appropriate for a dental condition, consider the Alternate Treatment Plan Formula. This formula credits the member's benefited procedure against the cost of the alternative procedure, calculating the member's responsibility accordingly.

Clinical Criteria for Diagnostic Services (D0100-D0999)

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

Radiographs and Photographs (D0210-D0709)

According to accepted standards of dental practice and ADA recommendations, the lowest number of radiographs needed to provide the diagnosis shall be taken.

Dental radiographs are indicated for:

- a. Initial or advanced dental decay.
- b. Evidence of periodontal disease.

- c. Identify teeth or bone abnormalities.
- d. Swelling.
- e. Tooth mobility.
- f. Unexplained tooth sensitivity.
- g. Presence of implants, previous implant-related pathosis.
- h. Malposed or clinically impacted teeth.
- i. Jaw fracture.
- j. Visual explanation from the dentist of the patient's diagnosis.
- k. Before and after record of treatment showing changes in the oral cavity.
- l. Developmental defects of enamel (DDE).
- m. Legal documentation.

Clinical Criteria for Preventive Services (D1000-D1999)

Dental Prophylaxis and Fluoride Treatment (D1206-D1208)

- a. Dental prophylaxis is defined as the preventive dental procedure of coronal scaling and polishing, which includes the complete removal of calculus, soft deposits, plaque, stains, and smoothing of unattached tooth surfaces.
- b. Fluoride treatment is a treatment only for prescription strength fluoride products.
- c. The application of fluoride is a treatment for caries control and as a full mouth treatment.

Sealant - Per Tooth (D1351)

- a. Applied to the occlusal surfaces of posterior teeth that are free of cavitated carious lesions or restorations.

Interim Caries Arresting Medicament Application - Per Tooth (D1354)

- a. For High caries risk patients only (D0603).
- b. Treated tooth must exhibit decay into dentin.
- c. Should not be applied to exposed pulps.

Space Maintenance (Passive Appliances) (D1510-D1558)

- a. Passive appliances are designed to prevent tooth movement.
- b. Premature tooth loss in primary and mixed dentitions to maintain a space for pre-molar and molar teeth.

Clinical Criteria for Restorative Procedures (D2000-D2999)

Direct Restoration (D2140-D2394)

Restorative services shall be medically necessary when carious activity or fractures have extended through the dentin enamel junction (DEJ) and when the tooth demonstrates reasonable longevity. Completed restorative treatment should represent a positive long-term prognosis.

The following are considered clinical contra-indications of treatment:

- a. Decay into a furcation, or gross decay of a crown and/or root in which insufficient sound tooth structure remains to restore a tooth.
- b. A tooth that is fractured off, at or below the bone level and has insufficient remaining tooth structure to restore.
- c. Loss of supporting bone resulting in an unfavorable crown/root ratio.
- d. Periodontal pockets of 7mm or greater.
- e. Unexplained or untreated periapical pathology.
- f. Root perforation.
- g. Vertical root fracture.
- h. Irregular tooth position (tipping or drifting) requiring excessive reduction and creating an unfavorable or traumatic occlusion on the restoration.
- i. Clinical evidence of inadequate or neglected patient homecare and/or untreated medical conditions that compromise healing.
- j. Less than an adequate biologic width of 2 mm from crest of the bone. Core Buildup, Including Any Pins When Required (D2950)

Clinical indications:

- a. When 60% or more of the coronal tooth structure is missing and is used to add retention to the tooth preparation.
- b. The buildup must be placed on sound structure with at least 50% bone support.
- c. Enough tooth structure to establish a ferrule around the tooth to establish resistance and retention.
- d. No sub crestal decay.
- e. Completely obturated root canal with the fill less than 3mm from the radiographic apex, and not more than 0.5mm beyond the radiographic apex if RCT has been performed.

Pin Retention - Per Tooth, in Addition to Restoration (D2951)

- a. When there is the loss of 1 or more cusps in posterior teeth, or there is the loss of the incisal angle on anterior teeth.

Post And Cores (D2952-D2954)

- a. When 60% or more of the coronal tooth structure is missing and is used to add retention to the tooth preparation.
- b. The restorations must be placed on sound structure with at least 50% bone support.
- c. Enough tooth structure to establish a ferrule around the tooth to establish resistance and retention.

- d. No sub crestal decay.
- e. The Final restoration margin must have adequate biologic width of 2mm or more from the crest of the bone.
- f. Completely obturated root canal with the fill less than 3mm from the radiographic apex, and not more than 0.5mm beyond the radiographic apex.
- g. No untreated internal or external resorption.

Indirect Single Tooth Restorations (D2510-D2794)

- a. Evidence Loss of 50% or more of coronal tooth structure or 2 missing cusps on a molar, 1 missing cusp on a premolar, and 50% of tooth structure that also involves the incisal angle on anterior teeth or cracked tooth syndrome.
- b. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration.
- c. Caries cannot demonstrate radiographically to be present along the crestal bone or into the furcation, deeming the tooth non-restorable.
- d. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge.
- e. 50% or more of bone support.
- f. Completely obturated root canal with the fill less than 3mm from the radiographic apex when indicated, and not more than 0.5mm beyond the radiographic apex.
- g. No untreated internal or external resorption.

Prefabricated Crowns (D2930-D2933)

- a. Decay, fracture, or other damage involving three or more tooth surfaces,
- b. Decay, fracture, or other damage involving one interproximal surface when the damage has extended extensively buccolingually or mesiodistally.
- c. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge on permanent teeth.
- d. 50% or more of bone support.
- e. Completely obturated root canal with the fill less than 3mm from the radiographic apex when indicated, and not more than 0.5mm beyond the radiographic apex.
- f. No untreated internal or external resorption on permanent teeth.

Clinical Criteria for Endodontics (D3000-D3999)

Pulpotomies (D3220-D3222)

- a. Removal of a portion of the pulp and placement of a medicament to maintain the vitality of the remaining pulp or to encourage apexogenesis when there is pulpal involvement.

Endodontics (D3310-D3330)

- a. Tooth is non-vital (due to necrosis, gangrene, or death of the pulp) or if the pulp has been compromised by caries, trauma, or an accident that may lead to the death of the pulp.
- b. Tooth has a deep carious lesion likely to result in pulp exposure during excavation.
- c. Symptomatic or asymptomatic irreversible pulpitis, with or without evidence of periapical disease.
- d. Necrotic pulp with or without evidence of periapical disease.
- e. Teeth with a pulp that would be compromised during dental procedures, including but not limited to caries removal, overdenture abutments, malposed teeth, and root resection.
- f. Restorative reason when a placement of a core and possibly a post is necessary for retention of a fixed restoration.
- g. Cracked or fractured teeth with pulpal involvement (with or without clinical symptoms) that can reasonably be expected to maintain satisfactory periodontal health.
- h. Teeth with thermal hypersensitivity that significantly interferes with normal function when alternative methods have failed to reduce the hypersensitivity.
- i. Tooth must be restorable.
- j. Tooth must be able to be restored with conventional methods (i.e., amalgam, composite or crowns).
- k. Tooth must present with at least 50 percent bone support.
- l. The tooth cannot have advanced periodontal disease and/or pocket depths greater than 5mm.
- m. Tooth cannot have gross periapical or periodontal pathosis, demonstrated radiographically.
- n. Patient must be free of periodontal disease.
- o. Tooth must be damaged due to trauma or carious exposure.
- p. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration.
- q. Final restoration margin must have adequate biologic width of 2mm from the crest of the bone.
- r. Caries cannot demonstrate radiographically to be present along the crestal bone or into the furcation, deeming the tooth non-restorable.
- s. The pulp chamber should be accessed, and the canals debrided, shaped, and obturated to within 3mm of the radiographic apex, and not more than 0.5mm beyond the radiographic apex.

Endodontic Retreatment (D3346-D3348)

- a. Teeth with inadequate canal fillings with positive radiographic findings.
- b. Findings of apical periodontitis and or symptoms.
- c. Findings of inadequate canal fillings when indirect restorations are planned on the same tooth.
- d. There is inadequate root canal filling with associated pain and or infection.

- e. There is demonstrated draining tracts form the tooth in question.
- f. There is sufficient tooth structure and bone support to allow for restoration.
- g. The Pulp chamber should be accessed, and the canals debrided, including removal of the old root canal filling, shaped and obturated to within 3mm of the radiographic apex, and filled not more than 0.5mm beyond the radiographic apex.

Apexification/Recalcification (D3351-D3353)

- a. There is incomplete root development as well as incomplete apical closure.

Apicoectomy (D3410-D3426)

- a. Symptomatic periradicular pathosis following endodontic treatment.
- b. A periradicular lesion that enlarges after endodontic treatment, as noted on follow-up radiographic examination.
- c. A marked overextension of obturating materials interfering with healing.
- d. Access for periradicular curettage, biopsy, or an additional root is necessary.
- e. Access for root end preparation and root end filling is necessary.
- f. When the apical portion of the root canal system of a tooth with periradicular pathosis cannot be cleansed.

Bone Graft in Conjunction with Peri-Radicular Surgery (D3428, D3429)

- a. There is 2cm, demonstrated bone loss around the apices of the root(s) in question.

Retrograde Filling - Per Root (D3430)

- a. Persistent periradicular pathosis resulting from an inadequate apical seal that cannot be corrected non-surgically.
- b. Periradicular pathosis and a blockage of the root canal system that could not be obturated by non-surgical therapy.
- c. Root perforation and transported canals.
- d. Resorptive defects.

Unspecified Endodontic Procedure by Report (D3999)

- a. When the procedure performed is not adequately described by an existing endodontic CDT code.

Clinical Criteria for Periodontal (D4000-D4999)

Non-surgical Periodontal Services

Scaling and Root Planning (D4341, D4342)

- a. 2.5 mm or more of bone loss as measured from the CEJ to the crest of the bone.
- b. Radiographic radicular calculus. (this varies by state)
- c. The periodontal pocket depths must be 5mm or greater.
- d. The classification of the periodontal case type is in accordance with guidelines established by the AAP and must fall into case types II, III, or IV.

Full Mouth Debridement (D4355)

- a. Documented evidence of gross deposits of calculus and gingival inflammation.

Periodontal Maintenance (D4910)

- a. Documented evidence of active periodontal therapy performed.

Surgical Periodontal Services**Gingivectomy or Gingivoplasty (D4210, D4211)**

- a. Gingival overgrowth (pseudo pockets).
- b. Suprabony pockets.
- c. Crown lengthening, soft tissue only, and to allow access for restorative procedures.
- d. Suprabony periodontal abscess.
- e. Excess fibrous gingival tissue.

Gingival Flap Procedure, Including Root Planning (D4240, D4241)

- a. Reduce reduction of periodontal pockets in the treatment of periodontitis.
- b. Placement of bone graft material in preparation for implant placement.
- c. Recontouring of gingival tissue.
- d. Correction gingival overgrowth.
- e. Treatment mucogingival defects.
- f. 3 or more millimeters of bone loss measured from the crest of the bone to the CEJ.

Clinical Crown Lengthening (D4249)

- a. Allow access subgingival caries.
- b. Allow for placement of a ferrule for a restoration.
- c. Less than 2 millimeters of tooth above the crest of the bone. The result of the surgery must provide an adequate biologic width of at least 2.5 mm above the crest of the bone.

Osseous Surgery (D4260, D4261, D4263, D4264)

- a. Reduction of periodontal pockets in the treatment of periodontitis.
- b. Correction of bony defects.
- c. Placement of bone graft material in preparation for implant placement.
- d. Treatment of mucogingival defects.
- e. 3 or more millimeters of bone loss measured from the crest of the bone to the CEJ.

Periodontal Grafts (D4270, D4273, D4277, D4278)

- a. 1 or more millimeters of gingival recession from the CEJ.
- b. Less than 2 millimeters of attached gingiva.

Clinical Criteria for Prosthodontics, Removable (D5000-D5899)

Local anesthesia is considered to be part of fixed prosthodontic procedures. The following are considered clinical indication of treatment:

Complete and Partial Dentures:

- a. Evidence of missing or hopeless teeth to be replaced must be present on current radiographs, full mouth x-ray series and/or panoramic radiograph.
- b. Evidence of bone loss being present on the current full mouth series or periapical and bitewing x-rays to support the diagnosis of healthy teeth.
- c. No evidence of areas with severe periodontitis or less than 50% alveolar bone loss on the abutment teeth.
- d. Evidence that existing teeth are healthy enough to support a partial denture with no current radiographic evidence of subgingival calculus and severe bone loss.
- e. No evidence of any soft and/or hard tissue inflammation and pathology.

Complete Dentures (D5110, D5120)

- a. The arch(es) in question must be edentulous at the time of fabrication of the denture(s).
- b. The edentulous arch(es) must be free of any excessive tissue that would inhibit the seating or wearing of the denture(s).

Immediate Dentures (D5130, D5140)

- a. Extensive or rampant caries are exhibited in the radiographs as to not allow for restoration by other methods.
- b. Severe periodontal involvement is indicated in the radiographs over multiple teeth.
- c. Numerous teeth are missing, resulting in diminished masticating ability and adversely affecting the patient's health.

Partial Dentures (D5211, D5212, D5213, D5214, D5225, D5226, D5221, D5227, D5228)

- a. The periodontal pocket depths must be 4 mm or less and bone support at 50% or more around abutment teeth to support a partial denture.
- b. No evidence of subgingival radiographic calculus on remaining abutment teeth.
- c. All remaining teeth to support a partial denture must be healthy.
- d. The edentulous area(s) must be free of any excessive tissue that would inhibit the seating or wearing of the denture(s).

Reline of Full or Partial Removable Dentures (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761)

- a. Excessive resorption of the alveolus/residual ridge and or occurrence of lesions on the mucosa resulting in loss of denture stability, retention, or occlusal disharmony.
- b. When the base of a full denture has fractured or cracked resulting in an ill-fitting denture.
- c. When the occlusion or structural integrity of the denture teeth are no longer functional.

Clinical Criteria for Maxillofacial Prosthetics (D5900-D5999)

- a. Documented evidence of medical necessity.

Clinical Criteria for Implant Services (D6000-D6199)

- a. Dental implants are for the replacement of permanent teeth.
- b. Oral cavity must be free of dental disease.
- c. Documentation of at least three (3) millimeters of inter-dental space between the site of the requested dental implants and adjacent roots.
- d. Cancer of the oral cavity requiring ablative surgery and/or radiation, leading to the destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prostheses.
- e. Severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures or osseous augmentation procedures, and the patient is unable to function with conventional prostheses.
- f. Skeletal deformities that preclude the use of conventional prostheses (such as arthrogyrosis, ectodermal dysplasia, partial anodontia and cleidocranial dysplasia).
- g. Traumatic destruction of the jaw, face, or head where the remaining osseous structures are unable to support conventional dental prostheses.

Periodontal Maintenance of Implants (D6101)

- a. Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus.

Clinical Criteria for Prosthodontics, Fixed (D6200-D6999)

- a. Evidence of missing or hopeless teeth to be replaced must be present on current radiographs, full mouth x-ray series and/or panoramic radiograph.
- b. Evidence of any bone loss being present on the current full mouth series or periapical and bitewing x-rays must support the diagnosis of healthy teeth.
- c. Evidence that existing teeth are healthy to support a fixed denture and no current radiographic evidence of subgingival calculus, or severe bone loss or evidence of endodontic pathologies.
- d. Evidence that the tissue is clear of any soft and/or hard tissue inflammation and pathology.
- e. No evidence of untreated caries on or active periodontal disease around the abutment teeth.

Fixed Partial Denture Pontics (D6205-D6252)

- a. 3 mm or more of pontic space for a single pontic bridge.
- b. A maximum of 4 pontics for a single bridge.
- c. There must be opposing dentition.
- d. A removable prosthesis is not indicated.

Fixed Partial Denture Retainers (D6740-D6794)

- a. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration.

- b. No radiographic evidence of caries present along the crestal bone or into the furcation, deeming the tooth non-restorable.
- c. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge.
- d. 60% or more of bone support.
- e. Completely obturated root canal with the fill less than 3mm from the radiographic apex when indicated, and not more than 0.5mm beyond the radiographic apex.
- f. No untreated internal or external resorption or other active endodontic pathologies.

Clinical Criteria for Oral and Maxillofacial Surgery (D7000-D7999)

General indications for extractions:

- a. Supernumerary teeth or mesiodens that interfere with the alignment of other teeth.
- b. Teeth which are involved with a cyst, tumor, or other neoplasms.
- c. Unerupted teeth which are severely distorting the normal alignment of erupted teeth or causing the resorption of the roots of other teeth.
- d. The extraction of all remaining teeth in preparation for a full prosthesis.
- e. Extraction of third molars that are causing repeated or chronic pericoronitis.
- f. Extraction of primary teeth required to minimize malocclusion or malalignment when there is adequate space to allow normal eruption of succedaneous teeth.
- g. Perceptible radiologic pathology that fails to elicit symptoms.
- h. Extractions that are required to complete orthodontic dental services, excluding prophylactic removal of third molars.
- i. When the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.
- j. Tooth is non-restorable due to caries or the extent of fractured off tooth structure.
- k. Pulpal and/or periapical pathology.
- l. Second or subsequent episodes of pericoronitis (unless the first episode is particularly severe) that cannot be resolved using antibiotics, irrigations, or other topical treatment.
- m. Osteomyelitis.
- n. Cellulitis.
- o. Tumor removal that also requires removal of tooth for access.
- p. Internal/external resorption of a tooth or adjacent tooth.
- q. Tooth in aberrant position that is causing bone loss on adjacent tooth/teeth.
- r. Tooth/teeth impeding orthognathic surgery, reconstructive surgery, trauma surgery, or other jaw surgery.

Impacted Teeth (D7220, D7230, D7240, D7241)

Indications include:

- a. Bone loss or caries in the adjacent second molar that cannot satisfactorily be treated without the removal of the third molar.
- b. Periodontal disease in a second molar that was caused or exacerbated by the position of the adjacent third molar and cannot be managed without extraction of the third molar.
- c. **D7220** Removal of impacted tooth soft tissue should be used when the tooth has not erupted to the occlusal plane and has soft tissue covering the occlusal surface of the tooth; requires mucoperiosteal flap elevation.
- d. **D7230** Removal of impacted tooth partially bony should be used when part of the crown is covered by bone above the height of contour, and the tooth is clearly below the occlusal plane; requires mucoperiosteal flap elevation and bone removal.
- e. **D7240** Removal of impacted tooth completely bony should be used when most or all the crown (50% or greater) is covered by bone above the height of contour, and the tooth is clearly below the occlusal plane; requires mucoperiosteal flap elevation and bone removal.
- f. **D7241** Removal of impacted tooth completely bony, with unusual surgical complications, should be used when the tooth meets all the criteria for D7240 and is unusually difficult or complicated due to factors such as the examples below and requires a current preoperative diagnostic radiograph and in some cases, the operation notes.
- g. The tooth is ankylosed.
- h. Nerve dissection is required.
- i. Separate closure of the maxillary sinus is required.
- j. The tooth is in a significantly aberrant position.
- k. Horizontal impaction facing buccal/lingual (more than 45° from the arch form).
- l. More than one-fourth of the roots and/or the crown of the tooth below the inferior alveolar nerve.
- m. Distoangular impaction with dilacerated roots curving distally.
- n. Vertical impaction with the occlusal surface of the tooth at the level of the apical one-third or higher of the adjacent tooth.
- o. In the absence of disease or significant risk of disease, active clinical and radiographic surveillance is indicated.

Residual Roots and Coronectomy (D7250, D7251)

- a. Tooth roots are judged to be particularly close to the adjacent inferior alveolar nerve. (Not indicated with a tooth with a necrotic pulp.)

Tooth Reimplantation and Transplantation (D7270, D7271, D7272)

- a. Subluxation injuries to permanent teeth.
- b. Lateral luxation injuries of primary and permanent teeth.
- c. Extrusion injuries of permanent teeth.

- d. Avulsion of permanent teeth.

Unerupted Tooth Exposure (D7280)

Indications for unerupted tooth exposure (D7280)

- a. When a normally developing permanent tooth is unable to erupt into a functional position.
- b. For labially impacted teeth if there will be 2-3 mm of gingival cuff present after eruption.
- c. (Contraindications include third molars, supernumerary teeth, and when access to the impacted tooth would threaten vital structures.)

Mobilization of Erupted or Malpositioned Tooth to Aid Eruption (D7282)

- a. Ankylosed teeth.
- b. Not in conjunction with extraction.
- c. Medical necessity is documented in patient records.

Placement of Device to Facilitate Eruption of Impacted Tooth (D7283)

- a. Patient must be in active orthodontic treatment.
- b. Pretreatment radiographs documenting impaction.
- c. Medical necessity is documented in patient records.

Incisional Biopsies Oral Tissue Hard and Soft (D7285, D7286)

- a. Method of choice when differential diagnosis includes malignancy.
- b. Documented evidence of medical necessity.

Brush Biopsy - Transepithelial Sample Collection (D7288)

- a. Documented evidence of medical necessity.

Alveoloplasty (D7310, D7311, D7320, D7321)

Qualifying conditions for Alveoloplasty:

- a. For bone recontouring and smoothing as part of the tooth extraction process.
- b. For bone recontouring and smoothing as a standalone procedure prior to fixed or removable prosthetic construction.
- c. To provide stability for implant placement.
- d. For debulking procedures for pathologic conditions of the bone.

Alveoloplasty is not indicated for the following:

- a. When removing bone would harm vital structures.
- b. When there is diminished volume or atypical architecture of bone.
- c. For individuals who have undergone radiation therapy to the head and neck.
- d. For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response.

Vestibuloplasty (D7340, D7350)

- a. Documented evidence of the need to restore alveolar ridge height by lowering muscles attaching to buccal, labial, and lingual jaw aspects. It is most often seen when preparing the mouth for dentures or an implant.

Excision Soft Tissue Lesions Including Non-Odontogenic Cysts (D7410, D7411, D7412, D7413, D7414, D7415)

- a. Documented evidence of medical necessity.

Excision Intra-Osseous Malignant Tumors (D7440, D7441)

- a. Documented evidence of medical necessity, including radiographs demonstrating the lesion/tumor.

Clinical Criteria for Orthodontics (D8000-D8999)

Orthodontic medical necessity will vary based on state criteria.

- a. Completed Salzman/HLD/Medical Necessity form.
- b. Labeled Name/Date -Ceph.
- c. Labeled Name/Date -Panoramic x-ray.
- d. Labeled Name/Date Intraoral & external photos.
- e. Labeled Name/Date Digital Diagnostic models – or photographs of plaster models.

Clinical Criteria for Adjunctive General Services (D9000-D9999)

Anesthesia

- a. General anesthesia is defined as a controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including the loss of the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command produced by a pharmacologic or non-pharmacologic method or combination thereof.
- b. Intravenous sedation/analgesia is a medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes, and the ability to respond to stimulation or verbal commands. It includes intravenous (IV) administration of sedative and/or analgesic agent(s) and appropriate monitoring.
- c. Non-intravenous conscious sedation is a medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes, and the ability to respond to stimulation or verbal commands. It includes the administration of sedative and/or analgesic agent(s) by a route other than IV (oral, patch, intramuscular, or subcutaneous) and appropriate monitoring.
- d. Deep sedation/general anesthesia and intravenous conscious sedation/analgesia shall be considered for payment when it is documented why local anesthesia is contraindicated. Such contraindications shall include the following:
 - I. Toxicity to local anesthesia supported by documentation
 - II. Severe intellectual disability
 - III. Severe physical disability and/or uncontrolled management problem
 - IV. Extensive or complicated surgical procedures
 - V. Failure of local anesthesia

- VI. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia

Deep Sedation/General Anesthesia (D9222, D9223)

Indications include:

- a. Toxicity to local anesthesia is supported by documentation.
- b. Severe intellectual disability.
- c. Severe physical disability and/or uncontrolled management problem.
- d. Extensive or complicated surgical procedures.
- e. Failure of local anesthesia.
- f. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia.

Intravenous Moderate Sedation/Analgesia (D9239, D9243)

Indications include:

- a. Toxicity to local anesthesia is supported by documentation.
- b. Severe intellectual disability.
- c. Severe physical disability and/or uncontrolled management problem.
- d. Extensive or complicated surgical procedures.
- e. Failure of local anesthesia.
- f. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia.

Non-Intravenous Conscious Sedation (D9248)

Indications include:

- a. A fearful, anxious, or obstreperous patient.
- b. Certain patients with special health care needs.
- c. A patient whose gag reflex interferes with dental care.
- d. A patient for whom profound local anesthesia cannot be obtained.
- e. A cooperative child undergoing lengthy dental procedures.

Therapeutic Parenteral Drug, Single Administration (D9610)

- a. Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications.
- b. Does not include sedative, anesthetic, or reversal agents.

Drugs or Medicaments Dispensed in the Office for Home Use (D9630)

- a. Dispensing of drugs may be indicated to enhance the healing of surgical procedures or reduce pain and/or risk of infection.
- b. These include but are not limited to, oral antibiotics, oral analgesics, and topical fluoride.

- c. Does not include writing prescriptions.

Occlusal Guards

Occlusal Guards Full Arch (D9944, D9945, D9946)

Indications include:

- a. Bruxism: Prevent grinding and protect teeth.
- b. Protection of heavily restored dentition.
- c. Treatment of TMD.
- d. Stabilization of mobile teeth because of severe periodontal disease, as a maintenance device.
- e. Teeth need to be healthy prior to fabrication of an occlusal guard.
- f. The fee includes fabrication, insertion, and adjustments needed.

Occlusal Adjustment (D9951, D9952)

Indications include:

- a. To eliminate occlusal interferences.
- b. Prior to full mouth rehabilitation.
- c. Treatment of TMD.
- d. Stabilization of mobile teeth because of severe periodontal disease as a maintenance procedure.
- e. To obtain a mutually protected occlusion.
- f. To eliminate trauma from occlusion.