



Dental Clinical Criteria, Guidelines and Practice Standards

Government (Medicaid, CHIP)

Medicare Advantage, State Specific

2026

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State Requirements
1. Providers are to reference their states benefits grids for medically covered codes.
2. Codes with State specific or Medicare Advantage variances are outlined within the State Specific Clinical Criteria and Medicare Advantage Clinical Criteria tables provided at the end of this document.
3. The criteria within are used to assess medical necessity for all requested services (Medicaid, CHIP) and EPSDT.

Introduction

Avēsis Dental Plan’s Clinical Criteria Guidelines and Practice Standards undergo at minimum an annual review with approval and acceptance by the Utilization Management Committee (UMC). Our Dental Directors developed this criteria document, with input from a participating panel of internal and external general practitioners and specialists. The standards of care and practice guidelines for dental services covered by Avēsis shall be guided by nationally recognized criteria published by experts 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. **Where applicable, clinical criteria will follow State, Plan, and/or Program guidelines, which will take precedence over Avēsis national guidelines contained in this document.**

The clinical criteria/protocols are made publicly available – pre login on the Avēsis website – to network Providers to support them in making informed decisions regarding the provision of an enrollee’s covered benefits.

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

Definitions:

- *Clinical criteria* are specific, evidence-based standards or guidelines used by dentists to determine the medical necessity of a treatment or procedure. They define why a treatment is appropriate and are clinical in nature. Clinical criteria generally do not vary by location or insurance plan.
- *Processing guidelines* are administrative or insurance-related requirements that must be met when submitting a procedure for reimbursement. They outline how and under what conditions a claim will be paid and may vary by insurance plan.

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 reflect EPSDT federal standards. As part of our criteria and review process, we take into account special clinical circumstances on a case-by-case basis. Clinical criteria and decision-making processes are tailored to consider individual needs, which may include factors such as: age, coexisting health conditions, treatment progress, psychosocial situations, and home or living environment, as appropriate.

- Criteria are influenced at a minimum by specialty organizations such as:
 - American Dental Association (ADA)
 - American Association of Oral and Maxillofacial Surgeons (AAMOS)
 - American Academy of Periodontology (AAP)
 - American Association of Orthodontists (AAO)
 - American Academy of Pediatric Dentistry (AAPD)
 - American Association of Endodontics (AAE)
 - American Association of Dental Consultants
 - The American Board of Dental Examiners (ADEX)
 - The Academy of General Dentistry (AGD)
 - American Society of Anesthesiologists (ASA)
 - Food and Drug Administration (FDA)
 - Centers for Disease Control (CDC)
 - Association National Institute of Health (NIH)
 - University Dental Schools throughout the country

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.

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- 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, 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.

Practitioners must sign and date baseline medical histories after reviewing them with the patient. Regular updates to medical history, signed by both the patient and practitioners, 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 practitioners or other licensed healthcare professionals who performed the services. Contracted practitioners 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 or 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:

- Practitioners 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 practitioner 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. Practitioners recommending endodontic, periodontal, or restorative procedures (including crown lengthening) should consider and document the anticipated prognosis, restorability, and maintainability of the involved teeth. Avēsis’ 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 labeled 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. In addition to considering Avēsis’ clinical criteria guidelines, Practitioners should also review the schedule of benefits and limitations before creating a treatment plan to ensure members receive covered services.

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4. Reference the ADA CDT Current Dental Terminology manual for a list of all ICD-10 dental diagnostic codes.

Avēsis / Premier Clinical Criteria

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. Prior authorization is not required for examinations, radiographs, or photographs.

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|----------------------------------|--|--|
| Clinical Oral Evaluations | | |
| D0120 | Periodic oral evaluation - established patient | Established patient <ol style="list-style-type: none"> a. Review/update of medical and dental history. b. Oral cancer screening. c. Periodontal evaluation or screening. d. Caries risk assessment. e. Examination of teeth and soft tissues. f. Notation of any new or existing pathology. g. Update of findings and treatment plan. |
| D0140 | Limited oral evaluation - problem focused | The evaluation is limited to the problem being addressed and does not involve a full-mouth comprehensive or periodic exam. The patient presents with a specific complaint, symptom, or emergency. |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | The patient is under 3 years old. Focus on: <ol style="list-style-type: none"> a. Caries risk assessment b. Growth and development monitoring (eruption patterns, spacing, occlusion concerns) c. Soft tissue evaluation d. Early signs of disease (caries, gingivitis, trauma, oral habits) |
| D0150 | Comprehensive oral evaluation - new or established patient | <ol style="list-style-type: none"> a. A new patient (first visit to the practice). b. An established patient with: <ol style="list-style-type: none"> i. A significant change in health condition (medical or dental). ii. A substantial change in dental status (e.g., multiple new caries, tooth loss, periodontal changes). iii. No prior comprehensive exam for three or more years. iv. Extraoral and intraoral examination (head, neck, TMJ, soft and hard tissue, oral cancer screening). v. Periodontal charting on teeth that are present. vi. Charting of existing conditions (restorations, missing teeth, prosthetics, etc.). vii. Diagnosis and treatment plan. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|--|---|
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | <p>The patient presents with a complicated oral health problem requiring a more in-depth evaluation.</p> <ul style="list-style-type: none"> a. Evaluation involves extensive history, additional diagnostic aids, or multiple differential diagnoses, beyond the scope of D0140. <p>Examples include:</p> <ul style="list-style-type: none"> a. Temporomandibular joint disorders (TMD/TMJ pain or dysfunction). b. Complex facial/oral trauma. c. Craniofacial growth or developmental concerns. d. Unexplained orofacial pain. e. Systemic conditions with significant oral manifestations. f. Oral pathology requiring extended evaluation. <p>Documentation should include:</p> <ul style="list-style-type: none"> a. Chief complaint (patient’s main concern). b. Detailed history (medical, dental, social). c. Extensive clinical findings and exam results. d. Diagnostic tests or imaging ordered/performed. e. Differential diagnosis and reasoning. g. Explanation of why the evaluation was more detailed than a typical problem-focused exam. |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | <ul style="list-style-type: none"> a. The patient has already been seen and established in the practice. b. There is a need to re-evaluate a specific condition or treatment response that was previously addressed. c. The evaluation is limited and problem-focused, not a comprehensive or periodic oral evaluation. d. Documentation supports the necessity of re-evaluation (e.g., persistence of symptoms, status check on periodontal therapy, evaluation after emergency palliative care, or follow-up of a soft tissue lesion). e. The service is not part of a routine post-op check (those are bundled into the original procedure fee). |
| D0171 | Re-evaluation - post-operative office visit | <ul style="list-style-type: none"> a. The patient is established and is returning after a recent dental procedure. b. The visit is directly related to post-operative healing or complications. c. The evaluation goes beyond the standard/global post-op care bundled into the original procedure. d. Documentation supports why this visit required a separately identifiable service (e.g., pain, infection, abnormal healing, additional intervention needed). |
| D0180 | Comprehensive periodontal evaluation - new or established patient | <p>The patient is new or established and requires a complete periodontal evaluation. The evaluation goes beyond the scope of a standard comprehensive oral evaluation (D0150).</p> |
| Pre-diagnostic Services | | |
| D0190 | Screening of a patient | <ul style="list-style-type: none"> a. The visit is for a screening only—not a full evaluation. b. The screening is used to triage or identify obvious oral health needs. c. The purpose is to determine if a more complete examination or referral is required. d. No comprehensive documentation, charting, or diagnosis is performed beyond identifying whether there’s a need for further care. |
| D0191 | Assessment of a patient | <p>An assessment to determine changes in a patient’s dental or medical status since a previous comprehensive or periodic evaluation. It is not a substitute for D0120 (periodic exam) or D0150 (comprehensive exam), but rather a focused assessment when a full evaluation is not needed.</p> |
| Diagnostic Imaging <i>Image Capture with Interpretation</i> | | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|---|
| D0210 | Intraoral - comprehensive series of radiographic images | <p>(D0210 – D0804)</p> <p>According to accepted standards of dental practice and ADA recommendations, the lowest number of radiographs needed to provide the diagnosis shall be taken.</p> <p>Dental radiographs are indicated for:</p> <ol style="list-style-type: none"> Initial or advanced dental decay. Evidence of periodontal disease. Identify teeth or bone abnormalities. Swelling. Tooth mobility. Unexplained tooth sensitivity. Presence of implants, previous implant-related pathosis. Malposed or clinically impacted teeth. Jaw fracture. Discovery and diagnosis of tumors, cysts, or other oral conditions. Visual explanation from the dentist of the patient's diagnosis. Before and after record of treatment showing changes in the oral cavity. Developmental defects of enamel (DDE). Legal documentation. |
| D0220 | Intraoral - periapical first radiographic image | |
| D0230 | Intraoral - periapical each additional radiographic image | |
| D0240 | Intraoral - occlusal radiographic image | |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source and detector | |
| D0251 | Extra-oral posterior dental radiographic image | |
| D0270 | Bitewing - single radiographic image | |
| D0272 | Bitewing - two radiographic images | |
| D0273 | Bitewings - three radiographic images | |
| D0274 | Bitewing - four radiographic images | |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | |
| D0310 | Sialography | |
| D0320 | Temporomandibular joint arthrogram, including injection | |
| D0321 | Other temporomandibular joint radiographic images, by report | |
| D0322 | Tomographic survey | |
| D0330 | Panoramic radiograph image | |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | |
| D0364 | Cone beam CT capture and interpretation with limited field of view - less than one whole jaw | |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch - mandible | |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium | |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---------------------------|---|--|
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures | |
| D0369 | Maxillofacial MRI capture and interpretation | |
| D0370 | Maxillofacial ultrasound capture and interpretation | |
| D0371 | Sialoendoscopy capture and interpretation | |
| D0372 | Intraoral tomosynthesis - comprehensive series of radiographic images | |
| D0373 | Intraoral tomosynthesis - bitewing radiographic image | |
| D0374 | Intraoral tomosynthesis - periapical radiographic image | |
| D0801 | 3D intraoral surface scan – direct | |
| D0802 | 3D dental surface scan - indirect | |
| D0803 | 3D facial surface scan - direct | |
| D0804 | 3D facial surface scan - indirect | |
| Diagnostic Imaging | | |
| <i>Image Capture Only</i> | | |
| D0380 | Cone beam CT image capture with limited field of view - less than one whole jaw | |
| D0381 | Cone beam CT capture and interpretation with field of view of one full dental arch - mandible | (D0380 – D0709) |
| D0382 | Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium | According to accepted standards of dental practice and ADA recommendations, the lowest number of radiographs needed to provide the diagnosis shall be taken. |
| D0383 | Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium | Dental radiographs are indicated for: |
| D0384 | Cone beam CT capture and interpretation for TMJ series including two or more exposures | a. Initial or advanced dental decay. |
| D0385 | Maxillofacial MRI image capture | b. Evidence of periodontal disease. |
| D0386 | Maxillofacial ultrasound capture | c. Identify teeth or bone abnormalities. |
| D0387 | Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only | d. Swelling. |
| D0388 | Intraoral tomosynthesis - bitewing radiographic image - image capture only | e. Tooth mobility. |
| D0389 | Intraoral tomosynthesis - periapical radiographic image - image capture only | f. Unexplained tooth sensitivity. |
| | | g. Presence of implants, previous implant-related pathosis. |
| | | h. Malposed or clinically impacted teeth. |
| | | i. Jaw fracture. |
| | | j. Discovery and diagnosis of tumors, cysts, or other oral conditions. |
| | | k. Visual explanation from the dentist of the patient's diagnosis. |
| | | l. Before and after record of treatment showing changes in the oral cavity. |
| | | m. Developmental defects of enamel (DDE). |
| | | n. Legal documentation. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|--|--------------------------------------|
| D0701 | Panoramic radiographic image – image capture only | |
| D0702 | 2D cephalometric radiographic image – image capture only | |
| D0703 | 2D oral/facial photographic image obtained intra-orally or extra-orally – image capture only | |
| D0705 | Extra-oral posterior dental radiographic image – image capture only | |
| D0706 | Intraoral – occlusal radiographic image – image capture only | |
| D0707 | Intraoral – periapical radiographic image – image capture only | |
| D0708 | Intraoral – bitewing radiographic image – image capture only | |
| D0709 | Intraoral - comprehensive series of radiographic images - image capture only | |

Diagnostic Imaging

Interpretation and Report Only

| | | |
|-------|---|--|
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | <p>According to accepted standards of dental practice and ADA recommendations, the lowest number of radiographs needed to provide the diagnosis shall be taken.</p> <p>Dental radiographs are indicated for:</p> <ol style="list-style-type: none"> Initial or advanced dental decay. Evidence of periodontal disease. Identify teeth or bone abnormalities. Swelling. Tooth mobility. Unexplained tooth sensitivity. Presence of implants, previous implant-related pathosis. Malposed or clinically impacted teeth. Jaw fracture. Discovery and diagnosis of tumors, cysts, or other oral conditions. Visual explanation from the dentist of the patient's diagnosis. Before and after record of treatment showing changes in the oral cavity. Developmental defects of enamel (DDE). Legal documentation. |
|-------|---|--|

Diagnostic Imaging

Post Processing of Image or Image Sets

| | | |
|-------|---|--|
| D0393 | Virtual treatment simulation using 3D image volume or surface scan | (D0393 – D0396) 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: |
| D0394 | Digital subtraction of two or more images or image volumes of the same modality | <ol style="list-style-type: none"> Initial or advanced dental decay. Evidence of periodontal disease. Identify teeth or bone abnormalities. Swelling. Tooth mobility. Unexplained tooth sensitivity. Presence of implants, previous implant-related pathosis. |
| D0395 | Fusion of two or more 3D image volumes of one of more modalities | |
| D0396 | 3D printing of a 3D dental surface scan | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------------------------------|---|---|
| | | <ul style="list-style-type: none"> h. Malposed or clinically impacted teeth. i. Jaw fracture. j. Discovery and diagnosis of tumors, cysts, or other oral conditions. k. Visual explanation from the dentist of the patient's diagnosis. l. Before and after record of treatment showing changes in the oral cavity. m. Developmental defects of enamel (DDE). n. Legal documentation. |
| Tests and Examinations | | |
| D0411 | Hba1c in-office point of service testing | <ul style="list-style-type: none"> a. The test is performed chairside in the dental office (point of service). b. A small blood sample (typically via finger stick) is collected and analyzed immediately. c. The result (HbA1c percentage) is documented in the patient record. d. The purpose is to screen, monitor, or manage systemic health conditions affecting oral health (e.g., diabetes). e. The test is not performed by an outside lab (that would fall under medical/lab billing). |
| D0412 | Blood glucose level test - in-office using a glucose meter | An in-office blood glucose level test using a glucose meter. Dentists use this test to determine a patient's current blood glucose level, especially before a long or complex dental procedure. Primarily focus on identifying immediate risks associated with abnormal blood sugar levels. |
| D0414 | Laboratory processing microbial specimen to include culture and sensitivity studies, preparation and transmission of written report | Diagnosing and treating oral infections through laboratory testing. A dentist may use this code when they need to determine the specific type of bacteria or other microorganisms causing an infection and find out which medications will be most effective. |
| D0415 | Collection of microorganisms for culture and sensitivity | Documents the clinical signs, symptoms, and medical history that justify the need for a microbiological analysis. |
| D0416 | Viral culture | <ul style="list-style-type: none"> a. Persistent infections: A viral culture may be indicated for oral infections that do not respond to antibiotic therapy or other standard treatments in a timely manner. b. Compromised patients: Patients with certain health conditions or those taking specific medications may be candidates for a viral culture, as their infections may not follow a typical course. These include individuals with: <ul style="list-style-type: none"> i. Unmanaged medical conditions (e.g., metabolic, cardiovascular, autoimmune) ii. Compromised immune systems (e.g., HIV/AIDS, cancer, transplant recipients) iii. Medications that affect healing (e.g., immunosuppressants, corticosteroids) c. Severe or prolonged infections: For patients with infections that are severe or last for an extended period, a viral culture can help determine the underlying cause. d. Not a routine procedure: A viral culture is not considered a routine procedure for all infections, nor is it indicated if the infection is small, localized, and draining on its own. |
| D0417 | Collection and preparation of saliva sample for laboratory analysis | Collect a saliva sample for a diagnostic lab test. This is not a treatment, but a diagnostic tool to help the dentist assess a patient's risk for certain oral and systemic health issues. |
| D0418 | Analysis of saliva sample - laboratory | Analyzes the <i>composition</i> of the saliva (chemical or biological components) for diagnostic purposes. |
| D0419 | Assessment of salivary flow by measurement | Measures the volume of salivary flow to identify hyposalivation (low saliva). |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|--|
| D0422 | Collection and preparation of genetic sample material for laboratory analysis and report | The code covers the collection and preparation of a genetic sample (such as a saliva sample or oral swab) for laboratory analysis when indicated. |
| D0423 | Genetic test for susceptibility to diseases - specimen analysis | Indication of specific genetic variations. |
| D0425 | Caries susceptibility tests | <p>Tests performed to determine a patient's susceptibility to dental caries (cavities). These tests are part of a comprehensive caries risk assessment and management strategy, which is especially important for high-risk patients. Clinical criteria for performing and documenting caries susceptibility tests include:</p> <ol style="list-style-type: none"> a. Identification of risk factors: The dentist determines the need for a caries susceptibility test based on an assessment of the patient's individual risk factors, such as: <ol style="list-style-type: none"> i. Clinical history: Previous dental decay, high sugar intake, and a family history of oral disease. ii. Oral health status: Presence of existing cavities, plaque buildup, and other indicators of poor oral health. iii. Age-specific needs: Young children are often assessed using risk-based protocols. iv. Systemic health: Medical conditions or medications that may affect oral health. |
| D0426 | Collection, preparation, and analysis of saliva sample – point-of-care | To collect, process, and analysis of saliva sample; point of care. |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | <ol style="list-style-type: none"> a. Risk assessment: The test is typically recommended for adult patients, particularly those with risk factors for oral cancer, such as a history of tobacco or alcohol use. However, some providers offer it to all adults, noting that oral cancer can occur in individuals with no traditional risk factors. b. Necessity: It is indicated when the dentist determines that an additional screening method is necessary to thoroughly evaluate the patient's oral tissues. |
| D0460 | Pulp vitality tests | <p>A pulp vitality test is indicated when a patient presents with the following symptoms:</p> <ol style="list-style-type: none"> a. Persistent tooth pain b. Sensitivity to hot or cold temperatures c. Localized swelling in the gums d. A history of dental trauma e. Deep dental cavities or large restorations near the pulp |
| D0461 | Testing for cracked tooth | Includes multiple teeth, contralateral comparisons, as indicated. Diagnostic aides may include but are not limited to pressure sensitivity testing, transillumination, staining, etc.. |
| D0470 | Diagnostic casts | The replica of a patient's teeth and surrounding tissues for thorough diagnostic and treatment planning purposes. It is not appropriate for casts created solely for fabricating an appliance. |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum | Supplemental technology used in the diagnosis of caries. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|----------------------------------|--|---|
| D0601 | Caries risk assessment and documentation, with a finding of low risk | (D0601 – D0603) a. Use a recognized caries risk assessment tool to evaluate the patient. b. Apply their clinical judgment based on the assessment findings. c. Document all findings in the patient's dental record. |
| 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, including coronavirus | (D0604 – D0606) The test must be justified by specific patient circumstances related to patient care, infection control, or public health guidelines. |
| D0605 | Antibody testing for a public health related pathogen, including coronavirus | |
| D0606 | Molecular testing for a public health related pathogen, including coronavirus | |
| Oral Pathology Laboratory | | |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | (D0472 – D0502) a. Oral pathology lab testing is used to diagnose a variety of oral conditions, including infectious diseases, inflammatory disorders, neoplastic growths (benign and malignant), and systemic diseases with oral manifestations. b. The clinical criteria for oral pathology lab testing will depend on the patient's symptoms, medical history, clinical findings, and the nature of the suspected condition. |
| 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 | |
| D0475 | Decalcification procedure | |
| D0476 | Special stains for microorganisms | |
| D0477 | Special stains not for microorganisms | |
| D0478 | Immunohistochemical stains | |
| D0479 | Tissue in-situ hybridization, including interpretation | |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | |
| D0481 | Electron microscopy | |
| D0482 | Direct immunofluorescence | |
| D0483 | Indirect immunofluorescence | |
| D0484 | Consultation of slides prepared elsewhere | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|--|---|
| D0485 | Consultation, including preparation of slides from biopsy material supplied by referring source | |
| D0486 | Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report | |
| D0502 | Other oral pathology procedures, by report | |
| D0999 | Unspecified diagnostic procedure, by report | CDT code that does not exist for a particular service or condition. |
| Preventive Services (D1000-D1999) | | |
| Dental Prophylaxis | | |
| D1110 | Prophylaxis - adult | (D1110 – D1120) 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. |
| D1120 | Prophylaxis - child | |
| Topical Fluoride Treatment (Office Procedure) | | |
| D1206 | Topical application of fluoride varnish | (D1206 – D1208) a. Fluoride treatment is a treatment only for prescription strength fluoride products. a. The application of fluoride is for prevention of caries control and as a full mouth treatment. |
| D1208 | Topical application of fluoride | |
| Other Preventive Services | | |
| D1301 | Immunization counseling | The counseling to educate dental patients on the rationale for integrating oral and systemic health. |
| D1310 | Nutritional counseling for control of dental disease | The counseling must be tied to a documented dental condition like periodontal disease or a high risk for caries. |
| D1320 | Tobacco counseling for the control and prevention of oral disease | The counseling current and potential tobacco users on the oral health impacts of their habit and developing a quit strategy. |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use | Identifying patients who are at risk due to the use of substances, including but not limited to alcohol, opioids, cannabis, and nicotine. |
| D1330 | Oral hygiene instructions | Documented evidence of a patient's specific oral hygiene challenges and a structured, individualized session to address them. a. Identified poor oral hygiene: The patient or dental staff notes signs of inadequate home care, such as plaque buildup, gingivitis, bad breath, or frequent cavities. b. High-risk patients: Individuals with risk factors for dental problems, including patients with high caries risk or periodontal disease. c. Orthodontic patients: Patients with new orthodontic appliances who require specific instructions on how to clean around wires and brackets effectively. d. Special needs patients: Children or adults with special health care needs who require adaptive oral care techniques. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|--|--|
| | | e. Complex procedures: Patients who have undergone complex dental procedures and need special home-care instructions to ensure proper healing. |
| D1351 | Sealant - per tooth | Applied to the occlusal surfaces of permanent posterior teeth that are free of cavitated carious lesions or restorations. |
| D1353 | Sealant repair - per tooth | <ul style="list-style-type: none"> a. Existing sealant damage: The existing sealant on a tooth is partially or completely lost, exposing the sealed pits and fissures. b. Intact sealant margin: The sealant still has good margins, and the repair is needed to restore its protective coverage, not to replace a completely failed sealant. c. Absence of decay: There is no underlying decay (caries) in the pit or fissure that requires a more invasive restoration. d. High caries risk: The patient is considered at moderate to high risk for developing tooth decay, making the continued protection of a sealant beneficial. |
| D1354 | Application of caries arresting medicament - per tooth | <ul style="list-style-type: none"> a. For High caries risk patients only (D0603). b. Treated tooth must exhibit decay into enamel and dentin. c. Should not be applied to exposed pulps. |
| D1355 | Caries preventive medicament application – per tooth | <ul style="list-style-type: none"> a. Application to a specific tooth surface without a carious lesion present. b. Application to areas of root exposure to prevent root surface caries, particularly in high-risk adult patients. c. Use on teeth around orthodontic bands, which can be difficult to keep clean and are prone to plaque accumulation. d. Application to deep, susceptible pits and fissures, especially in permanent teeth. e. Targeting specific sites for patients assessed as having a moderate or high risk for dental caries. |

Space Maintenance (Passive Appliance)

| | | |
|-------|---|--|
| D1510 | Space maintainer - fixed - unilateral | <p>(D1510 – D1558)</p> <ul style="list-style-type: none"> 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. |
| D1516 | Space maintainer - fixed - bilateral, maxillary | |
| D1517 | Space maintainer - fixed - bilateral, mandibular | |
| D1520 | Space maintainer - removable - unilateral | |
| D1526 | Space maintainer - removeable - bilateral, maxillary | |
| D1527 | Space maintainer - removeable - bilateral, mandibular | |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | |
| D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | |
| D1556 | Removal of fixed unilateral space maintainer - per quadrant | |
| D1557 | Removal of fixed bilateral space maintainer - maxillary | |
| D1558 | Removal of fixed bilateral space maintainer - mandibular | |

Space Maintainers

State Requirements
 1. Providers are to reference their states benefits grids for medically covered codes.
 2. Codes with State specific or Medicare Advantage variances are outlined within the State Specific Clinical Criteria and Medicare Advantage Clinical Criteria tables provided at the end of this document.
 3. The criteria within are used to assess medical necessity for all requested services (Medical, CHIP) and EPSDT.

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---------------------|--|--|
| D1575 | Distal shoe space maintainer - fixed - unilateral | <p>a. Premature loss of a primary second molar: This is the primary indication for a distal shoe. When a baby second molar is lost before the permanent first molar has erupted, the distal shoe guides the permanent molar into its correct position.</p> <p>b. Lack of space: The appliance is necessary when there is evidence that the space for the erupting permanent tooth will be lost without intervention. This is typically confirmed with a dental X-ray</p> |
| Vaccinations | | |
| D1701 | Pfizer-BioNTech Covid-19 vaccine administration - first dose | <p>(D1701 – D1783) Criteria have been established by regulatory bodies as to which patients should receive this vaccine.</p> |
| D1702 | Pfizer-BioNTech Covid-19 vaccine administration - second dose | |
| D1703 | Moderna Covid-19 vaccine administration - first dose | |
| D1704 | Moderna Covid-19 vaccine administration - second dose | |
| D1708 | Pfizer-BioNTech Covid-19 vaccine administration - third dose | |
| D1709 | Pfizer-BioNTech Covid-19 vaccine administration - booster dose | |
| D1710 | Moderna Covid-19 vaccine administration - third dose | |
| D1711 | Moderna Covid-19 vaccine administration - booster dose | |
| D1713 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose | |
| D1714 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose | |
| D1720 | Influenza vaccine administration | |
| D1781 | Vaccine administration - human papillomavirus - Dose 1 | |
| D1782 | Vaccine administration - human papillomavirus - Dose 2 | |
| D1783 | Vaccine administration - human papillomavirus - Dose 3 | |
| D1999 | Unspecified preventive procedure, by report | |

Restorative Services (D2000-D2999)

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|---|---|
| Amalgam Restorations (Including Polishing) | | |
| D2140 | Amalgam - one surface, permanent or primary | <p>(D2140 – D2161) 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.</p> |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|--|--|
| D2150 | Amalgam - two surfaces, permanent or primary | Restore missing tooth structure due to: Fractures, caries, developmental anomalies. The following are considered clinical contra-indications of treatment: <ol style="list-style-type: none"> Decay into a furcation, or gross decay of a crown and/or root in which insufficient sound tooth structure remains to restore a tooth. A tooth that is fractured off, at or below the bone level and has insufficient remaining tooth structure to restore. Loss of supporting bone resulting in an unfavorable crown/root ratio. Periodontal pockets of 7mm or greater. Unexplained or untreated periapical pathology. Root perforation. Vertical / horizontal root fracture. Irregular tooth position (tipping or drifting) requiring excessive reduction and creating an unfavorable or traumatic occlusion on the restoration. Clinical evidence of inadequate or neglected patient homecare and/or untreated medical conditions that compromise healing. An adequate biologic width of at least 2 mm from crest of the bone. Core Buildup, Including Any Pins When Required (D2950). |
| D2160 | Amalgam - three surfaces, permanent or primary | |
| D2161 | Amalgam - four or more surfaces, permanent or primary | |
| Resin-Based Composite Restorations | | |
| D2330 | Resin-based composite - one surface, anterior | (D2330 – 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. |
| D2331 | Resin-based composite - two surfaces, anterior | |
| D2332 | Resin-based composite - three surfaces, anterior | |
| D2335 | Resin-based composite - four or more surfaces (anterior) | Restore missing tooth structure due to: Fractures, caries, developmental anomalies. The following are considered clinical contra-indications of treatment: <ol style="list-style-type: none"> Decay into a furcation, or gross decay of a crown and/or root in which insufficient sound tooth structure remains to restore a tooth. A tooth that is fractured off, at or below the bone level and has insufficient remaining tooth structure to restore. Loss of supporting bone resulting in an unfavorable crown/root ratio. Periodontal pockets of 7mm or greater. Unexplained or untreated periapical pathology. Root perforation. Vertical / horizontal root fracture. Irregular tooth position (tipping or drifting) requiring excessive reduction and creating an unfavorable or traumatic occlusion on the restoration. Clinical evidence of inadequate or neglected patient homecare and/or untreated medical conditions that compromise healing. An adequate biologic width of at least 2 mm from crest of the bone. Core Buildup, Including Any Pins When Required (D2950). Verified metal allergies (medical documentation required) |
| 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 | |
| D2394 | Resin-based composite - four or more surfaces, posterior | |
| Gold Foil Restorations | | |
| D2410 | Gold foil - one surface | (D2410 – D2430) Restore missing tooth structure due to: Fractures, caries, developmental anomalies |
| D2420 | Gold foil - two surfaces | |
| D2430 | Gold foil - three surfaces | |
| Inlay/Onlay Restorations | | |
| D2510 | Inlay - metallic - one surface | (D2510 – D2664) Restore missing tooth structure due to: Fractures, caries, developmental |
| D2520 | Inlay - metallic - two surfaces | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|---|---|
| D2530 | Inlay - metallic - three or more surfaces | anomalies |
| 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 one surface | |
| 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 – Single Restorations Only | | |
| D2710 | Crown - resin-based composite (indirect) | (D2710 – D2794) Restore missing tooth structure due to: Fractures, caries, developmental anomalies |
| D2712 | Crown - 3/4 resin-based composite (indirect) | |
| D2720 | Crown - resin with high noble metal | |
| D2721 | Crown - resin with predominantly base metal | |
| D2722 | Crown - resin with noble metal | |
| D2740 | Crown - porcelain/ceramic substrate | |
| 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 | |
| <p>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 greater than 50% of tooth structure on anterior teeth or cracked tooth syndrome.</p> <p>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.</p> <p>c. Caries cannot demonstrate radiographically to be present along the crestal bone or into the furcation, deeming the tooth non-restorable.</p> <p>d. Final restoration margin must have adequate biologic width of 2 mm from the crest of the bone.</p> <p>e. 50% or more of bone support.</p> <p>f. Completely obturated root canal with the fill less than 2 mm from the radiographic apex when indicated.</p> <p>g. No untreated internal or external resorption.</p> <p>h. Crowns Replacements should include:</p> <p style="padding-left: 20px;">i. Decay present under the existing crown</p> | | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-----------------------------------|--|--|
| D2780 | Crown - 3/4 cast high noble metal | ii. Fractured porcelain |
| D2781 | Crown - 3/4 cast predominantly base metal | iii. Open margin |
| D2782 | Crown - 3/4 cast noble metal | |
| 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 | <p>Must include within treatment plan one of the following reasons:</p> <ul style="list-style-type: none"> a. Healing time: Allowing time for a tooth or surrounding tissues to heal from a previous procedure, such as periodontal therapy. b. Cracked tooth syndrome: Observing a tooth with a suspected crack and monitoring symptoms while the provisional crown protects the tooth from fracture and irritation. c. Monitoring symptoms: Placing a provisional crown on a tooth with an unclear or complex diagnosis, such as unresolved pulpal or endodontic issues, and monitoring the patient's symptoms. d. Multi-stage treatment: Stabilizing a tooth when the full treatment plan involves multiple, complex stages that require an extended provisional period. e. Awaiting consultations: Providing stabilization while a patient waits for a consultation with a specialist. f. Changes in function: Using a provisional crown to test for changes in the vertical dimension (occlusion) of the bite. |
| Other Restorative Services | | |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | Demonstrate that the restorations that have become loose but are still in good condition. |
| D2915 | Re-cement of re-bond indirectly fabricated or prefabricated post and core | <ul style="list-style-type: none"> a. Documentation of failure: Records must clearly state that the existing post and core became loose or detached. b. Lack of irreparable damage: The tooth structure and the existing post and core must be in good enough condition to be re-cemented successfully. If there is significant decay or the post is broken, a new post and core (D2954) would be required instead. c. Rationale for re-cementation: The documentation should include the clinical reasoning for re-cementing rather than replacing the restoration. This often includes considerations like the integrity of the remaining tooth structure and cost-effectiveness. d. Radiographic evidence: Recent radiographs (periapical X-rays) are often required to evaluate the tooth's bone support, the integrity of the root canal treatment, and the condition of the post and core. e. Clear narrative: A written narrative from the dentist explaining the medical necessity of the procedure should be included with the claim. The narrative should include the patient's signs and symptoms that led to the treatment. |
| D2920 | Re-cement or re-bond crown | <ul style="list-style-type: none"> a. A crown that has become loose or has completely detached from the tooth. b. Dental discomfort or sensitivity that has occurred as a result of the crown being dislodged. c. A need to protect the vulnerable tooth underneath the crown from further decay or damage. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|---|
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | Documentation to support natural tooth fractured off and the fragment was successfully reattached. |
| D2928 | Prefabricated porcelain/ceramic crown - permanent tooth | Require documentation of significant tooth decay, trauma, or developmental defects. |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth | Require evidence for restoring tooth/teeth with significant damage that cannot be adequately repaired with a filling. |
| D2930 | Prefabricated stainless steel crown - primary tooth | <p>(D2931 – D2934)</p> <ul style="list-style-type: none"> 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 bone on permanent teeth. d. 50% or more of bone support. e. Completely obturated root canal with the fill less than 2mm from the radiographic apex when indicated. f. No untreated internal or external resorption on permanent teeth. |
| D2931 | Prefabricated stainless steel crown - permanent tooth | |
| D2932 | Prefabricated resin crown | |
| D2933 | Prefabricated stainless steel crown with resin window | |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth | |
| D2940 | Placement of interim direct restoration | <p>Documented proof is needed to stabilize a tooth and prevent further damage or discomfort. Common clinical situations include:</p> <ul style="list-style-type: none"> a. Emergency care: Stabilizing fractured teeth or teeth with lost fillings or extensive decay where a permanent restoration is not immediately possible. b. Decay management: Placing a temporary filling to relieve pain, allow the tooth to heal, or perform decay control when caries are extensive and near the pulp. c. Delayed definitive care: Protecting a tooth while a patient is waiting for more extensive treatment, such as a permanent crown or endodontic therapy. d. Endodontic evaluation: Placing a filling to protect the tooth after endodontic access and before the final restoration is placed. |
| D2949 | Restorative foundation for an indirect restoration | <p>Documentation showing that the tooth's shape was improved such as:</p> <ul style="list-style-type: none"> a. Creating an ideal form: The main purpose of D2949 is to place restorative material to create a more ideal or retentive shape for an upcoming indirect restoration, such as a crown, onlay, or bridge. b. Eliminating undercuts: The code is appropriate when the dentist needs to block out undercuts in the tooth preparation. This allows for an easier and more accurate impression and seating of the final restoration. c. Filling irregularities: It can be used to fill in voids, box forms, or concave areas created by previous restorations or minor decay, rather than restoring a large portion of lost tooth structure. d. Raising a deep margin: In cases of deep decay or damage, a restorative foundation can be used to elevate the margin of the tooth preparation, making it more accessible and manageable for the final restoration. |
| D2950 | Core buildup, including any when required | <p>Documentation of extensive loss of coronal tooth structure due to decay, trauma, or fracture such as:</p> <ul style="list-style-type: none"> a. Inadequate tooth structure: The tooth has lost a significant portion of its structure (in many cases, 50% or more), and a crown cannot be reliably retained without additional support. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|--|
| | | <ul style="list-style-type: none"> b. Coronal reconstruction: The procedure must build up the tooth's internal or coronal (crown) portion to provide a foundation for a full-coverage crown. c. Post-endodontic treatment: The tooth is often, but not always, endodontically treated (has had a root canal). d. For crown retention, not preparation: The core buildup is necessary for the retention of the final crown, not merely to fill in undercuts, divots, or other minor irregularities created during the crown preparation. |
| D2951 | Pin retention - per tooth, in addition to restoration | <ul style="list-style-type: none"> 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. |
| D2952 | Post and core in addition to crown, indirectly fabricated | <ul style="list-style-type: none"> 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. |
| D2953 | Each additional indirectly fabricated post - same tooth | <ul style="list-style-type: none"> c. Enough tooth structure to establish a ferrule around the tooth to establish resistance and retention. No sub crestal decay. d. The Final restoration margin must have adequate biologic width of 2mm or more from the crest of the bone. |
| D2954 | Prefabricated post and core in addition to crown | <ul style="list-style-type: none"> e. Completely obturated root canal with the fill less than 2mm from the radiographic apex or not greater than 0.5mm beyond the radiographic apex. f. No untreated internal or external resorption. |
| D2955 | Post removal | Documentation of a fractured post or access needed for an endodontic retreatment. |
| D2956 | Removal of an indirect restoration on a natural tooth | Necessity to remove a pre-existing restoration to perform a new, more comprehensive treatment. |
| D2957 | Each additional prefabricated post - same tooth | Need for extra retention: There has been extensive loss of the tooth's structure, and one post is not enough to adequately retain the core buildup. |
| D2960 | Labial veneer (resin laminate) - direct | <p>Aesthetic improvements</p> <ul style="list-style-type: none"> a. Masking discoloration, such as intrinsic staining from fluorosis or tetracycline. b. Changing the shape, size, or length of teeth. c. Closing minor diastemas (gaps between teeth). <p>Enamel defects:</p> <ul style="list-style-type: none"> a. Addressing enamel hypoplasia, hypocalcification, or severe decalcification. <p>Restoration:</p> <ul style="list-style-type: none"> a. Repairing chipped, fractured, or worn incisal edges. b. Covering enamel-only fractures that cannot be repaired with a simple composite restoration. |
| D2961 | Labial veneer (resin laminate) - indirect | <p>(D2961-D2962)</p> <ul style="list-style-type: none"> a. Aesthetic improvement: Addressing significant discoloration, particularly intrinsic staining (e.g., from tetracycline or fluorosis) that is resistant to teeth whitening. b. Morphological issues: Correcting teeth that are misshapen, have minor misalignment, or have small gaps (diastemas). |
| D2962 | Labial veneer (porcelain laminate) - indirect | <ul style="list-style-type: none"> c. Structural defects: Repairing teeth with enamel defects such as enamel hypoplasia or hypocalcification. d. Fractures or damage: Restoring teeth with fractures or significant loss of tooth structure, though a full crown may be more appropriate for extensive damage. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|---|
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework | <ul style="list-style-type: none"> a. Indicated when a crown must be fitted to a clasp of an existing partial denture framework during crown fabrication. b. Decay, fracture, or other damage involving three or more tooth surfaces, c. Decay, fracture, or other damage involving one interproximal surface when the damage has extended extensively buccolingually or mesiodistally. d. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge on permanent teeth. e. 50% or more of bone support. f. Completely obturated root canal with the fill less than 3mm from the radiographic apex when indicated. g. No untreated internal or external resorption on permanent teeth. |
| D2975 | Coping | Tooth is a candidate for a crown but has suffered significant damage or has a large restoration. |
| D2976 | Band stabilization – per tooth | Temporarily stabilize a tooth that has lost a significant amount of its structure, often due to a large filling or fracture. |
| D2980 | Crown repair necessitated by restorative material failure | (D2980-D2983) Necessitated by restorative material failure, require that a single, existing restoration has a localized defect that can be fixed without replacing the entire restoration. |
| D2981 | Inlay repair necessitated by restorative material failure | |
| D2982 | Onlay repair necessitated by restorative material failure | |
| D2983 | Veneer repair necessitated by restorative material failure | |
| D2989 | Excavation of a tooth resulting in the determination of non-restorability | Documentation showing a situation where a dentist begins to remove decay or other damaged tooth structure but discovers that the tooth cannot be saved and requires extraction. |
| D2990 | Resin infiltration of incipient smooth surface lesions | Treating early-stage, non-cavitated carious lesions. |
| D2991 | Application of hydroxyapatite regeneration medicament – per tooth | Patient dental record must document to treat incipient, non-cavitated dental caries. |
| D2999 | Unspecified restorative procedure, by report | When the procedure performed is not adequately described by an existing restorative CDT code. |

Endodontics (D3000-D3999)

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---------------------|---|--|
| Pulp Capping | | |
| D3110 | Pulp cap - direct (excluding final restoration) | <ul style="list-style-type: none"> a. Pulp exposure: The pulp tissue is mechanically or traumatically exposed during a procedure, such as removing deep decay, or from a fracture. This is a direct exposure, not merely an area that is close to the pulp. b. Pulp vitality: The tooth pulp must be vital and free of irreversible inflammation. Patients often have minimal symptoms of pulpitis, or inflammation of the pulp. |
| D3120 | Pulp cap - indirect (excluding final restoration) | Indicated for nearly exposed pulp, procedure in which the nearly exposed pulp is covered with a protective dressing. |
| Pulpotomy | | |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | (D3220-D3222) <ul style="list-style-type: none"> 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. b. Tooth decay close to the pulp, where removing the decay would expose the |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|--|--|
| D3221 | Pulpal debridement, primary and permanent teeth | <p>pulp.</p> <p>c. Severe decay with infection in the tooth's pulp (pulpitis)</p> <p>d. Repair of deep restoration exposing the pulp, making it vulnerable to bacterial infection.</p> |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | |
| Endodontic Therapy on Primary Teeth | | |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | Endodontic therapy for primary (baby) anterior teeth, specifically involving the pulpal therapy, cleaning, and filling of the root canals with a resorbable material when permanent successors are present. |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | Endodontic therapy for primary (baby) posterior teeth, specifically involving the pulpal therapy, cleaning, and filling of the root canals with a resorbable material when permanent successors are present. |
| Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care) | | |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | <p>(D3310-D3330)</p> <p>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.</p> <p>b. Tooth has a deep carious lesion likely to result in pulp exposure during excavation.</p> <p>c. Symptomatic or asymptomatic irreversible pulpitis, with or without evidence of periapical disease.</p> <p>d. Necrotic pulp with or without evidence of periradicular disease.</p> <p>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.</p> |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | <p>f. Restorative reason when a placement of a core and possibly a post is necessary for retention of a fixed restoration.</p> <p>g. Cracked or fractured teeth with pulpal involvement (with or without clinical symptoms) that can reasonably be expected to maintain satisfactory periodontal health.</p> <p>h. Teeth with thermal hypersensitivity that significantly interferes with normal function when alternative methods have failed to reduce hypersensitivity.</p> <p>i. Tooth must be restorable.</p> <p>j. Tooth must be able to be restored with conventional methods (i.e., amalgam, composite or crowns).</p> <p>k. Tooth must present with at least 50 percent bone support.</p> <p>l. The tooth cannot have advanced periodontal disease and/or pocket depths greater than 5mm.</p> |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--------------------------------------|---|--|
| D3330 | Endodontic therapy, molar (excluding final restoration) | <ul style="list-style-type: none"> m. Tooth cannot have gross periapical or periodontal pathosis, demonstrated radiographically. n. Patient must be free of periodontal disease. n. Tooth must be damaged due to trauma or carious exposure. o. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration. p. Final restoration margin must have adequate biologic width of 2mm from the crest of the bone. q. Caries cannot demonstrate radiographically to be present along the crestal bone or into the furcation, deeming the tooth non-restorable. r. The pulp chamber should be accessed, and the canals debrided, shaped, and obturated to within 3mm of the radiographic apex. |
| D3331 | Treatment of root canal obstruction; non-surgical access | Documentation supporting at least 50% of the tooth's length being obstructed. Supporting documentation must include clinical notes and mid-treatment X-rays, and the code should not be used for obstructions unintentionally caused by the same provider. |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | Documentation of a pretreatment radiograph; showing the procedure cannot be finished due to unforeseen clinical issues discovered during treatment. Narrative clearly documenting what was found during procedure. |
| D3333 | Internal root repair of perforation defects | Documentation to support that the procedure is performed to repair a perforation or hole in the root of a tooth, which was caused by decay, trauma, or during a previous endodontic procedure by a different provider. |
| Endodontic Retreatment | | |
| D3346 | Retreatment of previous root canal therapy - anterior | (D3346-D3348) <ul style="list-style-type: none"> 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 2 mm of the radiographic apex. |
| D3347 | Retreatment of previous root canal therapy - bicuspid | |
| D3348 | Retreatment of previous root canal therapy - molar | |
| Apexification/Recalcification | | |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcific repair of perforation, root resorption, etc.) | (D3351 – D3353) Step Therapy D3351 – 1 st step <ul style="list-style-type: none"> a. Documentation of a periapical x-ray showing that the apex is still open. b. There is incomplete root development as well as incomplete apical closure. D3352 – 2 nd step <ul style="list-style-type: none"> a. Placing of the interim medication D3353 – 3 rd step <ul style="list-style-type: none"> a. Final visit which includes completed root canal therapy |
| 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 | The procedure is intended for immature permanent teeth with necrotic pulp and an open apex. It is not typically appropriate for mature teeth. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|---|--|
| D3356 | Pulpal regeneration - interim medication replacement | Pulpal regeneration—interim medicament replacement. |
| D3357 | Pulpal regeneration - completion of treatment | Pulpal regeneration—completion of treatment. |
| Apicoectomy/Periradicular Services | | |
| D3410 | Apicoectomy - anterior | (D3410-D3426) |
| D3421 | Apicoectomy - bicuspid (first root) | a. Symptomatic periradicular pathosis following endodontic treatment. b. A periradicular lesion that enlarges after endodontic treatment, as noted on follow-up radiographic examination. |
| D3425 | Apicoectomy - molar (first root) | c. A marked overextension of obturating materials and sealers interfering with healing. d. Access for periradicular curettage, biopsy, or an additional root is necessary. |
| D3426 | Apicoectomy (each additional root) | 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. |
| D3428 | Bone graft in conjunction with periradicular surgery - per tooth, single site | (D3428 – D3430) |
| D3429 | Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site | a. Persistent periradicular pathosis resulting from an inadequate apical seal that cannot be corrected non-surgically. b. Periradicular pathosis and blockage of the root canal system that could not be obturated by non-surgical therapy. |
| D3430 | Retrograde filling - per root | c. Root perforation and transported canals. d. Resorptive defects. |
| D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery. It is not a standalone procedure but an adjunct to other periradicular surgical procedures, such as an apicoectomy, to assist in the healing of bone and soft tissue around the root end. |
| D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | Always in conjunction with a periradicular surgery. |
| D3450 | Root amputation - per root | Documentation should show when other less invasive restorative or endodontic treatments are not sufficient to resolve the tooth's issue. It is generally performed on multi-rooted teeth, most commonly molars. The remaining tooth structure and roots must have sufficient periodontal support and a good long-term prognosis. |
| D3460 | Endodontic endosseous implant | Not a standard procedure; providers must document the necessity for the procedure over other, more common endodontic treatments. The tooth must have a specific issue, such as insufficient root length, that prevents a standard restoration. |
| D3470 | Intentional re-implementation (including necessary splinting) | Not a common procedure; must demonstrate in detail the specific need to perform this procedure due to: Periradicular pathology, Root fracture, Persistent root canal failure, Accessibility issues |
| D3471 | Surgical repair of root resorption – anterior | (D3471-D3473) |
| D3472 | Surgical repair of root resorption – premolar | a. Radiographic evidence of the resorption |
| D3473 | Surgical repair of root resorption – molar | b. A detailed narrative documenting the resorption |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | Anterior teeth: To gain access to the root, without removing the root tip (apicoectomy) or repairing root resorption. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|------------------------------------|---|--|
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | Premolar teeth: To gain access to the root, without removing the root tip (apicoectomy) or repairing root resorption. |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | Molar teeth: To gain access to the root, without removing the root tip (apicoectomy) or repairing root resorption. |
| Other Endodontic Procedures | | |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | This code is appropriate when a patient's condition requires the highest level of isolation for a procedure, such as during certain endodontic (root canal) treatments where a rubber dam must be used to protect the surgical site and prevent contamination. |
| D3911 | Intraorifice barrier | Interim procedure completed after root canal therapy is finished, but before the final restoration (like a crown or filling). |
| D3920 | Hemisection (including any root removal), not including root canal therapy | This procedure is appropriate for molars with one non-restorable root, provided the remaining root(s) are healthy and can be successfully restored or serve as a foundation for a prosthesis. |
| D3921 | Decoronation or submergence of an erupted tooth | Documentation to support maintaining alveolar bone height for future treatment, such as implants, or when an extraction is contraindicated due to conditions like bisphosphonate use |
| D3950 | Canal preparation and fitting of performed dowel or post | A tooth has lost a significant amount of its natural structure, such as after root canal treatment, and cannot properly support a new filling or crown. The tooth must be sufficiently compromised that a core buildup alone would not be able to provide the necessary support for the planned restoration. |
| D3999 | Unspecified endodontic procedure, by report | When the procedure performed is not adequately described by an existing endodontic CDT code |

Periodontal (D4000-D4999)

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|--|--|
| Surgical Services (Including Usual Postoperative Care) | | |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | (D4210 – D4211) a. Pocket depths are 5mm or greater and are suprabony (no vertical bony defects) AND b. Pre-surgical scaling and root planing will not resolve the pathological condition AND |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | c. Flap has not been performed AND d. Osseous recontouring has not been performed, and there are no vertical bony defects. |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | a. Needed for restorative access when there is significant overgrowth of tissue (evident via photo or specific, detailed narrative description). b. NOT intended as an adjunct to preparation and/or impression (i.e., for minimal removal of tissue (“troughing”) to improve access to impression. c. Must include a treatment plan for restorative work in the area. |
| D4230 | Anatomical crown exposure - four or more contiguous teeth per quadrant | Documentation supporting the need for a surgical procedure that exposes the anatomical crown of four or more contiguous teeth within a single quadrant by reshaping soft and/or hard tissue. This code is used when excessive gum tissue or an unfavorable crown-to-root ratio prevents proper restoration and requires comprehensive documentation. |
| D4231 | Anatomical crown exposure - one to three teeth per quadrant | Documentation supporting the need to expose the anatomical crown of one to three teeth per quadrant by reshaping both soft and hard tissues. This procedure is indicated when a tooth is covered by excess gum and/or bone, |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|---|
| | | and it is often performed to improve the aesthetic appearance of the gum line, enhance function for a future restoration, or improve oral hygiene. |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | (D4240 – D4241) a. Reduce reduction of periodontal pockets in the treatment of periodontitis b. Recontouring of gingival tissue c. Correction of gingival overgrowth d. Treatment of mucogingival defects e. 5 or more millimeters of bone loss measured from the crest of the bone to the CEJ. f. Loss of attachment |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | |
| D4245 | Apically positioned flap | Documentation to support treating moderate to severe periodontal disease when non-surgical methods have failed. The procedure involves surgically moving the gingival flap toward the tooth root. |
| D4249 | Clinical crown lengthening - hard tissue | a. Allow access subgingival caries b. Allow for placement of a ferrule for a restoration/crown 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. |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | (D4260 – 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. |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three teeth or tooth bounded spaces per quadrant | |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant | |
| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | Detailed narrative and documentation to support the need for biologic materials to aid in soft and osseous tissue regeneration, such as growth factor, to enhance natural healing during periodontal surgery. |
| D4266 | Guided tissue regeneration, natural teeth - resorbable barrier, per site | The procedure is indicated for moderate to advanced periodontal defects where bone loss threatens tooth stability and includes the regeneration of lost bone and connective tissue. |
| D4267 | Guided tissue regeneration, natural teeth - non-resorbable barrier, per site (includes membrane removal) | The procedure is indicated for moderate to advanced periodontal defects where bone loss threatens tooth stability and includes the regeneration of lost bone and connective tissue. |
| D4268 | Surgical revision procedure, per tooth | a. A surgical procedure is used to modify the irregular contours of hard or soft tissue, and b. There is a history of a previously provided surgical procedure. |
| D4270 | Pedicle soft tissue graft procedure | (D4270, D4273, and D4276) a. 1 or more millimeters of gingival recession from the CEJ b. Less than 2 millimeters of attached gingiva |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - first | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|---|--|
| | tooth, implant or edentulous tooth position in graft | |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | <ul style="list-style-type: none"> a. Performed in an edentulous area adjacent to a tooth, allowing removal of a tissue wedge to gain access to debridement, permit close flap adaptation, and reduce pocket depths. b. Not a separate benefit when other surgical procedures are performed in the same area. |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | <p>Document to support that the member has one of the following conditions with soft tissue graft:</p> <ul style="list-style-type: none"> a. Mucogingival involvement b. Progressive gingival recession c. Root exposure d. Preparation for a restoration or prosthesis |
| D4276 | Combined connective tissue and pedicle graft, per tooth | <p>Document to support that the member has one of the following conditions with soft tissue graft:</p> <ul style="list-style-type: none"> a. 1 or more millimeters of gingival recession from the CEJ b. Less than 2 millimeters of attached gingiva c. Mucogingival involvement d. Progressive gingival recession e. Root exposure f. Preparation for a restoration or prosthesis |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | <p>(D4277 – D4285)</p> <p>Document to support that the member has one of the following conditions with soft tissue graft:</p> <ul style="list-style-type: none"> a. Mucogingival involvement b. Progressive gingival recession c. Root exposure d. Preparation for a restoration or prosthesis |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous position in same graft site | |
| 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 | |
| D4285 | Non-autogenous connective tissue graft (including recipient site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in same graft site | |
| D4286 | Removal of non-resorbable barrier | Documentation of the material that needed to be removed. |
| Non-Surgical Periodontal Service | | |
| D4322 | Splint - intra-coronal; natural teeth or prosthetic crowns | <p>(D4322, D4323)</p> <p>Clinical notes detailing the extent of mobility at least 1+ due to periodontal disease or trauma.</p> |
| D4323 | Splint - extra-coronal; natural teeth or prosthetic crowns | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-----------------------------------|--|---|
| D4341 | Periodontal scaling and root planning, four or more teeth per quadrant | (D4341 – D4342) From the CEJ to the crest of the bone showing a measurement of 2.5 mm or more indicating bone loss of 0.5 mm or greater. |
| D4342 | Periodontal scaling and root planing - one to three per quadrant | a. Radiographic radicular calculus (this varies by state). b. The periodontal pocket depths must be 5 mm or greater. c. 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. |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | a. Documented evidence of gross deposits of calculus and gingival inflammation. b. Scaling in presence of generalized moderate or severe gingival inflammation |
| D4355 | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit | a. Documented evidence of gross deposits of calculus and gingival inflammation. b. Scaling in presence of generalized moderate or severe gingival inflammation |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | There are residual, isolated 5-6 mm pockets for 1 or 2 teeth per quadrant after Perio therapy (Perio scaling/root planing or Perio surgery). |
| Other Periodontal Services | | |
| D4910 | Periodontal maintenance | Documented evidence of active periodontal therapy performed at least 90 days prior. |
| D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | Documentation supporting an urgent or inconvenient need for a dressing change when the treating dentist is unavailable, with the service performed by an unaffiliated dental office, emergency room, or urgent care provider. |
| D4921 | Gingival irrigation with a medicinal agent - per quadrant | Typically, this code is inclusive of the related service being billed together, unless benefit and state regulation dictate otherwise. |
| D4999 | Unspecified periodontal procedure, by report | When the procedure performed is not adequately described by an existing periodontal CDT code. |

Prosthodontics, Removable (D5000-D5899)

The following are considered clinical indications of treatment: Complete and Partial Dentures: Evidence of missing or hopeless teeth to be replaced must be present on current radiographs, full mouth x-ray series and/or panoramic radiograph.

- a. Evidence of bone loss being present on the current full mouth series or periapical and bitewing x-rays to support the diagnosis of remaining healthy teeth in case of partial dentures
- b. No evidence of areas with severe periodontitis or less than 50% alveolar bone loss on the abutment teeth. In case of partial dentures
- c. Evidence that existing teeth are healthy enough to support a partial denture with no current radiographic evidence of subgingival calculus and severe bone loss.
- d. No evidence of any soft and/or hard tissue inflammation and pathology.

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|-------------------------------|--|
| Complete Dentures (Including Routine Post-Delivery Care) | | |
| D5110 | Complete denture - maxillary | (D5110 – D5120) a. The arch(es) in question must be edentulous at the time of fabrication of the denture(s). |
| D5120 | Complete denture - mandibular | b. The edentulous arch(es) must be free of any excessive hard and soft tissue that would inhibit the seating or wearing of the denture(s). |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|--|--|
| D5130 | Immediate denture - maxillary | (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. d. A medical provider's letter indicating that the member's systemic health condition necessitates full-mouth extractions. |
| D5140 | Immediate denture - mandibular | |
| Partial Dentures (Including Routine Post-Delivery Care) | | |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | (D5211 - 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 hard and soft tissue that would inhibit the seating or wearing of the denture(s). |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, 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 any clasps, rests and teeth) | |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------------------------------------|--|---|
| 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 clasps and teeth), maxillary | |
| D5283 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular | |
| D5284 | Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant | |
| D5286 | Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant | |
| Adjustments to Dentures | | |
| D5410 | Adjust complete denture - maxillary | (D5410 – D5422) The patient must present with a clinical issue that requires denture adjustment, such as a sore spot, a pressure area, or difficulty with chewing. |
| 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 | Documentation to support fractured or damaged lower denture base requiring professional repair, where only the base, not the teeth, is being repaired. |
| D5512 | Repair broken complete denture base, maxillary | Documentation to support fractured or damaged upper denture base requiring professional repair, where only the base, not the teeth, is being repaired. |
| D5520 | Replace missing or broken teeth – complete denture – per tooth | Documentation to replace an individual teeth on a complete denture, such as when a tooth is broken, missing, or has detached. |
| Repairs to Partial Dentures | | |
| D5611 | Repair resin partial denture base, mandibular | (D5612 – D5622) Documentation to support fractured or damaged denture base requiring professional repair, where only the base, not the teeth, is being repaired. |
| D5612 | Repair resin partial denture base, maxillary | |
| D5621 | Repair resin cast partial framework, mandibular | |
| D5622 | Repair resin cast partial framework, maxillary | |
| D5630 | Repair or replace broken clasp, per tooth | A detailed description of the procedure and the need for the repair. |
| D5640 | Replace missing or broken teeth – partial denture – per tooth | Documentation to replace an individual tooth on a partial denture, such as when a tooth is broken, missing, or has detached. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|--|---|
| D5650 | Add tooth to existing partial denture – per tooth | Documentation to add an individual tooth on an existing partial denture. |
| D5660 | Add clasp to existing partial denture, per tooth | Documentation to add a clasp on an existing partial denture. |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | A provider would need to document the specific reasons why a full replacement of the teeth and acrylic is needed, beyond a simple repair, to justify the procedure. |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | |
| Denture Rebase Procedures | | |
| D5710 | Rebase complete maxillary denture | (D5710 – D5725) Documentation supporting the fit of the denture become ill-fitting due to changes in their oral anatomy and the existing base is unrepairable. |
| D5711 | Rebase complete mandibular denture | |
| D5720 | Rebase maxillary partial denture | |
| D5721 | Rebase mandibular partial denture | |
| D5725 | Rebase hybrid prosthesis | |
| Denture Reline Procedures | | |
| D5730 | Reline complete upper denture (direct) | (D5730 – 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 are no longer functional. |
| 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) | |
| Interim Prosthesis | | |
| D5810 | Interim complete denture (maxillary) | (D5810 – D5821) The denture is meant for short-term use during a transition phase of treatment, not as a permanent appliance. |
| D5811 | Interim complete denture (mandibular) | |
| D5820 | Interim partial denture (maxillary) | |
| D5821 | Interim partial denture (mandibular) | |
| Other Removable Prosthetic Services | | |
| D5765 | Soft liner for complete or partial removable denture - indirect | Poorly fitting dentures that cause pain or discomfort. |
| D5850 | Tissue conditioning, maxillary | Tissue conditioning and is used to heal and prepare inflamed or traumatized soft tissue before a final denture or prosthesis is placed. |
| D5851 | Tissue conditioning, mandibular | Tissue conditioning and is used to heal and prepare inflamed or traumatized soft tissue before a final denture or prosthesis is placed. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|---|
| D5862 | Precision attachment, by report | The attachment may be required for complex cases involving unusual arch shapes, significant tissue undercuts, or other factors where a standardized attachment will not provide a secure fit. |
| D5863 | Overdenture - complete maxillary - natural tooth borne | (D5863 – D5866) The procedure must involve a complete overdenture that is supported by and gains retention from existing teeth, tooth roots. It is not for conventional complete dentures, partial overdentures, or a simple relines or repair. It should be used when conventional retention is inadequate. |
| D5864 | Overdenture - partial maxillary - natural tooth borne | |
| D5865 | Overdenture - complete mandibular - natural tooth borne | |
| D5866 | Overdenture - partial mandibular - natural tooth borne | |
| D5867 | Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment | Documentation to support the replacement of a worn, damaged, or fractured component of a semi-precision or precision attachment on a removable prosthesis. |
| D5875 | Modification of removable prosthesis following implant surgery | The modification is necessary following recent implant surgery. This includes accommodating implants placed for stabilization, as an interim healing prosthesis, or for a definitive implant/abutment-supported overdenture. |
| D5876 | Add metal substructure to acrylic full denture (per arch) | Documentation supporting the justifying the need for additional strength beyond a standard denture. |
| D5877 | Duplication of complete denture – maxillary | Documentation supporting the justifying the need for additional strength beyond a standard denture. |
| D5878 | Duplication of complete denture—mandibular | Documentation supporting the need for a spare denture. |
| D5899 | Unspecified removable prosthodontic procedure, by report | When the procedure performed is not adequately described by an existing prosthodontic CDT code. |

Maxillofacial Prosthetics (D5911-D5999)

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria | |
|-------|---|--|---|
| D5909 | Maxillary guidance prosthesis with guide flange | <ul style="list-style-type: none"> a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) c. The prosthesis is indicated when the patient has difficulty controlling the mandible's position due to loss of bone and soft tissue, leading to functional issues like difficulty speaking, swallowing, and a misaligned bite. | |
| D5911 | Facial moulage (sectional) | (D5900-D5999) with additional criteria requirements for some codes. | |
| D5912 | Facial moulage (complete) | | |
| D5913 | Nasal prosthesis | | |
| D5914 | Auricular prosthesis | | |
| D5915 | Orbital prosthesis | | |
| D5916 | Ocular prosthesis | | |
| D5919 | Facial prosthesis | | |
| D5922 | Nasal septal prosthesis | | <ul style="list-style-type: none"> a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) |
| D5923 | Ocular prosthesis, interim | | |
| D5924 | Cranial prosthesis | | |
| D5925 | Facial augmentation implant prosthesis | | |
| D5926 | Nasal prosthesis, replacement | | |
| D5927 | Auricular prosthesis, replacement | | |
| D5928 | Orbital prosthesis, replacement | | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|--|--------------------------------------|
| D5929 | Facial prosthesis, replacement | |
| D5930 | Maxillary guidance prosthesis without guide flange | |
| D5931 | Obturator, surgical | |
| D5932 | Obturator, definitive | |
| D5933 | Obturator prosthesis, modification | |
| D5934 | Mandibular guidance prosthesis with guide flange | |
| D5935 | Mandibular guidance prosthesis without guide flange | |
| D5936 | Obturator prosthesis, interim | |
| D5937 | Trismus appliance (not for TMD treatment) | |
| D5938 | Resection prosthesis, maxillary complete removable | |
| D5939 | Resection prosthesis, mandibular complete removable | |
| D5940 | Resection prosthesis, maxillary partial removable | |
| D5941 | Resection prosthesis, mandibular partial removable | |
| D5942 | Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch | |
| D5943 | Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch | |
| D5944 | Resection prosthesis, maxillary implant/abutment supported removable prosthesis for partial edentulous arch | |
| D5945 | Resection prosthesis, mandibular implant/abutment supported removable prosthesis for partial edentulous arch | |
| D5946 | Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch | |
| D5947 | Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch | |
| D5948 | Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for partial edentulous arch | |
| D5949 | Resection prosthesis, mandibular implant/abutment supported | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-----------------|--|---|
| | fixed prosthesis for partial edentulous arch | |
| D5951 | Feeding aid | <ul style="list-style-type: none"> a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) c. Documentation for an infant with a cleft palate. d. Documented evidence of medical necessity. e. Case by case basis (reviewed through the CDT manual) |
| D5952 | Speech aid prosthesis, pediatric | <ul style="list-style-type: none"> a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) c. A congenital or acquired defect in the hard or soft palate that affects speech production. This may include conditions such as a cleft palate. d. Documented evidence of medical necessity. e. Case by case basis (reviewed through the CDT manual) |
| D5953 | Speech aid prosthesis, adult | <ul style="list-style-type: none"> a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) c. The patient must have a documented clinical need related to speech impairment, such as that caused by a cleft palate, neurological disease, or surgical resection. d. Documented evidence of medical necessity. e. Case by case basis (reviewed through the CDT manual) |
| D5954 | Palatal augmentation prosthesis | <p>(D5900-D5999) with additional criteria requirements for some codes.</p> <ul style="list-style-type: none"> a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) |
| D5955 | Palatal lift prosthesis, definitive | |
| D5958 | Palatal lift prosthesis, interim | |
| D5959 | Palatal lift prosthesis, modification | |
| D5960 | Speech aid prosthesis, modification | |
| D5982 | Surgical stent for soft tissue healing | |
| D5984 | Radiation shield | |
| D5985 | Radiation cone locator | |
| D5987 | Commissure splint | |
| D5988 | Surgical splint | |
| D5992 | Adjust maxillofacial prosthetic appliance, by report | |
| D5993 | Maintenance and cleaning of a maxillofacial prosthesis (extra-oral or intra-oral) other than required adjustments, by report | |
| Carriers | | |
| D5983 | Radiation carrier | <p>(D5900-D5999) with additional criteria requirements for some codes.</p> <ul style="list-style-type: none"> a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) |
| D5986 | Fluoride gel carrier | |
| D5991 | Vesiculobullous disease medicament carrier | |
| D5995 | Periodontal medicament carrier with peripheral seal – laboratory processed, maxillary | |
| D5996 | Periodontal medicament carrier with peripheral seal – laboratory processed, mandibular | |
| D5999 | Unspecified maxillofacial prosthesis, by report | <ul style="list-style-type: none"> a. Documented evidence of medical necessity. b. Case by case basis (reviewed through the CDT manual) |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|------|--------------|--|
| | | c. When the procedure performed is not adequately described by an existing prosthodontic CDT code. |

Implant Services (D6000-D6199)

The following are considered clinical indication of treatment:

- a. Dental implants are for the replacement of permanent teeth
- b. Oral cavity must be free of dental diseases.
- 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.
- h. Clinical Considerations for Dental Implant Placement
 - i. The long-term success of dental implants and associated prosthetic devices is closely tied to careful selection of both the implant site and the individual patient.
- i. General Placement Guidelines
 - i. Implants can be placed immediately following tooth extraction, provided conditions are favorable.
 - ii. The implant site must be free from active infection or inflammation.
 - iii. A minimum clearance of 1.5 mm should be maintained between the implant and the roots of adjacent teeth to avoid damaging neighboring structures.
- j. Patient-Specific Factors in Treatment Planning
 - i. When determining suitability for implant therapy, the following factors should be evaluated:
 - ii. Patient Participation: The individual must be capable and willing to maintain good oral hygiene and attend regular dental visits.
 - iii. Occlusal Forces: Consider the load and stress the implant will bear during function.
 - iv. Bone Characteristics: Sufficient bone density and volume are essential for osseointegration and stability.
 - v. Periodontal Health: A history of/or current periodontal disease may impact outcomes and should be managed accordingly.
 - vi. Prosthetic Space: Ensure there is adequate room to place and restore the implant appropriately.
 - vii. Age: Younger or older patients may present unique challenges depending on growth or systemic health.
 - viii. Medical and Systemic Conditions: Evaluate for any medical issues that could compromise healing, including but not limited to:
 - Chemotherapy or head/neck radiation
 - Uncontrolled systemic diseases such as diabetes or hypertension
 - Recent cardiovascular events (e.g., myocardial infarction, stroke)
 - Anticoagulation therapy
 - Blood disorders
 - Use of intravenous bisphosphonates
 - Estrogen deficiency
 - ix. Mental and Cognitive Status: Significant psychiatric conditions or intellectual disabilities may impact the patient's ability to comply with care.
 - x. Lifestyle Risks: Certain behaviors can negatively affect implant success, including:
 - Tobacco use
 - Substance abuse
 - Excessive alcohol consumption

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|------------------------------|---|--|
| Pre-Surgical Services | | |
| D6190 | Radiographic/surgical implant index, by report | Documentation to support the need of a high degree of precision and planning during implant surgery. |
| Surgical Services | | |
| D6010 | Surgical placement of implant body; endosteal implant | Documentation supporting medical necessity including conditions such as: <ul style="list-style-type: none"> a. Proof of function loss b. Medical conditions c. Inadequate alternative treatment d. Adequate jawbone volume |
| D6011 | Second stage implant surgery | Documentation supporting that surgical implant body is complete. The sufficient healing period (6 months) |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | Documentation supporting the placement of a temporary or mini implant that is used to secure a transitional (temporary) denture or bridge while the primary implants heal. |
| D6013 | Surgical placement of mini implant | Documentation supporting patient's inability to wear or retain a removable appliance, such as a denture, due to a severely resorbed or compromised alveolar ridge is a key justification. The dental record should explain why more traditional or less invasive options, such as conventional dentures, have been tried and failed to correct the patient's condition. The provider may need to submit a "letter of dental necessity" detailing this history. |
| D6040 | Surgical placement: eposteal implant | The patient's diagnosis must justify the need for an eposteal implant over an alternative treatment. The clinical notes should explain why a standard endosteal implant is not suitable for the patient's condition. |
| D6050 | Surgical placement: transosteal implant | Documentation supporting medical necessity including conditions such as: <ul style="list-style-type: none"> a. Mandibular jawbone reconstruction b. Failed conventional treatment c. Functional impairment d. Inadequate bone density for other implants e. Traumatic injury or congenital defect |
| D6100 | Surgical removal of implant body | Documentation supporting medical necessity including conditions such as: <ul style="list-style-type: none"> a. Implant failure b. Infection c. Irreparable damage d. Persistent pain or discomfort e. Allergic reaction |
| 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 | (D6080, D6101, D6180) Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus. |
| 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 | Documentation supporting a medical necessity for one of the following conditions: <ul style="list-style-type: none"> a. Presence of peri-implantitis b. Failure of non-surgical treatment c. Visible bone loss or inflammation d. Inappropriate for routine maintenance |
| D6103 | Bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous | <ul style="list-style-type: none"> a. Documentation supporting the medical necessity of peri-implant bone defect. b. A clinical and radiographic examination must confirm a defect in the bone supporting an existing dental implant. c. The defect must be compromising the long-term health and stability of the |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|---|--|
| | regeneration are reported separately. | implant. |
| D6104 | Bone graft at time of implant placement | Documentation supporting a medical necessity for one of the following conditions: a. Insufficient bone volume b. Compromised implant stability |
| D6105 | Removal of implant body not requiring bone removal or flap elevation | Supporting documentation of failure of a previously placed dental implant. |
| D6106 | Guided tissue regeneration - resorbable barrier, per implant | Debridement of a peri-implant defect without flap entry and closure. It describes a non-surgical procedure for treating peri-implantitis, an inflammatory disease affecting the tissue around dental implants. |
| D6107 | Guided tissue regeneration - non-resorbable barrier, per implant | Debridement of a peri-implant defect without flap entry and closure. It describes a non-surgical procedure for treating peri-implantitis, an inflammatory disease affecting the tissue around dental implants. |
| Implant Supported Prosthetics | | |
| <i>Supporting Structure</i> | | |
| D6051 | Placement of interim implant abutment | a. The final abutment and restoration are being fabricated by a dental lab. b. Soft tissue needs to heal and contour properly around the implant before the final restoration is placed. c. A patient requires a temporary prosthesis for functional or aesthetic reasons while waiting for the permanent one. |
| D6055 | Connecting bar - implant supported or abutment supported | Documentation supporting the medical necessity of why a connecting bar is necessary. a. The need to splint or provide additional support for multiple implants. b. The requirement for a stable and retentive foundation for a full-arch removable overdenture. c. The need to improve stability and function for a patient who cannot tolerate a conventional removable denture. |
| D6056 | Prefabricated abutment - includes modification and placement | The procedure is approved when an implant restoration that requires an abutment to support the final crown or bridge has been approved. |
| D6057 | Custom fabricated abutment - includes placement | A custom fabricated abutment procedure would be allowed when one of the following conditions meets the medical necessity criteria when the implant has been approved. a. The implant was placed at an unusual angle. b. The soft tissue contour requires a tailored solution. c. The restoration is in an aesthetic zone, requiring a precise emergence profile. |
| D6191 | Semi-precision abutment – placement | Situations where a standard or prefabricated abutment is not appropriate, such as complex patient anatomy or limited space, and it is used for both implant-supported fixed or removable prostheses. |
| D6192 | Semi-precision attachment – placement | The code is used when a dentist places a semi-precision attachment as a component of a fixed or removable prosthesis. |
| Implant Supported Prosthetics | | |
| <i>Implant/Abutment Supported Removable Dentures</i> | | |
| D6110 | Implant/abutment supported removable denture for edentulous arch – maxillary | (D6110 – D6113) Documented proof that approved implants were placed; showing significant bone loss in lower jaw. Indications include improved stability and retention over conventional dentures. |
| D6111 | Implant/abutment supported removable denture for edentulous arch - mandibular | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|--------------------------------------|
| D6112 | Implant/abutment supported removable denture for partially edentulous arch - maxillary | |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch - mandibular | |

Implant Supported Prosthetics

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)

| | | |
|-------|---|---|
| D6114 | Implant/abutment supported fixed denture for edentulous arch - maxillary | Documented proof that approved implants were placed; showing significant bone loss in upper jaw. Indications include improved stability and retention over conventional dentures. |
| D6115 | Implant/abutment supported fixed denture for edentulous arch - mandibular | Documented proof that approved implants were placed; showing significant bone loss in lower jaw. Indications include improved stability and retention over conventional dentures. |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch - maxillary | Documented proof that approved implants were placed in the upper partially edentulous arch. |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch - mandibular | Documented proof that approved implants were placed in the lower partially edentulous arch. |
| D6118 | Implant abutment support interim fixed denture for edentulous arch, mandibular | Documented proof that approved implants were placed, showing significant bone loss in lower jaw. Detailed narratives explaining the necessity of the interim prosthesis and its expected duration of use. |
| D6119 | Implant abutment support interim fixed denture for edentulous arch, maxillary | Documented proof that approved implants were placed, showing significant bone loss in upper jaw. Detailed narratives explaining the necessity of the interim prosthesis and its expected duration of use. |

Implant Supported Prosthetics

Single Crowns, Abutment Supported

| | | |
|-------|---|---|
| D6058 | Abutment supported porcelain/ceramic crown | (D6058 – D6097) Documented proof that approved implant was placed and osseointegrated. |
| D6059 | Abutment supported porcelain fused to metal crown (high noble) | |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base material) | |
| 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 or titanium alloys | |

Implant Supported Prosthetics

Single Crowns, Implant Supported

State Requirements
 1. Providers are to reference their states benefits grids for medically covered codes.
 2. Codes with State specific or Medicare Advantage variances are outlined within the State Specific Clinical Criteria and Medicare Advantage Clinical Criteria tables provided at the end of this document.
 3. The criteria within are used to assess medical necessity for all requested services (Medical, CHIP) and EPSDT.

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|--|---|
| D6065 | Implant supported porcelain/ceramic crown | (D6065 – D6088) Documented proof that approved implant was placed and osseointegrated. |
| 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 or titanium alloys | |
| D6086 | Implant supported crown - predominantly base alloys | |
| D6087 | Implant supported crown - noble alloys | |
| D6088 | Implant supported crown - titanium and titanium alloys | |

Implant Supported Prosthetics

Fixed Partial Denture (FPD) Retainer, Abutment Supported

| | | |
|-------|---|---|
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | (D6068 – D6195) Documented proof that approved implant was placed and osseointegrated. |
| 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 | |

Implant Supported Prosthetics

Fixed Partial Denture (FPD) Retainer, Implant Supported

| | | |
|-------|--|---|
| D6075 | Implant supported retainer for ceramic FPD | (D6075 – D6123) Documented proof that approved implant was placed and osseointegrated. |
|-------|--|---|

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------------------------------|--|--|
| D6076 | Implant supported retainer for FPD - porcelain fused to high noble alloys | |
| D6077 | Implant supported retainer for cast 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 | |
| Other Implant Services | | |
| D6049 | Scaling and debridement of a single implant in the presence of peri-implantation inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure | Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus. |
| D6080 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments | (D6080, D6101, D6180) Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus. |
| D6081 | Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure | Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus. |
| D6085 | Interim implant crown | Supporting documentation of approved implant for placing a temporary crown on an implant when a period of healing is necessary before the final; permanent crown can be made and placed. |
| D6089 | Accessing and retorquing loose implant screw - per screw | Supporting documentation of a loose implant screw that can be tightened. |
| D6090 | Repair of implant/abutment supported prosthesis | Supporting documentation of approved implant that requires repair due to mechanical failure, wear, or accidental damage. |
| D6091 | Replacement of semi-precision or precision attachment of | Supporting documentation of approved implant replacing a component due to wear or breakage and billing per individual attachment part replaced. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|--|---|
| | implant/abutment supported prosthesis, per attachment | |
| D6092 | Re-cement or re-bond implant/abutment supported crown | Supporting documentation of approved implant re-cementation or re-bonding of a loose or dislodged implant/abutment-supporting crown that is still in serviceable condition. |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | Supporting documentation of approved implant re-cementation or re-bonding of a loose or dislodged implant/abutment-supporting fixed partial denture that is still in serviceable condition. |
| D6096 | Remove broken implant retaining screw | Supporting documentation of approved implant demonstrates that the screw that holds the prosthesis to the implant fixture has fractured. |
| D6180 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments | (D6080, D6101, D6180) Submitted documentation must support medical necessity, which may include but is not limited to bone loss, tissue inflammation, and radiographic calculus. |
| D6193 | Replacement of an implant screw | Supporting documentation demonstrating proof of a failed implant screw, loosened beyond repair, or broken and requires complete replacement. |
| D6196 | Removal of an indirect restoration on an implant retained abutment, not to be used for a temporary, provisional or a screw-retained restoration | Detailed supporting documentation showing the need for the removal of an indirect restoration. |
| D6197 | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | Supporting documentation showing the need to replace the restorative material closing an access opening on a screw-retained, implant-supported prosthesis. |
| D6198 | Remove interim implant component | Supporting documentation must include a detailed description of the procedure explaining the removal of the specific interim component. |
| D6199 | Unspecified implant procedure, by report | When the procedure performed is not adequately described by an existing implant CDT code. |
| D6280 | implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch | Supporting documentation must include a detailed description of the procedure explaining the need for the removal and maintenance. |

Prosthodontics, Fixed (D6200-D6999)

The following are considered clinical indication of treatment:

- a. Evidence of missing or hopeless teeth to be replaced must be present on current radiographs, full mouth x-ray series and/or panoramic radiographs.
- 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.

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|--|--|
| Fixed Partial Denture Pontics | | |
| D6205 | Pontic - indirect resin-based composite | (D6205 – D6253) <ol style="list-style-type: none"> a. 3 mm or more of pontic space for a single pontic bridge. b. There must be opposing dentition. c. A removable prosthesis is not indicated. d. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration. e. No radiographic evidence of caries present along the crestal bone or into the furcation, deeming the tooth non-restorable. f. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge. g. 60% or more bone support. h. Completely obturated root canal with the fill less than 2mm from the radiographic apex when indicated. i. No untreated internal or external resorption or other active endodontic pathologies. |
| 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 | |
| D6250 | Pontic - resin with high noble metal | |
| D6251 | Pontic - resin with predominantly base metal | |
| D6252 | Pontic - resin with noble metal | |
| D6253 | Interim pontic - further treatment or completion of diagnosis | |
| Fixed Partial Denture Retainers – Inlays/Onlays | | |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | (D6545 – D6634) <ol style="list-style-type: none"> a. 3 mm or more of pontic space for a single pontic bridge. b. There must be opposing dentition. c. Sufficient tooth structure to establish a ferrule around the tooth to establish retention and resistance form for long term sustainability of the indirect restoration. d. No radiographic evidence of caries present along the crestal bone or into the furcation, deeming the tooth non-restorable. e. Final restoration margin must have adequate biologic width of 2mm from the crest of the ridge. f. 60% or more bone support. g. Completely obturated root canal with the fill less than 2mm from the radiographic apex when indicated. h. No untreated internal or external resorption or other active endodontic pathologies. |
| D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | |
| D6549 | Resin retainer - for resin bonded fixed prosthesis | |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces | |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | |
| D6606 | Retainer inlay - cast noble metal, two surfaces | |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|--|--------------------------------------|
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | |
| D6614 | Retainer onlay - cast noble metal, two surfaces | |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | |
| D6624 | Retainer inlay - titanium | |
| D6634 | Retainer onlay - titanium | |
| Fixed Partial Denture Retainers – Crowns | | |
| D6710 | Retainer crown - indirect resin-based composite | |
| D6720 | Retainer crown - resin with high noble metal | |
| D6721 | Retainer crown - resin with predominantly base metal | |
| D6722 | Retainer crown - resin with noble metal | |
| D6740 | Retainer crown - porcelain / ceramic | |
| D6750 | Retainer crown - porcelain fused to high noble metal | |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | |
| D6752 | Retainer crown - porcelain fused to noble metal | |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys | |
| D6780 | Retainer crown - 3/4 cast high noble metal | |
| D6781 | Retainer crown - 3/4 cast predominantly base metal | |
| D6782 | Retainer crown - 3/4 cast noble metal | |
| D6783 | Retainer crown - 3/4 porcelain/ceramic | |
| D6784 | Retainer crown 3/4 - titanium and titanium alloys | |
| D6790 | Retainer crown - full cast high noble metal | |

- (D6710 – 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 bone support.
 - e. Completely obturated root canal with the fill less than 2mm from the radiographic apex when indicated.
 - f. No untreated internal or external resorption or other active endodontic pathologies.

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|---|---|
| D6791 | Retainer crown - full cast predominantly base metal | |
| D6792 | Retainer crown - full cast noble metal | |
| D6793 | Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression | |
| D6794 | Retainer crown - titanium and titanium alloys | |
| Other Fixed Partial Denture Services | | |
| D6920 | Connector bar | Documentation supports that a connector bar can be used to join or splint multiple abutment teeth (either natural teeth or implants) to increase support, stability and retention of the final restoration. |
| D6930 | Re-cement or re-bond fixed partial denture | Documentation to support the bridge must have become loose, dislodged, or detached due to failed dental cement. Common scenarios include the bond failing due to normal wear, trauma, or the patient eating sticky foods. |
| D6940 | Stress breaker | Supporting documentation demonstrating the need to protect the compromised abutment teeth from excessive force during chewing. |
| D6950 | Precision attachment | Supporting documentation demonstrating failure with a clasp-retained partial denture. |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | Documentation showing the repair should be necessitated by the failure or fracture of the restorative material, provided the underlying abutments and metal framework remain intact. |
| D6985 | Pediatric partial denture, fixed | Documentation to support the use include the replacement of missing primary or permanent teeth in a child for functional reasons. |
| D6999 | Unspecified fixed prosthodontic procedure, by report | When the procedure performed is not adequately described by an existing bridge CDT code. |

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 is 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, irrigation, 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.

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|---|---|
| Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care) | | |
| D7111 | Extraction, coronal remnants - deciduous tooth | Tooth is present with pathology that requires extraction. |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | Tooth is present with pathology that requires extraction. |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | <ul style="list-style-type: none"> a. The tooth has erupted through the gingiva, and no obstruction is preventing full eruption AND b. A flap has been performed, if indicated AND c. Bone removal and/or sectioning is required to remove the tooth. |
| D7220 | Removal of impacted tooth - soft tissue | <p>Impacted Teeth (D7220, D7230, D7240, D7241)</p> <ul style="list-style-type: none"> 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. A 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. Disto-angular 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. p. The tooth is in the line of a fractured jaw. q. Preventive or prophylactic removal, when indicated, for patients with medical or surgical conditions or treatments (ex. Organ transplants, alloplastic implants, radiation therapy). |
| D7230 | Removal of impacted tooth - partially bony | |
| D7240 | Removal of tooth - completely bony | |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | |

State Requirements
 1. Providers are to reference their states benefits grids for medically covered codes.
 2. Codes with State specific or Medicare Advantage variances are outlined within the State Specific Clinical Criteria and Medicare Advantage Clinical Criteria tables provided at the end of this document.
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| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|----------------------------------|--|---|
| D7250 | Removal of residual tooth roots (cutting procedure) | <ul style="list-style-type: none"> a. The roots are not exposed (usually in the case of a previously extracted tooth where a root tip was left behind and bone healed around it), b. A flap has been performed, c. Bone removal is required to remove the root(s). d. Tooth roots are judged to be particularly close to the adjacent inferior alveolar nerve. (Not indicated with a tooth with a necrotic pulp). |
| D7251 | Coronectomy - intentional partial tooth removal, impacted teeth only | <ul style="list-style-type: none"> a. The roots are not exposed (usually in the case of a previously extracted tooth where a root tip was left behind and bone healed around it), b. A flap has been performed, and c. Bone removal is required to remove the root(s). |
| D7252 | Partial extraction for immediate implant placement | Supporting documentation indicating a vertical root fracture for the tooth at the implant site, where the implant is being placed concurrently with the partial extraction. |
| Other Surgical Procedures | | |
| D7259 | Nerve dissection | <ul style="list-style-type: none"> a. Supporting documentation for medical need. b. Would not consider it if done on the same date as D7241. |
| D7260 | Oroantral fistula closure | Supporting documentation indicating the presence of oroantral fistula. |
| D7261 | Primary closure of a sinus perforation | Supporting documentation indicating the presence of an oroantral or oral nasal communication in the absence of fistulous tract. |
| D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth | (D7270, D7272) |
| D7272 | Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization) | <ul style="list-style-type: none"> 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. |
| D7280 | Exposure of an unerupted tooth | Documentation supporting when a tooth fails to erupt on its own and requires a surgical procedure to be exposed to facilitate its proper eruption, often as part of orthodontic treatment. |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | <ul style="list-style-type: none"> a. Ankylosed teeth. b. Not in conjunction with extraction. c. Medical necessity is documented in patient records. |
| D7283 | Placement of device to facilitate eruption of impacted tooth | <ul style="list-style-type: none"> a. Patient must be in active orthodontic treatment. b. Pretreatment radiographs documenting impaction. c. Medical necessity is documented in patient records. |
| D7284 | Excisional biopsy of minor salivary glands | Justification of medical necessity. |
| D7285 | Incisional biopsy of oral tissue - hard (bone, tooth) | (D7285, D7286) |
| D7286 | Incisional biopsy of oral tissue - soft | <ul style="list-style-type: none"> a. Method of choice when differential diagnosis includes malignancy. b. Documented evidence of medical necessity |
| D7287 | Exfoliative cytological sample collection | The procedure is clinically indicated when a dentist observes a suspicious lesion or abnormality in the mouth and wants to screen for cancerous or pre-cancerous cells without an invasive surgical procedure. |
| D7288 | Brush biopsy - transepithelial sample collection | Documented evidence of medical necessity. |
| D7290 | Surgical repositioning of teeth | Surgical repositioning of teeth involve physically moving a tooth to a new position within the jaw through surgical intervention. The procedure is necessary when non-surgical methods like orthodontics are insufficient. |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | Supporting documentation to support the risk of teeth shifting back to their original position after orthodontic treatment, especially in cases of rotation. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|---|---|
| D7292 | Placement of temporary anchorage device [screw retained plate] requiring flap | Supporting documentation, the need for enhanced orthodontic anchorage to move teeth and manage anchorage limitations, typically in complex orthodontic cases. |
| D7293 | Placement of temporary anchorage device requiring flap | Supporting documentation, the need for enhanced orthodontic anchorage to move teeth and manage anchorage limitations, typically in complex orthodontic cases. |
| D7294 | Placement of temporary anchorage device without flap | Supporting documentation, the need for enhanced orthodontic anchorage to move teeth and manage anchorage limitations, typically in complex orthodontic cases. |
| D7295 | Harvest of bone for use in autogenous grafting procedure | There must be a specific clinical need for the bone graft. Common indications include: <ul style="list-style-type: none"> a. Large defects in the jaw or facial bones. b. Reconstruction after trauma or resection of a disease (e.g., a cyst or tumor). c. Preparation for dental implants to increase the height, width, or volume of the jawbone. |
| D7296 | Corticectomy - one to three teeth or tooth spaces, per quadrant | Documentation to support the need for accelerated orthodontic treatment. |
| D7297 | Corticectomy - four or more teeth or tooth spaces, per quadrant | Documentation to support the need for accelerated orthodontic treatment. |
| D7298 | Removal of temporary anchorage device [screw retained plate], requiring flap | Supporting documentation to demonstrate that the device is present and no longer needed. |
| D7299 | Removal of temporary anchorage device, requiring flap | Supporting documentation to demonstrate that the device is present and no longer needed. |
| D7300 | Removal of temporary anchorage device without flap | Supporting documentation to demonstrate that the device is present and no longer needed. |
| Alveoloplasty – Preparation of Ridge | | |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | (D7310 – D7321) Qualifying conditions for Alveoloplasty: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | |
| Vestibuloplasty | | |
| D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | (D7340 – D7350) 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. |
| D7350 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | |

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3. The criteria within are used to assess medical necessity for all requested services (Medical, CHIP) and EPSDT.

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|---|--|
| Excision of Soft Tissue Lesions | | |
| D7410 | Excision of benign lesion up to 1.25 cm | (D7410 – D7414) Documented evidence of medical necessity. |
| D7411 | Excision of benign lesion greater than 1.25 cm | |
| D7412 | Excision of benign lesion, complicated | |
| D7413 | Excision of malignant lesion up to 1.25 cm | |
| D7414 | Excision of malignant lesion greater than 1.25 cm | |
| D7415 | Excision of malignant lesion, complicated | |
| D7465 | Destruction of lesion(s) by physical or chemical method, by report | The documentation must support the use of a non-surgical technique that obliterates the lesion rather than physically removing it with a scalpel. The methods would be: <ul style="list-style-type: none"> a. Laser ablation b. Electrosurgery or electrocautery c. Cryosurgery (freezing) d. Chemical cauterization |
| Excision of Intra-Osseous Lesions | | |
| D7440 | Excision of malignant tumor - lesion diameter up to 1.25 cm | (D7440, D7441) Documented evidence of medical necessity, including radiographs demonstrating the lesion/tumor. |
| 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 | (D7450 – D7461) Documentation supporting the diagnosis and characteristics of the lesion, which must be a benign growth originating from tooth-forming tissues. |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | |
| 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 | |
| Excision of Bone Tissue | | |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | Supporting documentation demonstrates that the exostosis is interfering with the patient's oral function, such as chewing or speaking, or the proper seating or stability of a prosthetic appliance. |
| D7472 | Removal of torus palatinus | Supporting documentation demonstrating the torus palatinus, a benign bony growth on the roof of the mouth. This will interfere with proper seating, fit partial maxillary denture, or trauma or sores on the soft tissue. |
| D7473 | Removal of torus mandibularis | Supporting documentation demonstrating the torus palatinus, a benign bony growth on the inside surface of the lower jaw. This will interfere with proper seating, fit a removable denture; or trauma or sores on the soft tissue. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--------------------------------------|---|--|
| D7485 | Surgical reduction of osseous tuberosity | Documentation to support that the enlarged bony area in the upper jaw (the maxillary tuberosity) is causing a functional problem for the patient. This most often relates to the need for a denture. |
| D7490 | Radical resection of maxilla or mandible | Documentation to support a radical resection are based on the presence of a significant pathology affecting the jawbone. |
| Surgical Incision | | |
| D7509 | Marsupialization of odontogenic cyst | Confirmed diagnosis of an odontogenic cyst must be of sufficient size to warrant this procedure. |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | Indicated when abscess is associated within the soft tissues of the mouth. |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | Indicated when abscesses are associated within the soft tissues of the mouth. |
| D7520 | Incision and drainage of abscess - extraoral soft tissue | Indicated when an incision through the skin is required to clear an abscess. |
| D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | Indicated when an extraoral abscess involves multiple fascial spaces. |
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | Indicated when a foreign body is lodged in oral tissues. |
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | Indicated when removing adjacent tissue to a reactive body. |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | Documented evidence of a localized area of non-vital or necrotic bone that requires surgical removal. |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | Indication of a foreign body is present in the maxillary sinus. |
| Treatment of Closed Fractures | | |
| D7610 | Maxilla - open reduction (teeth immobilized, if present) | Indication when there is a fracture of the maxilla that requires a surgical incision and fixation to realign the bone. |
| D7620 | Maxilla - closed reduction (teeth immobilized, if present) | Indicted when the fracture of the maxilla does not require surgical intervention. |
| D7630 | Mandible - open reduction (teeth immobilized, if present) | Indication when there is a fracture of the mandible that requires a surgical incision and fixation to realign the bone. |
| D7640 | Mandible - closed reduction (teeth immobilized, if present) | Indicted when the fracture of the mandible does not require surgical intervention. |
| D7650 | Malar and/or zygomatic arch - open reduction | Indication when there is a fracture of the malar and/or zygomatic arch that requires a surgical incision and fixation to realign the bone. |
| D7660 | Malar and/or zygomatic arch - closed reduction | Indicted when the fracture of the malar and/or zygomatic arch does not require surgical intervention. |
| D7670 | Alveolus - closed reduction, may include stabilization of teeth | Indication when there is a fracture of the alveolus that requires a surgical incision and fixation to realign the bone. |
| D7671 | Alveolus - open reduction, may include stabilization of teeth | Indicted when the fracture of the alveolus does not require surgical intervention. |
| D7680 | Facial bones - complicated reduction with fixation and multiple surgical approaches | Indicated when repair is needed due to complex fractures of the facial bones. |
| Treatment of Open Fractures | | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|--|---|
| D7710 | Maxilla - open reduction | Indication when there is a fracture of the maxilla that requires a surgical incision and fixation to realign the bone. |
| D7720 | Maxilla - closed reduction | Indicted when the fracture of the maxilla does not require surgical intervention. |
| D7730 | Mandible - open reduction | Indication when there is a fracture of the mandible that requires a surgical incision and fixation to realign the bone. |
| D7740 | Mandible - closed reduction | Indicted when the fracture of the mandible does not require surgical intervention. |
| D7750 | Malar and/or zygomatic arch - open reduction | Indication when there is a fracture of the malar and/or zygomatic arch that requires a surgical incision and fixation to realign the bone. |
| D7760 | Malar and/or zygomatic arch - closed reduction | Indicted when the fracture of the malar and/or zygomatic arch does not require surgical intervention. |
| D7770 | Alveolus - open reduction stabilization of teeth | Indicted when the fracture of the alveolus does not require surgical intervention. |
| D7771 | Alveolus - closed reduction stabilization of teeth | Indication when there is a fracture of the alveolus that requires a surgical incision and fixation to realign the bone. |
| D7780 | Facial bones - complicated reduction with fixation and multiple approaches | Indicated when repair is needed due to complex fractures of the facial bones. |
| Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions | | |
| D7810 | Open reduction of dislocation | Indication when there is a dislocation that requires a surgical incision. |
| D7820 | Closed reduction of dislocation | Indication when there is a dislocation that does not require a surgical intervention. |
| D7830 | Manipulation under anesthesia | Indication when conservative, non-invasive treatments have failed to restore function. |
| D7840 | Condylectomy | Indication when conservative treatments have been ineffective. |
| D7850 | Surgical discectomy, with/without implant | Indication when conservative treatments have been ineffective. |
| D7852 | Disc repair | Indication when conservative treatments have been ineffective. |
| D7854 | Synovectomy | Indication when conservative treatments have been ineffective. |
| D7856 | Myotomy | Indication when conservative treatments have been ineffective. |
| D7858 | Joint reconstruction | Indicated when reconstructive surgery on the temporomandibular joint (TMJ) is due to conditions like arthritis or trauma that cause pain, dysfunction, or structural damage, requiring the surgical placement of a new joint or part of it. |
| D7860 | Arthrotomy | Indication when conservative, non-invasive treatments have failed to restore function. |
| D7865 | Arthroplasty | Indication when conservative, non-invasive treatments have failed to restore function. |
| D7870 | Arthrocentesis | Indicated when there is excess fluid around the TMJ. |
| D7871 | Non-arthroscopic lysis and lavage | Indicated when there are minor adhesions and synovial vacuum phenomenon and inflammation. |
| D7872 | Arthroscopy - diagnosis, with or without biopsy | Indicated in the diagnosis of TMJ disfunction. |
| D7873 | Arthroscopy - lavage and lysis or adhesions | Indicated for removal of adhesions when less invasive procedures have failed to resolve the condition. |
| D7874 | Arthroscopy - disc repositioning and stabilization | Indicated when repositioning and stabilization of the disc is indicated. |
| D7875 | Arthroscopy - synovectomy | Indicated when inflamed or hyperplastic synovium is present. |
| D7876 | Arthroscopy - discectomy | This code is applicable when disc displacement, degeneration, or chronic pain has not responded to less invasive treatments and the procedure is clinically indicated. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|--|--|
| D7877 | Arthroscopy - debridement | This code is used when the procedure is a surgical debridement and should be distinguished from codes for diagnostic arthroscopies or other TMJ surgical procedures. |
| D7880 | Occlusal orthotic device, by report | <ul style="list-style-type: none"> a. Documentation of a thorough TMD / orofacial pain evaluation with diagnosis of a related disorder, and b. Panoramic x-ray (or other imaging that clearly demonstrates the TMJ) was taken and submitted as part of the diagnostic process. c. Narrative of Medical necessity. |
| D7881 | Occlusal orthotic device adjustment | Indicated when a pre-existing splint requires modification, repair or adjustment. |
| D7899 | Unspecified TMD therapy, by report | When the procedure performed is not adequately described by an existing TMD CDT code. |
| Repair of Traumatic Wounds | | |
| D7910 | Suture of recent small wounds up to 5 cm | Indicated when the wound is recent, uncomplicated, and less than 5 cm in length, located in the oral or perioral region. |
| Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure) | | |
| D7911 | Complicated suture - up to 5 cm | Indicated when a wound closure requires more than standard effort, involving multiple tissue layers, significant tissue loss, or an irregular wound requiring advanced suturing techniques. |
| D7912 | Complicated suture - greater than 5 cm | Indicated when a wound closure is more complex than a typical closure and may require advanced surgical techniques. |
| Other Repair Procedures | | |
| D7920 | Skin graft (identify defect covered, location and type of graft) | Indicated when there is a presence of a defect, that requires a skin graft for closure. |
| D7921 | Collection and application of autologous blood concentrate product | <ul style="list-style-type: none"> a. Submitted with an approved bone graft for a moderate-to-severe infrabony defect around a natural tooth (D4263), and b. The material documented is PRF (platelet-rich fibrin). |
| D7922 | Placement of intra-socket biological dressing to aid in hemostatis or clot stabilization, per site | Indicates situations where standard gauze pressure is insufficient, or for patients who are on anticoagulant therapy or have bleeding disorders. |
| D7939 | Indexing for osteotomy using dynamic robotic assisted or dynamic navigation | Indicated when a robotic-assisted system or a dynamic navigation system is needed to precisely index and execute the osteotomy. |
| D7940 | Osteoplasty - for orthognathic deformities | Indicated for scenarios such as smoothing the alveolar ridge before denture placement, removing bony growths like tori or exostoses that interfere with a prosthesis, or correcting bony defects resulting from trauma or pathology. |
| D7941 | Osteotomy - mandibular rami | Indicated for significant jaw misalignments that cause functional impairment and cannot be corrected with orthodontics alone. |
| D7943 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft | Indicated for situations requiring a bone graft to the mandibular rami to repair or rebuild the supporting bone structure, often related to trauma, disease, or reconstruction. |
| D7944 | Osteotomy - segmented or subapical | Indicated when a dentoalveolar deformity that requires surgical sectioning of a portion of the jaw, separate from a full jaw procedure. |
| D7945 | Osteotomy - body of mandible | Indicated when the underlying condition of the shape or size of the mandible body is requiring alteration. |
| D7946 | LeFort I (maxilla - total) | Indicated when alterations are needed to surgically reposition the maxilla and includes correcting maxillary deformities due to issues like malocclusion, open bite, or facial asymmetry. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|--|---|
| D7947 | LeFort I (maxilla - segmented) | Indicated when maxillofacial reconstruction is needed due to severe conditions such as malocclusion, facial deformities, or a traumatic injury that requires the upper jaw to be surgically moved in a segmented fashion. |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft | Indicated when significant midface skeletal deficiencies due to congenital, developmental, or traumatic conditions are demonstrated. |
| D7949 | Lefort II or Lefort III - with bone graft | Indicated when significant midface skeletal deficiencies due to congenital, developmental, or traumatic conditions are demonstrated, and bone graft is needed to aid in reconstruction. |
| D7950 | Osseous, osteo-periosteal, or cartilage graft of the mandible or maxilla - autogenous or non-autogenous, by report | Indication of extensive ridge augmentation or reconstruction to rebuild bone height, width, or volume. |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | Indicated when there is significant maxillary bone loss, insufficient bone height or width to support a future dental implant, and long-term tooth loss leading to bone resorption. |
| D7952 | Sinus augmentation via a vertical approach | Indicated when the available bone height in the upper jaw (maxilla), particularly in the premolar and molar regions, is insufficient for an implant due to bone loss or other factors. |
| D7953 | Bone replacement graft for ridge preservation - per site | <ul style="list-style-type: none"> a. Only in extraction site or implant removal site in preparation for a new implant AND There has been significant to severe loss of bony support or cortical plate. b. Not allowable on wisdom teeth. |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect | Indicated when reconstruction of facial bone defects is required. |
| D7956 | Guided tissue regeneration, edentulous area - resorbable barrier, per site | There is a significant severe defect for ridge augmentation, sinus lift procedures, or after tooth extraction. |
| D7957 | Guided tissue regeneration, edentulous area - non-resorbable barrier, per site | There is a significant severe defect for ridge augmentation, sinus lift procedures, or after tooth extraction. |
| D7961 | Buccal/labial frenectomy (frenulectomy) | <ul style="list-style-type: none"> a. There is documented pathology, significant functional deficiency, and/or significant barrier to proper oral hygiene procedures caused directly by an aberrant frenal attachment OR b. Periodontal charting and/or photos demonstrates significant mucogingival defect associated with an aberrant frenal attachment OR c. Documented significant feeding issue in infants. |
| D7962 | Lingual frenectomy (frenulectomy) | <ul style="list-style-type: none"> a. There is documented pathology, significant functional deficiency, and/or significant barrier to proper oral hygiene procedures caused directly by an aberrant frenal attachment OR b. Periodontal charting and/or photos demonstrates significant mucogingival defect associated with an aberrant frenal attachment OR c. Documented significant feeding issue in infants. |
| D7963 | Frenuloplasty | <ul style="list-style-type: none"> a. There is documented pathology, significant functional deficiency, and/or significant barrier to proper oral hygiene procedures caused directly by an aberrant frenal attachment OR b. Periodontal charting and/or photos demonstrates significant mucogingival defect associated with an aberrant frenal attachment OR c. Documented significant feeding issue in infants. |
| D7970 | Excision of hyperplastic tissue - per arch | Indication of hyperplastic tissue causing functional disturbances (e.g., with an ill-fitting prosthesis, mastication issues, or interference with a new prosthesis). |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|--|---|
| D7971 | Excision of pericoronal gingiva | Indicated for removal of inflammatory or hypertrophied tissue around a partially erupted or impacted tooth, commonly known as an operculectomy. |
| D7972 | Surgical reduction of fibrous tuberosity | Indicated when excess fibrous tissue on the posterior maxillary tuberosity interferes with the fit and comfort of a dental prosthesis |
| D7979 | Non-surgical sialolithotomy | Indicated when sialolith (salivary stone) is within the salivary gland causing pain, swelling, or obstruction. |
| D7980 | Sialolithotomy | Indicated when diagnosis and management of sialolithiasis are present, surgical removal of the sialolithiasis is necessary. |
| D7981 | Excision of salivary gland, by report | When the procedure performed is not adequately described by an existing excision of salivary gland CDT code. |
| D7982 | Sialodochoplasty | Indicated when a salivary gland duct is damaged or obstructed. |
| D7983 | Closure of salivary fistula | Indicated when a closure must be performed to correct a pathological condition. |
| D7990 | Emergency tracheotomy | Indicated when an upper airway blockage that is life-threatening which include: a. Severe oral-maxillofacial trauma with compromised breathing. b. Significant swelling from a severe oral infection, such as Ludwig's angina, that obstructs the airway. c. A foreign body lodged in the airway that cannot be dislodged. |
| D7991 | Coronoidectomy | Indicated when need to treat a condition that is restricting the jaw's range of motion. |
| D7993 | Surgical placement of craniofacial implant – extra oral | Indicated when rehabilitating or reconstruction for facial defects caused by trauma, congenital conditions, or surgery from disease. |
| D7994 | Surgical placement – zygomatic implant | Indicated when severe bone resorption in the maxilla or failed bone grafts, making other standard implant options unfeasible. |
| D7995 | Synthetic graft - mandible or facial bones, by report | Indicated when medical necessity is demonstrated for using synthetic or allogenic graft material is necessary. |
| D7996 | Implant - mandible for augmentation purposes (excluding alveolar ridge), by report | Indicated when medical necessity is demonstrated for implant. |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | Indicated when medical necessary to remove an appliance placed by another provider. |
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture | Indicated when the placement of intermaxillary fixation appliance for documented medically necessary treatments not associated with fractures. |
| D7999 | Unspecified oral surgery procedure, by report | When the procedure performed is not adequately described by an existing oral surgery CDT code. |

Orthodontics (D8000-D8999)

General Requirements: Orthodontic treatment must be necessary for functional or health-related reasons. A detailed treatment plan should be developed based on comprehensive diagnostic records.

Medical Necessity Criteria: Evidence of functional impairment due to malocclusion, including but not limited to difficulty in chewing or speaking, significant overbite, underbite, crossbite, or open bite, crowding or spacing that affects health, or temporomandibular joint disorders (TMD) related to malocclusion.

Orthodontic medical necessity will vary based on state criteria.

- a. Completed Auto-qualifiers/ Salzman/HLD (Handicapping Labio-Lingual Deviations)/Medical Necessity form
- b. Labeled Name/Date – Cephalometric x-ray

- 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

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|--|--|--------------------------------------|
| Limited Orthodontic Treatment | | |
| D8010 | Limited orthodontic treatment of the primary dentition | Based on state guidelines. |
| D8020 | Limited orthodontic treatment of the transitional dentition | Based on state guidelines. |
| D8030 | Limited orthodontic treatment of the adolescent dentition | Based on state guidelines. |
| D8040 | Limited orthodontic treatment of the adult dentition | Based on state guidelines. |
| Comprehensive Orthodontic Treatment | | |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | Based on state guidelines. |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | Based on state guidelines. |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | Based on state guidelines. |
| D8091 | Comprehensive orthodontic treatment with orthognathic surgery | Based on state guidelines. |
| Minor Treatment to Control Harmful Habits | | |
| D8210 | Removable appliance therapy | Based on state guidelines. |
| D8220 | Fixed appliance therapy | Based on state guidelines. |
| Other Orthodontic Services | | |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | Based on state guidelines. |
| D8670 | Periodic orthodontic treatment visit | Based on state guidelines. |
| D8671 | Periodic orthodontic treatment visit associated with orthognathic surgery | Based on state guidelines. |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | Based on state guidelines. |
| D8681 | Removable orthodontic retainer adjustment | Based on state guidelines. |
| D8695 | Removal of fixed orthodontic appliances for reasons other than completion of treatment | Based on state guidelines. |
| D8696 | Repair of orthodontic appliance - maxillary | Based on state guidelines. |
| D8697 | Repair of orthodontic appliance - mandibular | Based on state guidelines. |
| D8698 | Re-cement or re-bond fixed retainer - maxillary | Based on state guidelines. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|--|---|
| D8699 | Re-cement or re-bond fixed retainer - mandibular | Based on state guidelines. |
| D8701 | Repair of fixed retainer, includes reattachment - maxillary | Based on state guidelines. |
| D8702 | Repair of fixed retainer, includes reattachment - mandibular | Based on state guidelines. |
| D8703 | Replacement of lost or broken retainer - maxillary | Based on state guidelines. |
| D8704 | Replacement of lost or broken retainer - mandibular | Based on state guidelines. |
| D8999 | Unspecified orthodontic procedure by report | When the procedure performed is not adequately described by an existing orthodontic CDT code. |

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 as to 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

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------------------------------|---|--|
| Unclassified Treatment | | |
| D9110 | Palliative treatment of dental pain - per visit | Indicated where the goal is to provide immediate, temporary relief without performing a definitive restorative or surgical procedure. |
| D9120 | Fixed partial denture sectioning | Indicated when only a portion of the bridge is needed to be removed or treated. |
| D9128 | Photobiomodulation therapy - first 15 minutes | Indicated for the use of low-level laser therapy to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration for the first 15 minutes. |
| D9129 | Photobiomodulation therapy – each subsequent 15 minutes | Indicated for the use of low-level laser therapy to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration for the after the initial 15 minutes. |
| D9130 | Temporomandibular joint dysfunction - non-invasive physical therapies | Indicated when a medically necessary non-invasive physical therapy for a documented temporomandibular joint (TMJ) disorder. |
| Anesthesia | | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|--|
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | Indicated when local anesthesia needs to be administered. |
| D9211 | Regional block anesthesia | Indicated when the need for broader anesthesia coverage beyond standard local anesthesia is deemed necessary. |
| D9212 | Trigeminal division block anesthesia | Diagnosis or treatment of trigeminal neuralgia pain. |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | Indicated when local anesthesia needs to be administered when it's beyond the normal amount of anesthesia. |
| D9219 | Evaluation for deep sedation or general anesthesia | Indicated when a patient needs sedation and the provider is completing a comprehensive evaluation to see if the member is suitability for sedation. |
| D9222 | Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof | Deep Sedation/General Anesthesia (D9222, D9223) 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 |
| D9223 | Administration of deep sedation/general anesthesia - each subsequent 15-minute increment, or any portion thereof | e. Failure of local anesthesia f. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia. |
| D9224 | Administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof | a. Severe intellectual disability b. Severe physical disability and/or uncontrolled management problem c. Extensive or complicated surgical procedures d. Failure of local anesthesia e. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia. |
| D9225 | Administration of general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof | a. Severe intellectual disability b. Severe physical disability and/or uncontrolled management problem c. Extensive or complicated surgical procedures d. Failure of local anesthesia e. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia. |
| D9230 | Administration of nitrous oxide | Indication of dental anxiety or pain, extensive procedures, or a patient's inability to cooperate. |
| D9239 | Administration of moderate sedation analgesia - intravenous - first 15-minute increment, or any portion thereof | Intravenous Moderate Sedation/Analgesia (D9239, D9243) 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 |
| D9243 | Administration of intravenous moderate sedation analgesia - intravenous - each subsequent 15-minute increment, or any portion thereof | e. Failure of local anesthesia f. Documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia. |
| D9244 | In office administration of a single drug - enteral | Indicated for dental needs, the complexity of the procedure, and a failed attempt or inability to use a less invasive sedation technique. |
| D9245 | Administration of moderate sedation – single drug - enteral | 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 due to medical complications and/or acute infection that would preclude the efficacy of local anesthesia. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|----------------------------------|---|--|
| D9246 | Administration of moderate sedation non-intravenous parenteral -first 15-minute increment, or any portion thereof | <ul style="list-style-type: none"> 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. |
| D9247 | Moderate sedation non-intravenous; each subsequent 15 minutes increment, or any portion thereof | <ul style="list-style-type: none"> 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. |
| Professional Consultation | | |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | Indicated when the provider is not the initial treating dentist. |
| D9311 | Consultation with a medical health care professional | Indicated when the provider feels medical input is justified. |
| Professional Visits | | |
| D9410 | House/extended care facility call | Indicated when the member is at an extended care facility. |
| D9420 | Hospital or ambulatory surgical center call | Indicated when provider treats member in a hospital or ambulatory center due to complex treatment plan or members medical condition. |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | Indicated for follow up or observation appointments, such as when a patient returns to have sutures removed and receive post-operative instructions after a procedure, without any additional treatment being rendered during that visit. |
| D9440 | Office visit - after regularly scheduled hours | Indicated for urgent, non-critical situations where a patient needs to be seen outside of normal business hours. |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning | Indicated when a significant, separate appointment for presenting a complex and comprehensive treatment plan to the patient. |
| Drugs | | |
| D9610 | Therapeutic parenteral drug, single administration | <ul style="list-style-type: none"> a. Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. b. Does not include sedative, anesthetic, or reversal agents. |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | <ul style="list-style-type: none"> a. Includes more than one administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. b. Does not include sedative, anesthetic, or reversal agents. |
| D9613 | Infiltration of sustained release therapeutic drug - per quadrant | Indicated when a provider chooses a sustained-release therapeutic drug. |
| D9630 | Drugs or medicaments dispensed in the office for home use | <ul style="list-style-type: none"> 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. |
| Miscellaneous Services | | |
| D9910 | Application of desensitizing medicament | Indicated for generalized root sensitivity. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|--|--|
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | Indicated for generalized root sensitivity. |
| D9912 | Pre-visit patient screening | Indicated when a patient's health status evaluates their risk of infectious disease transmission. |
| D9913 | Administration of neuromodulators | a. There is clear and specific documentation describing medical necessity for use of this drug to provide long-term surgical site pain control and why conventional methods alone would not be sufficient, AND b. The name of an appropriate drug is documented. |
| D9914 | Administration of dermal fillers | Indicated for therapeutic issues, TMJ issues or other conditions. |
| D9920 | Behavior management, by report | Indicated when member has a condition that prevents them from responding adequately and when the need for non-routine management is required. |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | Indicated when additional treatment must address a complication that arose after a surgical dental procedure. Complication must be any unexpected post operative problem that goes beyond the normal healing process. |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | Indicated when the maxillary denture must be professionally cleaned and inspected by a dental provider. |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | Indicated when the mandibular denture must be professionally cleaned and inspected by a dental provider. |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | Indicated when the maxillary partial denture must be professionally cleaned and inspected by a dental provider. |
| D9935 | Cleaning and inspection of removable partial denture, mandibular | Indicated when the mandibular partial denture must be professionally cleaned and inspected by a dental provider. |
| D9936 | Cleaning and inspection of an occlusal guard | Indicated when the occlusal guard must be professionally cleaned and inspected by a dental provider. |
| D9938 | Fabrication of a custom removable clear plastic temporary aesthetic appliance | Indicated to cosmetically replacing a missing tooth on a temporary basis. |
| D9939 | Placement of a custom removable clear plastic temporary aesthetic appliance | Indicate when an appliance is inserted. |
| D9941 | Fabrication of athletic mouthguard | Requires documentation that a custom mouthguard is necessary to protect the member teeth during sports or athletic activities. This code does not apply for a "boil and bite" or over the counter mouthguards. |
| D9942 | Repair and/or relines of occlusal guard | Indicated when a patient with an existing occlusal guard has become ill fitting or damaged. |
| D9943 | Occlusal guard adjustment | Indicated when a patient with an existing occlusal guard has become ill fitting and can be repaired by an adjustment. |
| D9944 | Occlusal guard - hard appliances, full arch | Occlusal Guards Full Arch (D9944 - D9946) 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 |
| D9945 | Occlusal guard - soft appliances, full arch | |
| D9946 | Occlusal guard - hard appliances, partial arch | |
| D9950 | Occlusion analysis - mounted case | |
| D9950 | Occlusion analysis - mounted case | Indicated when a member has significant occlusal issues and comprehensive assessment of the patient's bite is needed. |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|---|---|---|
| D9951 | Occlusal adjustment - limited | Occlusal Adjustment (D9951, D9952) a. To eliminate occlusal interferences b. Prior to full mouth rehabilitation c. Treatment of TMD |
| D9952 | Occlusal adjustment - complete | 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 |
| D9970 | Enamel microabrasion | Indicated when a member has surface-level stains, minor demineralization or other enamel irregularities. |
| D9971 | Odontoplasty – per tooth | Indicated when slight irregularities and minor imperfections are needed to be smoothed out. Post ortho treatment; minor chip or rough edges. |
| D9972 | External bleaching - per arch - performed in office | Indicated when in office, under the supervisor of a dentist, external bleaching is necessary. |
| D9973 | External bleaching - per tooth | Indicated when a single tooth has darkened and the need for external bleaching is needed. |
| D9974 | Internal bleaching - per tooth | Indicated when a single tooth has darkened and the need for internal bleaching is needed. |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays | Indicated specifically for professionally dispensed take home systems, not in office whitening. |
| Non-clinical procedures | | |
| D9961 | Duplicate/copy patient's records | Indicated when a request is made for a copy of the members' records. |
| D9985 | Sales tax | Indicated when sales tax is charged. |
| D9986 | Missed appointment | Indicated when a member doesn't show up for an appointment. |
| D9987 | Cancelled appointment | Indicated when a scheduled appointment was cancelled, typically without sufficient notice, preventing the office from filling that time slot. |
| D9990 | Certified translation or sign language services - per visit | Indicated when the member requires translation or sign language services for the dental visit. |
| D9991 | Dental case management - addressing appointment compliance barriers | Indicated when extra efforts to assist a patient in keeping a scheduled appointment by resolving issues such as transportation or other obstacles. |
| D9992 | Dental case management - care coordination | Indicated when the member has complex cases involving multiple providers, provider types, and special patient needs. |
| D9993 | Dental case management - motivational interviewing | Indicated for members that have been identified and need to modify behaviors interfering with positive oral health outcomes. |
| D9994 | Dental case management - patient education to improve oral health literacy | Indicated when providing individualized, tailored education and case management services not for routine hygiene or patient education. |
| D9995 | Teledentistry - synchronous; real-time encounter | Indicated when a synchronous Teledentistry encounter is necessary. |
| D9996 | Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review | Indicated when the encounter is asynchronous, the patient's clinical data is captured and transmitted electronically for the dentist to review later. |
| D9997 | Dental case management - patients with special health care needs | Indicated for dental case management for patients that have special healthcare needs. |
| D9999 | Unspecified adjunctive procedure, by report | When the procedure performed is not adequately described by an existing adjunctive CDT code. |
| Sleep Related Breathing Disorders and Airway Management Services | | |

| Code | Nomenclature | (Avēsis / Premier) Clinical Criteria |
|-------|---|--|
| D9947 | Custom sleep apnea appliance fabrication and placement | a. For the treatment of obstructive sleep apnea. b. A physician supervised sleep study is required. c. A prescription for the fabrication and fitting of sleep apnea appliance from a physician. |
| D9948 | Adjustment of custom sleep apnea appliance | Indicated when adjustments are needed after the initial placement to improve the fit or effectiveness of the oral appliance for a patient with obstructive sleep apnea. |
| D9949 | Repair of custom sleep apnea appliance | Indicated when the appliance has been damaged or worn and needs to be repaired to restore its serviceability. |
| D9953 | Reline custom sleep apnea appliance (indirect) | Indicated when there is a documented change in the patient’s dentition or anatomy that causes the existing oral appliance to no longer fit properly or function effectively. |
| D9954 | Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device | Indicated when there is a specific need for a morning repositioner as a treatment plan for a TMJ disorder. |
| D9955 | Oral appliance therapy (OAT) titration visit | Indicated to evaluate a patient's response and adjust their oral appliance for the treatment of sleep-related breathing disorders. |
| D9956 | Administration of home sleep apnea test | Indicated to diagnosis or treat a possible sleep apnea condition; not just to provide convenience to the patient or the dentist. |
| D9957 | Screening for sleep related breathing disorders | Indicated for identifying and assessing patients who may be at risk for sleep related breathing disorders. |
| D9959 | Unspecified sleep apnea services procedure, by report | Unspecified Sleep Apnea Services Procedure By Report a. For the treatment of obstructive sleep apnea. b. A physician supervised sleep study is required. c. A prescription for the fabrication and fitting of sleep apnea appliance from a physician. |

Medicare Advantage Clinical Criteria

Medicare Advantage Clinical Criteria may apply in the state. MS uses Avēsis / Premier Clinical Criteria.

Medicare Advantage does not apply to CA, DC, IL, and UT.

KY Medicare Advantage Clinical Criteria

| Code | KY Medicare Advantage Clinical Criteria |
|---------------|--|
| D2330 – D2394 | Direct Resin- based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light- cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases, and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. |
| D7280 | <ul style="list-style-type: none"> • Prior authorization required. • Pre-treatment photographic image. • When a normally developing permanent tooth is unable to erupt into a functional position. • For labially impacted teeth, if there will be 2-3 mm of gingival cuff present after eruption. Contraindications include third molars, supernumerary teeth, and when access to the impacted tooth would threaten vital structures. |

PA Medicare Advantage Clinical Criteria

| Code | PA Medicare Advantage Clinical Criteria |
|----------------------------|---|
| D2740 – D2792 | <ul style="list-style-type: none"> In general, criteria for Crowns will be met only for permanent teeth or primary teeth where no permanent successor is present needing multi-surface restorations where other restorative materials have a poor prognosis. Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma, and that destruction should involve four or more surfaces and two or more cusps. Permanent bicuspid (premolar) teeth must have pathologic destruction to the tooth by caries or trauma, and that destruction should involve three or more surfaces and at least one cusp. Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and that destruction must involve four or more surfaces and at least 50 percent of the incisal edge. Teeth with existing Crowns must have new qualifying pathology: decay, fractured off tooth structure or significant fracture of existing restorative material. <p>Authorizations for Crowns will not meet criteria if:</p> <ul style="list-style-type: none"> A lesser means of restoration is possible Tooth has sub osseous and/or furcation caries (poor prognosis) <p>A request for a crown following endodontic therapy must meet the following criteria:</p> <ul style="list-style-type: none"> Request should include a dated post-endodontic radiograph. The endodontic treatment of the tooth should show a fill sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex (narrative will be needed). The endodontic fill must be properly condensed during obturation. Endodontic filling material must not extend excessively beyond the apex. The crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture. The tooth should demonstrate no probing greater than 5mm and have adequate supporting bone (50% or more bone support). <p>The patient must be free from active and advanced periodontal disease and active carious lesions</p> |
| D2950, D2952, D2953, D2954 | <ul style="list-style-type: none"> Procedure is limited to permanent teeth. The tooth must be endodontically treated. The endodontically treated tooth must show adequate root canal fill without excessive over fill. The tooth must present with a minimum of 50 percent bone support. The tooth must be sufficiently broken down to where a more conservative base or buildup would be contraindicated. The risk of root fracture or splitting the root by placing a post is minimal. |
| D3310, D3320, D3330 | <p>Requests for services must meet the following basic criteria:</p> <ul style="list-style-type: none"> Services are allowed for teeth 2 – 15, 18 – 31. All canals must be instrumented, cleaned, and sealed within 1mm of the radiographic apex. Tooth must present with endodontic pathology and symptoms. Opposing tooth is present and in occlusion or the tooth will be a retainer for fixed or removable partial prosthesis. Tooth must be restorable. Tooth must present with at least 50 percent bone support. Patient must be free of active periodontal disease. Tooth must be damaged as a result of trauma or carious exposure. Fill must be properly condensed/obtured. Filling material must be within 1mm of the apex nor extend excessively beyond the apex. <p>Authorizations for endodontic therapy will not meet criteria if:</p> <ul style="list-style-type: none"> The endodontic treatment is for aesthetic reasons. Gross periapical or periodontal pathosis is demonstrated radiographically. Caries is demonstrated radiographically to be present below the crestal bone or into the furcation, deeming the tooth non-restorable. |

| Code | PA Medicare Advantage Clinical Criteria |
|--------------|--|
| | <ul style="list-style-type: none"> The generally poor oral condition does not justify root canal therapy. Endodontic therapy is not payable for third molars, unless they are an abutment for a partial denture. The tooth has advanced periodontal disease and/or pocket depths greater than 5mm. Endodontic therapy is in anticipation of placement of an overdenture. An endodontic filling material not accepted by the Federal Food and Drug Administration (FDA) is used. |
| D4210, D4211 | <p>Include evidence of one or more of the following:</p> <ul style="list-style-type: none"> Comprehensive periodontal evaluation (i.e., description of periodontal tissues, pocket depth chart, tooth mobility, mucogingival relationships) Documentation of severe gingival hyperplasia restricting the ability to perform effective daily oral hygiene procedures (i.e., photos)/ not for aesthetic reasons |
| D4341, D4342 | <p>Criteria for approval of periodontal scaling and root planning should include evidence of one or more of the following:</p> <ul style="list-style-type: none"> Radiographically demonstrated evidence of bone loss greater than 2mm beyond the CEJ 5 mm pocket depths on at least four or more teeth in each quadrant with periodontal charting no more than 12 months old Radiographically demonstrated evidence of subgingival calculus Persistent inflammation characterized by generalized bleeding points on at least half of the remaining dentition per quadrant |
| D4346 | <p>Criteria for scaling in the presence of generalized moderate or severe gingival inflammation – full mouth:</p> <ul style="list-style-type: none"> Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation: The removal of plaque, calculus, and stain from supra- and sub – gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planning, or full mouth debridement. It requires: Pre-treatment radiographic images or intraoral photographic images. Comprehensive periodontal evaluation, including charting, not older than 12 months. |
| D4355 | <p>Criteria for approval of full mouth debridement include evidence of one or more of the following:</p> <ul style="list-style-type: none"> Pre-operative radiographs or photos demonstrating evidence of gross calculus build-up (radiographically visible calculus involving at least 75 percent of the remaining dentition) Documentation that treatment was rendered under GA, IV, or radiographs were not possible due to a patient's medical status (description of medical condition). Photographs can be helpful. |
| D4910 | <p>Criteria for approval of periodontal maintenance include evidence of one or more of the following:</p> <ul style="list-style-type: none"> Documentation of previous active periodontal treatment dates Continuous documentation of significant hard and soft tissue changes |

State Specific Clinical Criteria

District of Columbia Specific Clinical Criteria

| Code | District of Columbia Specific Clinical Criteria |
|------|---|
| | <p>Orthodontic Services complete the:</p> <ul style="list-style-type: none"> District Of Columbia Handicapping Labio-Lingual Deviation (HLD) Score Sheet |

Illinois Specific Clinical Criteria

| Code | Illinois Specific Clinical Criteria |
|-----------------|--|
| D4341, D4342 | Noticeable bone loss and / or radiographic radicular calculus. |
| | Orthodontic Services complete the: <ul style="list-style-type: none"> Illinois Handicapping Labio-Lingual Deviation Index (HLD) Score Sheet |

Kentucky Specific Clinical Criteria

Reference the Kentucky Administrative Regulations (KAR) for further details.

| Code | Kentucky Specific Clinical Criteria |
|---|---|
| D0140 | Allowed only for trauma or acute infection (including toothache). Can only be used with a specific list of other codes on same DOS (reference the benefit grid). |
| D1354 | This code is applicable for all ages and for both primary and permanent dentition. <ul style="list-style-type: none"> No extraction or restoration of a treated tooth within 90 days, except for special circumstances. |
| D2140, D2150, D2160, D2161 | Amalgam restorations <ul style="list-style-type: none"> Tooth preparation, cement bases, bonding agents, occlusal adjustments, polishing, local anesthesia, and any other associated procedures are included in the fee for a completed restorative service. |
| D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394 | Resin Based Composite Restorations <ul style="list-style-type: none"> Direct Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases, and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. |
| D2740, D2750, D2790, D2751, D2752, D2791, D2780 | Crowns - Single Restorations <ul style="list-style-type: none"> Teeth with existing crowns/onlays must have new qualifying pathology: decay, fractured off tooth structure or significant fracture of existing restorative material. The crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture. The tooth should demonstrate no probing greater than 5mm and have adequate supporting bone. The patient must be free from active and advanced periodontal disease. <p>Crown following Endodontic therapy</p> <ul style="list-style-type: none"> A request for a crown following endodontic therapy must meet the above Single Restorations criteria plus the following criteria: <ul style="list-style-type: none"> The endodontic treatment of the tooth should show a fill sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex. Endodontic final fill should end no more than 2 mm short from the radiographic apex and should not extend greater than 0.5 mm beyond out the radiographic apex The endodontic fill must be properly condensed or obturated. |
| D2928, D2930, D2931 | <ul style="list-style-type: none"> In general, criteria for stainless steel crowns and prefabricated porcelain/ceramic crowns will be met only for teeth needing multi-surface restorations where amalgams and other materials have a poor prognosis. Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and two or more cusps. Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma and should involve three or more surfaces and at least one cusp. Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and at least 50% of the incisal edge. |

| Code | Kentucky Specific Clinical Criteria |
|---------------------|---|
| | <ul style="list-style-type: none"> Primary molars must have pathologic destruction to the tooth by caries or trauma and should involve two or more surfaces or substantial occlusal decay resulting in an enamel shell. |
| D2950 | <ul style="list-style-type: none"> Buildups are a covered benefit when 50 percent or more of the natural coronal structure of the tooth is destroyed by decay or is missing due to fracture—which means that more than 180 degrees of the tooth structure is missing circumferentially down to or closer than 2mm from the gum tissue (less than 2mm of vertical height remaining for two cusps on a molar and one cusp for a premolar). For anterior teeth, this means that more than ½ of the mesial/distal width of the incisal edge is missing down past the junction of the incisal third and middle third of the tooth. If replacing an existing crown or onlay with another crown, a buildup is an additional benefit only if new pathology compromises the existing substructure, necessitating placement of a new substructure/core and meets the above buildup criteria. |
| D3310, D3320, D3330 | <p>Root Canal Therapy</p> <ul style="list-style-type: none"> This procedure should only be undertaken when there is a reasonable prognosis for a successful outcome and would be contraindicated in an oral environment of rampant, unchecked caries and/or periodontal disease. The treated tooth must show a positive prognosis by having adequate biologic width of at least 2 mm, and sufficient tooth structure present providing for adequate ferrule effect for the final restoration. Rampant caries would suggest a poor prognosis and probability of future recurrent carries and resulting failure of the final restoration(s). Approval for Root Canal therapy will not meet criteria using filling material not accepted by the Federal Food and Drug Administration (e.g. Sargenti filling material). |
| D4212 | <p>This procedure should only be used for access when there will still be adequate biologic width remaining with greater than 2mm of space between the restoration margin and crestal bone. If less will be remaining, a crown lengthening procedure would be indicated to allow for adequate biologic width but only if there will be adequate crown to root ratio remaining. Note: placement of restoration margins that violate the biologic width of at least 2mm shall be considered practicing below the standard of care and will not be reimbursed.</p> |
| D4240, D4241 | <p>Must exhibit pocket depths greater than 5mm</p> |
| D4249 | <p>Following this procedure, the tooth should still retain an acceptable crown to root ratio and exhibit a biologic width greater than 2mm.</p> |
| D4263 | <ul style="list-style-type: none"> In an otherwise periodontally healthy area to correct an isolated periodontal defect Infrabony/Intrabony vertical defects Class II Furcation involvements |
| D4341 | <p>Periodontal scaling and root planing, four or more teeth per quadrant, should include evidence of:</p> <ul style="list-style-type: none"> Radiographically demonstrated evidence of bone loss greater than 2mm beyond the CEJ. 5 mm pocket depths on at least four or more teeth in each quadrant with periodontal charting no more than a year old. |
| D4342 | <p>Periodontal scaling and root planing, one to three teeth per quadrant, should include evidence of:</p> <ul style="list-style-type: none"> Radiographically demonstrated evidence of bone loss greater than 2 mm beyond the cementoenamel junction (CEJ). 5 mm pocket depths on at least one to three teeth in each quadrant with periodontal charting no more than a year old. |
| D4355 | <ul style="list-style-type: none"> Pre-operative radiographs or photos demonstrating evidence of gross calculus buildup (radiographically visible calculus involving at least 75 percent of the remaining dentition) Documentation that treatment was rendered under GA, IV, or radiographs were not possible due to a patient's medical status (description of medical condition). |
| D4910 | <p>Continuous documentation of significant hard and soft tissue changes.</p> |
| D5000 – D5099 | <p>Removable Prosthodontics</p> <ul style="list-style-type: none"> The recipient cannot accommodate and properly maintain the prosthesis (i.e., gag reflex, potential for swallowing the prosthesis, severe handicap). The recipient has a history or an inability to wear a prosthesis due to psychological or physiological reasons. Dentures must be made in a traditional laboratory. |

| Code | Kentucky Specific Clinical Criteria |
|---------------|--|
| D6000 – D6199 | <p>Implant services</p> <ul style="list-style-type: none"> Care must also be exercised when designing the prosthesis so that the hardness of the material used is compatible with that of the opposing occlusion. Jaw relationship and intra-arch vertical distance should be considered in the initial treatment plan with selection of retentive and restorative appliances An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons). Documentation of at least three (3) millimeters of inter-dental space between the site of the requested dental implants and adjacent roots to maintain periodontal health and form. |
| | <p>Fixed Prosthodontics</p> <ul style="list-style-type: none"> Fixed Partial Dentures (FPD_ prosthetic procedures include routine temporary prosthetics. Abutment (retainer) teeth must have adequate bone support and must show favorable crown to root ratio (1:2), ferule effect, and biologic width of at least 2mm to be considered for approval. Any active periodontal disease must be treated and under control prior to requesting an FPD; The tooth or teeth to be replaced must have an opposing occlusion that is not removable |
| D7111 – D7962 | <p>Oral surgery</p> <p>Extraction Codes:</p> <ul style="list-style-type: none"> Tooth is non-restorable due to caries or the extent of fractured off tooth structure Pulpal and/or periapical pathology Pathological cyst formation Second or subsequent episodes of pericoronitis (unless the first episode is particularly severe), that cannot be resolved through the use of antibiotics, irrigations, or other topical treatment Osteomyelitis Cellulitis Tumor removal that also requires removal of tooth for access Tooth is positioned ectopically and prevents the eruption of an adjacent tooth Internal/external resorption of a tooth or adjacent tooth Tooth in aberrant position that is causing bone loss on adjacent tooth/teeth Tooth/teeth impeding orthognathic surgery, reconstructive surgery, trauma surgery, or other jaw surgery <p>Extractions in conjunction with approved orthodontic treatment</p> <ul style="list-style-type: none"> Provider must submit request for extractions from orthodontist, not prophylactic in nature Needs to be an approved orthodontic case. Third Molar removal: <ul style="list-style-type: none"> Tooth erupting on an angle and impinging on 2nd molars Recurrent Pericoronitis Dentigerous Cyst or other growth Internal or External Root Resorption 3rd molar has over-erupted due to lack of opposing tooth contact Demonstrable need: <ul style="list-style-type: none"> In conjunction with approved orthodontics where orthodontist requests the 3rd molars be removed to guarantee the success of the orthodontic case (provide referral from ortho and prior auth approval of ortho if possible). Pain with no pathology – On a per tooth basis, provider must furnish a narrative that describes pain that is more than normal eruption pain – for example: a description of duration, intensity, medications, or other factors that are more than normal eruption pain – the description of such factors is necessary to demonstrate need. <p>D7251 Coronectomy – intentional partial tooth removal</p> <ul style="list-style-type: none"> Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed. |

| Code | Kentucky Specific Clinical Criteria |
|-------|--|
| | Radiograph indicates removal of complete tooth would result in damage to the neurovascular bundle - not indicated for teeth with mobility, root surface caries - periapical pathology, or prophylactic reason, discomfort or pain related to normal tooth eruption. |
| D7270 | <p>Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth</p> <ul style="list-style-type: none"> • Includes splinting and/or stabilization. • Subluxation injuries to permanent teeth • Lateral Luxation injuries of primary and permanent teeth • Extrusion injuries of <3mm in an immature developing primary tooth • Avulsion of permanent teeth |
| D7280 | <ul style="list-style-type: none"> • An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted. • Limited to exposure of the tooth for orthodontic treatment |
| | <p>Orthodontic Services complete the:</p> <ul style="list-style-type: none"> • MAP 396 (KY Medicaid Program Orthodontic Evaluation Form) or equivalent • Kentucky Orthodontic criteria form. |

Mississippi Specific Clinical Criteria

| Code | Mississippi Specific General Dental Clinical Criteria |
|--|--|
| D0210 | <ul style="list-style-type: none"> • A radiographic survey of the whole mouth, usually consisting of 14–22 periapical and posterior • Bitewing images, intended to display the crowns and roots of all teeth, periapical areas, and alveolar bone. |
| D2335 | <ul style="list-style-type: none"> • Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth. |
| D2940, D2950, D2952 | <ul style="list-style-type: none"> • When 60% or more of the coronal tooth structure is missing and is used to add retention to the tooth preparation. • The restorations must be placed on sound structure with at least 50% bone support. • Enough tooth structure to establish a ferrule around the tooth to establish resistance and retention. No sub crestal decay. • The final restoration margin must have adequate biologic width of 2mm or more from the crest of the bone. • If endodontically treated, completely obturated root canal with the fill 2mm or less from the radiographic apex and not greater than 0.5 mm beyond the radiographic apex. |
| D3310, D3320, D3330, D3331, D3332, D3333 | The pulp chamber should be accessed, and the canals debrided, shaped, completely obturated root canal with the fill 2mm or less from the radiographic apex and not greater than 0.5 mm beyond the radiographic apex. |
| D3346, D3347, D3348 | The pulp chamber should be accessed, and the canals debrided, shaped, and obturated within the 2mm or less from the radiographic apex and not greater than 0.5 mm beyond the radiographic apex |
| | <p>Orthodontic Services complete the:</p> <ul style="list-style-type: none"> • Mississippi Medicaid and CHIP Orthodontic Criteria Index Form |

Pennsylvania Specific Clinical Criteria

| Code | Pennsylvania Specific Clinical Criteria |
|-----------------------------|---|
| D2740, D2751, D2750, D2791, | <p>Crowns</p> <ul style="list-style-type: none"> • Radiological films for proposed crowns or abutment teeth must have acceptable views of adjacent and opposing teeth. |

| Code | Pennsylvania Specific Clinical Criteria |
|---------------------------|---|
| | <ul style="list-style-type: none"> • Molars must have pathological destruction to the tooth by caries or trauma, and must involve four (4) or more surfaces and two • (2) or more cusps. Anterior teeth must have pathological destruction to the tooth by caries or trauma and must involve four (4) or more surfaces and at least 50% of the incisal edge. • Bicuspids (premolars) must have pathological destruction to the tooth by caries or trauma and must involve three (3) or more surfaces and one (1) cusp. <p>Crowns following Root Canal</p> <ul style="list-style-type: none"> • A one-month period must elapse between the date a root canal is completed and the date that the request for a crown is submitted; • Periapical film must be taken and submitted to show the root and crown of the natural tooth; • The tooth is filled within two millimeters of the radiological apex; • The root canal filling material is not filled beyond the radiographical apex. • The beneficiary must be free from active and advanced periodontal disease. • Crowns must be opposed by teeth in the opposite jaw or be a support for a partial. • Crowns for primary teeth will not be covered if the radiograph indicates imminent exfoliation. • Crowns will not be approved when lesser means of restoration is possible. • The dentist should impress upon the beneficiary the importance of taking care of a crown. • Crowns that are dislodged, broken, or lost are not sufficient justification for replacement. |
| D3310, D3320, D3330 | <p>Endodontic Therapy</p> <p>Root canals are not covered in the following situations:</p> <ul style="list-style-type: none"> • Intentional (elective) endodontics; • Third molar (unless it is an abutment tooth); • Teeth with advanced periodontal disease; • Teeth with sub-osseous and/or furcation carious involvement; • Teeth which cannot be restored with conventional methods (i.e., amalgam, composite or crowns); or • Teeth received prior endodontics treatment. |
| D4210, D4211 | <p>Periodontal Services: Gingivectomy or Gingivoplasty - per quadrant</p> <ul style="list-style-type: none"> • The procedure is medically necessary for the correction of severe gingival hyperplasia or hypertrophy associated with drug therapy. Severe gingival hyperplasia interferes with or restricts the ability to perform effective daily oral hygiene procedures. • If the following criteria are met in the professional judgment of the reviewer, this service will be approved: <ul style="list-style-type: none"> ○ Comprehensive periodontal evaluation (e.g., description of periodontal tissues, pocket depth chart, tooth mobility, mucogingival relationships); and ○ Pertinent medical and dental history (e.g., medications); and ○ Objective evidence of severe gingival hyperplasia restricting the ability to perform effective daily oral hygiene procedures; Or ○ Other documentation of objective evidence of clinical condition whose severity is consistent with the above criteria. ○ Exceptions to established limits may be granted if documentation presented indicates recurrence of severe gingival hyperplasia within a two-year period due to inability to alter medications. |
| D4341, D4342, D4346 | <p>Periodontal scaling and root planing - per quadrant</p> <ul style="list-style-type: none"> • The procedure is medically necessary to: <ul style="list-style-type: none"> ○ Reduce clinical inflammation as evidenced by edema, erythema of the gingival, generalized bleeding on probing, spontaneous bleeding reported by beneficiary, or by purulent gingival discharge; ○ Effectuate microbial shifts to a less pathogenic, subgingival flora; ○ Reduce probing depths when pocket depth is equal to or greater than 5mm or in the presence of clinical inflammation (see a above) following routine prophylaxis; and/or ○ Gain clinical attachment. • If the following criteria are met in the professional judgment of the reviewer, this service will be approved: <ul style="list-style-type: none"> ○ Comprehensive periodontal evaluation (e.g., description of periodontal tissue, pocket depth chart, tooth mobility, mucogingival relationships); and ○ Current diagnostic radiographs demonstrating evidence of bone loss; and |

| Code | Pennsylvania Specific Clinical Criteria |
|-----------------|--|
| | <ul style="list-style-type: none"> ○ Narrative/documentation of clinical information, including pocket depth(s) of 5mm or greater except in cases of medication related gingival hyperplasia or persistent inflammation characterized by generalized bleeding on probing (multiple bleeding points present per tooth on at least ½ of remaining dentition per quadrant); or ○ Other documentation of objective evidence of clinical condition whose severity is consistent with the above criteria. ○ Exceptions to established limitations will not be granted due to lack of beneficiary compliance and/or continued poor oral hygiene. |
| D4355 | <p>Full mouth debridement</p> <ul style="list-style-type: none"> ● Used to enable comprehensive periodontal evaluation and diagnosis - the dentist is required to secure post-operative review and approval from the Department through the prior authorization program. ● The procedure is medically necessary for removal of subgingival and/or supragingival plaque and calculus which obstructs the ability to perform an oral evaluation. A preliminary procedure that does not preclude the need for other procedures. ● If the following criteria are met in the professional judgment of the reviewer, this service will be approved: <ul style="list-style-type: none"> ○ Radiographs for diagnostic purposes demonstrating evidence of gross calculus buildup (radiographically visible calculus involving at least 75% of remaining dentition); or ○ In lieu of radiographs, documentation is presented indicating treatment was provided under general anesthesia or intravenous sedation, or radiographs were not obtainable due to the beneficiary’s medical status; or ○ Other documentation of objective evidence of clinical condition whose severity is consistent with the above criteria. ○ Exception to established limitations may be granted if objective evidence is presented indicating that beneficiary is unable to perform effective daily oral hygiene procedures due to medical status. |
| D4910 | <p>Periodontal maintenance Procedures following active treatment (this excludes full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit)</p> <ul style="list-style-type: none"> ● The procedure is medically necessary to: <ul style="list-style-type: none"> ○ Prevent or minimize the recurrence and progression of periodontal disease in beneficiaries who have been previously treated for periodontitis; ○ Prevent or reduce the incidence of tooth loss by monitoring the dentition and any prosthetic replacements of the natural teeth; and ○ Increase the probability of locating and treating, in a timely manner, other diseases or conditions found within the oral cavity. ● If the following criteria are met in the professional judgment of the reviewer, this service will be approved: <ul style="list-style-type: none"> ○ Documentation of previous periodontal treatment; and ○ Continuous documentation of significant hard and soft tissue changes (e.g., changes in pocket depth greater than or equal to 2mm); or ○ Other documentation of objective evidence of clinical condition whose severity is consistent with the above criteria. ○ Exceptions to established limitations will not be granted due to lack of beneficiary compliance and/or continued poor oral hygiene. |
| D5110, D5120 | <p>Complete Dentures</p> <ul style="list-style-type: none"> ● A Prior Authorization Request for a denture(s) should be based on: <ul style="list-style-type: none"> ○ The total condition of the mouth; ○ The ability of the beneficiary to adjust to a denture(s); and ○ The desire of the beneficiary to wear a denture(s). ● Where essential preparatory services of any type are a part of an approved complete or partial denture treatment plan, those services must be completed before the denture service itself is initiated, including prior authorization of any teeth requiring extraction. ● The dentist should impress upon the beneficiary the importance of taking care of dentures. Stolen, lost or broken dentures are not sufficient justification for replacement. |

| Code | Pennsylvania Specific Clinical Criteria |
|--|--|
| | <ul style="list-style-type: none"> Dentures must be fabricated for a specific beneficiary with individually positioned teeth, wax up of the entire denture body and conventional laboratory processing. |
| D5211, D5212, D5213, D5214, D5225, D5226 | <p>Partial Dentures:</p> <ul style="list-style-type: none"> The treatment plan must identify all teeth that are going to be placed on the partial denture. Abutment teeth must be at least 50% supported by bone. |
| D7210, D7220, D7230, D7240, D7241, D7250 | <p>Surgical Extractions</p> <ul style="list-style-type: none"> Surgical extraction is not a simple extraction. Surgical extractions require an incision of overlaying soft tissue, elevation of flap, and/or removal of bone, the removal of teeth, and possibly sectioning of the teeth. Surgical extraction will be for fully developed permanent teeth causing or threatening to cause irreversible damage. Routine removal of impacted or unerupted teeth must be supported by i) pathology. ii) Lesions associated with impaction, iii) Threat of resorption of root of permanent adjacent tooth. <ul style="list-style-type: none"> Complete Bony Impaction The occlusal surface of the crown of the tooth is completely encased in bone and requires bone removal and/or sectioning of the tooth in order to remove the tooth. Partial Bony Impaction The occlusal surface of the crown of the tooth is sufficiently covered with bone to require removal of bone and/or sectioning to remove it from its bony crypt. In this case, the crown is partially covered by bone. Soft Tissue Impaction The occlusal surface of the crown of the tooth is partially or completely covered by soft tissue, which is incised and/or retracted from bone to remove the tooth. Root Recovery Surgical removal of a residual root completely covered by bone. A root remains with bony tissue grown over the space, which was once occupied by the coronal portion of the tooth. |
| D9239, D9230, D9243, D9248, D9222, D9223 | <ul style="list-style-type: none"> Inhalation of nitrous oxide and non-intravenous conscious sedation are only compensable for eligible beneficiaries under 21 years of age. What constitutes acceptable documentation to justify medical necessity? <ul style="list-style-type: none"> Child is under 5 years of age, and more than one simple extraction or surgical extraction is performed. Beneficiary has medical conditions that preclude the use of local anesthesia. Severe infection at the injection site. Beneficiaries with intellectual disability, other mental health or physical conditions and who are unmanageable using local anesthesia. Severe cerebral palsy, unmanageable. Severe intellectual disability, unmanageable. Multiple extractions in more than one quadrant. If the treatment is simple or surgical extractions, two or more quadrants must have had at least two teeth extracted per quadrant, or three or more quadrants had at least one tooth extracted per quadrant. |
| D9947 | <p>Sleep Apnea Appliance</p> <ul style="list-style-type: none"> Prescription from a physician, A panoramic x-ray, and A letter of medical necessity including criteria explaining the necessity of the needs of this appliance. |
| | <p>Orthodontic Services complete 1 or 2 of the following:</p> <ul style="list-style-type: none"> Chip Orthodontic Criteria Index Form Medicaid Orthodontic Criteria Index Form Salzmann Evaluation Index |

Utah Specific Clinical Criteria

| Code | Utah Specific Clinical Criteria |
|-------|---|
| D0210 | If more than 12 periapical and more than 2 bitewing radiographs are taken on the same date of service, it is considered a complete series. Panoramic radiograph with more than 2 or 4 bitewing and 2 periapical radiographs is a complete series. |

| Code | Utah Specific Clinical Criteria |
|---|--|
| D3310, D3320, D3330, D3331, D3332, D3333 | A root canal is to be reported after the canals has been completely obturated with the final filling. Reporting for services that have not been completed is considered fraud. |
| D4341, D4342 | 4mm pocket depth |
| | Orthodontic Services complete the: <ul style="list-style-type: none"> Utah Medicaid Index of Orthodontic Treatment Need (IOTN) |

State Specific Orthodontic Forms

District Of Columbia

- Handicapping Labio-Lingual Deviation (HLD) Score Sheet

Illinois

- Handicapping Labio-Lingual Deviation Index (HLD) Score Sheet

Kentucky

- MAP 396 (KY Medicaid Program Orthodontic Evaluation Form) or equivalent
- Kentucky Orthodontic criteria form.

Mississippi

- CHIP Orthodontic Criteria Index Form
- Medicaid Orthodontic Criteria Index Form

Pennsylvania

- Chip Orthodontic Criteria Index Form
- Medicaid Orthodontic Criteria Index Form
- Salzmann Evaluation Index

Utah

- Medicaid Index of Orthodontic Treatment Need (IOTN)



DISTRICT OF COLUMBIA HANDICAPPING LABIO-LINGUAL DEVIATION (THE HLD Index No. 4) SCORE SHEET

Patient Name: _____

DOB: _____

Treating Orthodontist: _____

Medicaid ID #: _____

Date: _____

| Conditions | Provider Score | HLD 1 st Review | HLD 2 nd Review |
|--|-------------------|----------------------------------|----------------------------------|
| <p>Cleft palate deformity - Submit a cleft palate in the mixed dentition only if you can justify in a report why the patient should be treated before he or she is in the full dentition. Will there be intermittent treatment? Score 15 points</p> | | | |
| <p>Craniofacial anomaly- Documentation must include a clinical narrative from a qualified specialist and photographs. Score 15 points</p> | | | |
| <p>Crossbite of individual anterior teeth causing clinical attachment loss where recession of the gingival margins is present. Score 15 points</p> | | | |
| <p>Deep impinging overbite causing the destruction of soft tissues of the palate where tissue laceration and/or clinical attachment loss are present. Score 15 points</p> | | | |
| <p>Severe traumatic deviations- This refers to facial accidents, not congenital deformity. It does not include traumatic occlusion or crossbites. Score 15 points</p> | | | |
| <p>Overjet greater than nine (9) millimeters or mandibular protrusion greater than three and one half (3.5) millimeters. Score 15 points</p> | | | |
| <p>Overjet- Measure overjet in millimeters and subtract 2mm from your score. Two mm of overjet is considered normal. Score ____ minus 2mm</p> | | | |
| <p>Overbite - Measure overbite in millimeters and subtract 3mm from your score. Three mm of overbite is considered normal. Score ____ minus 3mm</p> | | | |
| <p>Labio-Lingual Spread –Measure the total spacing between the anterior teeth in millimeters. Score ____</p> | | | |



| Conditions | Provider Score | HLD 1 st Review | HLD 2 nd Review |
|--|----------------|----------------------------|----------------------------|
| <p>Mandibular protrusion (reverse overjet) Measure the protrusion in millimeters and multiply by 5 (five). Score ____ x 5</p> | | | |
| <p>Open bite- Measure the opening between the maxillary and mandibular incisors in millimeters and multiply by 4 (four). Score ____ x 4</p> | | | |
| <p>Anterior crowding – Anteriors are so crowded that extractions are a prerequisite to treatment. Arch length insufficiency must exceed 3.5 mm to score points. (Score one for MAXILLA, and/or one for MANDIBLE) multiply by 5 (five) for the arch. Maxilla ____ / Mandible ____ Total ____</p> | | | |
| <p>Ectopic eruption -This refers to an unusual pattern of eruption such as high labial cuspids. Do not score teeth in this category if they are scored under maxillary or mandibular crowding. (Identify by tooth number, and count each tooth, excluding third molars) multiply by 3. Score ____ x 3</p> | | | |
| <p>Posterior unilateral crossbite - Score 5 points for a left or right posterior crossbite. Must involve two or more adjacent teeth, one of which must be a molar. There is a maximum of 5 points for this category. Total ____</p> | | | |
| <p>A score of 15 or higher indicates a physical handicap. Total Score _____</p> | | | |
| <p>1st Reviewer Signature/Date _____ Approved/Denied Comments: _____ _____ _____</p> | | | |
| <p>2nd Reviewer Signature/Date _____ Approved /Denied Comments: _____ _____ _____</p> | | | |

Procedure:

1. Occlude patient or models in centric position.
2. Record all measurements in order given (rounded off to the nearest millimeter).
3. Enter a score of zero (0) if the condition is absent.
4. Start by measuring overjet of the most protruding incisor.
5. Measure overbite from the labio-incisal edge of the overlapped front tooth/teeth to point of maximum coverage.
6. Ectopic eruption and Anterior crowding should not be doubled scored. Record only the more serious condition, not both.
7. Deciduous teeth and teeth not fully erupted should not be scored.

Additional documents: Clinical narrative, Models, Cephalometric films, X-rays, Diagnostic oral/intra photos.



HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX SCORING INSTRUCTIONS

The intent of the HLD index is to measure the presence or absence, and the degree, of the handicapped occlusion caused by the components of the Index, and not to diagnose 'malocclusion.' All measurements are made with a Boley Gauge scaled in millimeters. Absence of any conditions must be recorded by entering '0.' (Refer to the attached score sheet).

The following information should help clarify the categories on the HLD Index:

1. **Cleft Palate Deformity:** Acceptable documentation must include the following: 1) diagnostic casts or digital photographs of orthodontically trimmed study models (include views from all sides while in centric occlusion with wax bite); 2) intraoral photograph of the palate demonstrating soft tissue destruction; 3) written consultation report by a qualified specialist or Craniofacial Panel). Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
2. **Cranio-facial Anomaly:** Attach description of condition from a credentialed specialist. Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
3. **Crossbite of Individual Anterior Teeth:** Acceptable clinical documentation must include all the above noted clinical information together with supportive diagnostic intra-oral photographs of the anterior teeth demonstrating clinical attachment loss and gingival margin recession. Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
4. **Deep Impinging Overbite:** Acceptable clinical documentation must include all the above noted clinical information. . Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
5. **Severe Traumatic Deviation:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Submit history of prior treatment for any of these conditions to include all diagnostic radiographic images including a description of the condition. Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
- 6A. **Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5mm:** Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of the lower incisors to the labial surface of the corresponding upper central incisors. This measurement should record the **greatest** distance between any one upper central incisor and it's corresponding lower central or lateral incisor. If the overjet is greater than 9mm or mandibular protrusion (reverse overjet) is greater than 3.5mm, indicate an 'X' and score no further. (This condition is automatically considered to qualify for orthodontic services.)
- 6B. **Overjet equal to or less than 9mm:** Overjet is recorded as in condition #6A above.
7. **Overbite in Millimeters:** A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the score sheet. ('Reverse' overbite may exist in certain conditions and should be measured and recorded.)
8. **Labio-Lingual Spread:** A Boley Gauge is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but **only the most severe individual measurement should be entered on the score sheet.**
9. **Mandibular Protrusion (reverse overjet) equal to or less than 3.5mm:** Mandibular protrusion (reverse overjet) is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter. Enter on the score sheet and multiply by five (5).
10. **Open Bite in Millimeters:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. The measurement is entered on the score sheet and multiplied by four (4). In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.
11. **Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. Enter total on the score sheet and multiply by five (5). If ectopic eruption exists in the anterior region of the same arch, count the condition that scores the most points. **DO NOT SCORE BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
12. **Ectopic Eruption:** Count each tooth, **excluding third molars.** Each qualifying tooth must be impeded from full normal eruption and indicate that more than 50% of the crown as blocked and is not within the arch. Count only one tooth when there are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by three (3). If anterior crowding also exists in the same arch, score the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
13. **Posterior Unilateral Crossbite:** This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of five (5) on the score sheet. **NO SCORE FOR BI-LATERAL CROSSBITE.**



HANDICAPPING LABIO-LINGUAL DEVIATION INDEX (HLD) SCORE SHEET

Name (Last, First): _____ Medicaid ID: _____ DOB: _____

All necessary dental work completed? Yes No Patient oral hygiene: Excellent Good Poor

Fully erupted set of permanent teeth Yes No

(All dental work must be completed and oral hygiene must be good BEFORE orthodontic treatment is approved)

PROCEDURE (use this score sheet and a Boley Gauge or disposable ruler):

- Indicate by checkmark next to A or B which criteria you are submitting for review
- Position the patient's teeth in centric occlusion;
- Record all measurements in the order given and round off to the nearest millimeter (mm);
- ENTER SCORE "0" IF CONDITION IS ABSENT

A. CONDITIONS 1-6 ARE AUTOMATIC QUALIFIERS (indicate with an "X" if condition is present)

- Cleft Palate or other Craniofacial anomalies**
- Deep impinging bite **with** signs of tissue damage, not just touching palate
- Anterior crossbite **with** gingival recession
- Severe traumatic deviation** (i.e., accidents, tumors, etc.)
- Overjet of 9mm or greater**
- Impacted teeth** where eruption is impeded but where extraction is not indicated

If none of the above automatic qualifiers are present in Section A, please use Section B below to score the patient based on the criteria listed.

B. CONDITIONS 7-15 MUST SCORE 28 POINTS OR MORE TO QUALIFY

- Overjet** (one upper central incisor to labial of the most labial lower incisor) mm _____ x1= _____
- Overbite** (maxillary central incisor relative to lower anteriors) mm _____ x1= _____
- Mandibular protrusion (reverse overjet, "**underbite**") mm _____ x5= _____
- Openbite** (measure from a maxillary central incisor to mandibular incisors) mm _____ x4= _____
- Ectopic teeth** (excluding third molars) # teeth _____ x3= _____
- Anterior crowding of maxilla** (greater than 3.5 mm) if present score _____ 1 _____ x5= _____
- Anterior crowding of mandible** (greater than 3.5 mm) if present score _____ 1 _____ x5= _____
- Labio-lingual spread** (either measure a displaced tooth from the normal arch form or labial-lingual distance between adjacent anterior teeth) mm _____ x1= _____
- Posterior **crossbite** (1 must be a molar), score only 1 time - if present score _____ 1 _____ x4= _____

TOTAL SCORE (must score 28 points or more to qualify) _____

*Effective January 1, 2025, if a prior authorization request for orthodontic treatment is denied, the provider who submitted the request shall be provided with the HLD scoring tool and the HLD score that prompted denial of the request.

Provider Signature _____ Date: _____

NPI #: _____

Provider Name _____ Phone #: _____

GUIDELINES AND RULES FOR APPLYING THE HLD INDEX

The provider is encouraged to score the case and exclude any case that obviously would *not* qualify for treatment. Upon completion of the HLD Index score sheet, review all measurements and calculations for accuracy.

1. Indicate by checkmark next to A or B which criteria you are submitting for review.
2. Position the patient's teeth in centric occlusion.
3. Record all measurements in the order given and round off to the nearest millimeter.
4. Enter the score "0" if condition is absent.

A. CONDITIONS 1-6 ARE AUTOMATIC QUALIFIERS (indicate with an "X" if condition is present)

1. **Cleft palate or other craniofacial anomalies** - a cleft palate or other craniofacial deformity must be demonstrated on the diagnostic records, if the deformity cannot be demonstrated on the diagnostic records, the condition must be diagnosed by properly credentialed experts and the diagnosis must be supported by documentation. if present, enter an "X".
2. **Deep impinging bite** - deep impinging overbite with signs of tissue damage, not just touching palate, including inflammation or damage of the gingiva palatal to the maxillary incisors. The condition must be clearly visible in the mouth and demonstrate on photos. On study models (*plaster or digital*), the mandibular teeth must be clearly touching the palate and the tissue indentations or evidence of soft tissue damage or inflammation must be clearly visible. Tissue indentions without inflammation or soft tissue damage do not meet the criteria. If present, enter an "X".
3. **Anterior crossbite with gingival recession** - Must be visible in the mouth and reproducible and visible on the diagnostic models (*plaster or digital*). Gingival recession *must* be at least 1.5 mm deeper than the adjacent teeth. If present, enter an "X". In the case of a canine, the amount of gingival recession should be compared to the opposite canine.
4. **Severe traumatic deviations** (i.e., accidents, tumors, etc) - these can include malocclusions caused by trauma, accidents, tumors, injury, disease process that significantly impact the patient's occlusion and function. If present, enter an "X".
5. **Overjet of 9 mm or greater** - Overjet is measured from the labial surface of the mandibular central incisor to the labial surface of the most prominent maxillary central incisor. If present, enter an "X".
6. **Impacted teeth where eruption is impeded but where extraction is not indicated** - Impacted teeth, other than third molars, that are impacted and retrievable via surgical exposure, will be qualifying conditions. Impacted maxillary central incisors should be approved for treatment at the appropriate time as current research data recommends. If present, enter an "X".

B. CONDITIONS 7 - 15 MUST SCORE 28 POINTS OR MORE TO QUALIFY

7. **Overjet** --this is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Measure parallel to the occlusal plan. Do *not* use the upper lateral incisors or cuspids. The measurement may apply to only one (1) tooth if it is severely protrusive. Do *not* record overjet and mandibular protrusion (reverse overjet) on the same patient. Enter the measurement in millimeters.
8. **Overbite** --a pencil mark on the tooth indicating the extent of the overlap assists in making this measurement. Hold the pencil parallel to the occlusal plane when marking and use the incisal edge of one of the upper central incisors. Do *not* use the upper lateral incisors or cuspids. The measurement is done on the lower incisor from the incisal edge to the pencil mark. "Reverse" overbite may exist and should be measured on an upper central incisor - from the incisal edge to the pencil mark. Do *not* record overbite and open bite on the same patient. Enter the measurement in millimeters.
9. **Mandibular (dental) protrusion or reverse overjet** --measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Do *not* use the upper lateral incisors or cuspids for this measurement. Do *not* record mandibular protrusion (reverse overjet) and overjet on the same patient. The measurement in millimeters is entered on the score sheet and multiplied by five (5).
10. **Open bite** --measured from the incisal edge of an upper central incisor to the incisal edge of a lower incisor. Do *not* use the upper lateral incisors or cuspids for this measurement. Do *not* record overbite and open bite on the same patient. The measurement in millimeters is entered on the score sheet and multiplied by four (4).
11. **Ectopic eruption** --count each tooth excluding third molars. Enter the number of teeth on the score sheet and multiply by three (3).
12. **Anterior crowding of maxilla** --anterior arch length insufficiency *must* exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures are *not* to be scored as crowded. Score one (1) point for a maxillary arch with anterior crowding and one (1) point for a mandibular arch with anterior crowding and multiply by five (5).
13. **Anterior crowding of mandible** -- anterior arch length insufficiency *must* exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures are *not* to be scored as crowded. Score one (1) point for mandibular arch with anterior crowding and multiply by five (5).

14. **Labio-lingual spread** --use a Boley gauge (or disposable ruler) to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to a line representing the normal arch. The total distance between the most protruded tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations should be measured for labiolingual spread but only the most severe individual measurement should be entered on the score sheet. Enter the measurement in mm.
15. **Posterior crossbite** --this condition involves one (1) or more posterior teeth, one (1) of which *must* be a molar. The crossbite *must* be one in which the maxillary posterior teeth involved may be palatal to normal relationships or completely buccal to the mandibular posterior teeth. The presence of posterior crossbite is indicated by a score of four (4) on the score sheet.

KENTUCKY ORTHODONTIC CRITERIA INDEX FORM – D8080

Patient Name: _____ DOB: _____

| ABBREVIATIONS | CRITERIA | YES | NO |
|---------------|---|-----|----|
| DO | Severe impinging overbite encompassing 1 or more teeth in palatal impingement with soft tissue palatal contact that must be visible on models (digital or photos of models) | | |
| AO | True anterior open bite, either skeletal or habitual leading to 1. Open bite persisting or 2. A medically documented speech impediment. [does not include 1 or 2 teeth slightly out of occlusion or where incisors are not fully erupted] | | |
| AP | Significant anterior-posterior discrepancy [must be 1 full tooth Class II or Class III occlusion, dental or skeletal and if skeletal, requires a traced cephalometric radiograph, with measurements, supporting significant skeletal malocclusion] | | |
| AX | Anterior crossbite [involves more than 2 teeth in the same arch or a single tooth w/evident detrimental changes in supporting tissues including: 1. obvious gingival stripping, or 2. a functional shift of mandible or severe dental attrition for a child under age 12 ; or edge to edge crossbite if there is severe dental attrition due to traumatic occlusion] | | |
| PX | Posterior transverse discrepancies [May include several teeth, 1 tooth must be a permanent molar and is handicapping in a function fashion as follows: 1. functional shift, 2. facial asymmetry, or 3. a complete buccal or lingual crossbite] | | |
| SP | Demonstrates a medically documented speech pathology resulting from the malocclusion. | | |
| PO | Significant posterior open bite [does not involve partially erupted teeth or 1 or 2 teeth slightly out of occlusion] | | |
| IMP | Impacted tooth [will not erupt into the arch without orthodontic or surgical intervention and 1. Shows a documented pathology or 2. Poses a significant threat to the integrity of the remaining dentition or to the health of the patient; Note: does not include a third molars or a tooth that will erupt ectopically] | | |
| OJ | Extreme overjet in excess of 8 mm and 1 of the skeletal conditions identified above (DO, AO, AP, AX, PX, SP, PO, or IMP); overjet alone is not sufficient for approval | | |
| TR | Has trauma or injury resulting in severe misalignment of the teeth or alveolar structures and does not include simple loss of teeth with no other effects | | |
| CDD | Congenital or developmental disorder giving rise to a handicapping malocclusion | | |
| FAS | Significant facial asymmetry requiring a combination of orthodontics and orthognathic surgery for correction | | |
| ANO | Developmental anodontia in which several congenitally missing teeth result in a handicapping malocclusion or arch deformation and does not include (A) 1 or 2 teeth being slightly out of occlusion, (B) Incisors not having fully erupted, or (C) a bimaxillary protrusion | | |

ORTHODONTIC REQUIRED RECORDS (per 907 KAR 1:026, all must be submitted with this form)

- | | | |
|---|---|---|
| <input type="checkbox"/> Form MAP 396 (or equivalent) | <input type="checkbox"/> Panoramic radiograph | <input type="checkbox"/> Intraoral and extraoral photos |
| <input type="checkbox"/> Referral from dentist | <input type="checkbox"/> Cephalometric radiograph with tracings | <input type="checkbox"/> Digital models or photos of models |

Dentist Name: _____ Date: _____

Mississippi CHIP Orthodontic Criteria Index Form

ORTHODONTIC REQUIRED RECORDS: To facilitate faster turn-around times for your requests, the following documents are REQUIRED with EVERY Orthodontic Authorization Request. Failure to include these documents could result in a delayed decision or a pending review. All prior authorization requests MUST include the following: (Must be submitted for ALL Limited and Comprehensive Orthodontic Treatment Codes)

Panoramic radiograph
 Intraoral photos (5 intraoral photographs and 3 extraoral photographs)

A detailed treatment plan narrative

Cephalometric radiograph
 Completed Orthodontic Criteria Checklist (Index) Form

Patient Name: _____ D.O.B. _____

Dentist Name: _____ Date: _____

Dentist Office Location _____

State _____ Postal Code _____

PRE-QUALIFYING CRITERIA At least one of the following pre-qualifying criteria must be met for consideration of orthodontic treatment. Please indicate all the criteria that are applicable to the authorization being requested for the member.

| CRITERIA | YES | NO |
|---|-----|----|
| Severe craniofacial anomalies | | |
| Full cusp Class III malocclusions | | |
| Temporomandibular Joint (TMJ) disorder syndrome | | |
| Cranio-mandibular disorder | | |
| Accidental Injury | | |

The CHIP plan will consider orthodontic benefits authorization requests for eligible beneficiaries who meet at least one of the following pre-qualifying criteria.

*Orthodontics are covered if the member is in an accident while enrolled in CHIP and there were no impairments or diseases prior to the accident.

**An accidental injury is defined as “accidental bodily injury to sound and natural teeth (which are free from effects of impairment or disease) effected solely through external means occurring while the enrolled child is covered in the Program. Injury to teeth as a result of chewing or biting is not considered an accidental injury.”

The following information should help clarify the categories on the HLD Index: (Acceptable clinical documentation must include all the above noted clinical information)

1. Cleft Palate Deformity: Acceptable documentation must include the following: 1) diagnostic casts or digital photographs of orthodontically trimmed study models (include views from all sides while in centric occlusion with wax bite); 2) intraoral photograph of the palate demonstrating soft tissue destruction; 3) written consultation report by a qualified specialist or Craniofacial Panel) Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)

2. Cranio-facial Anomaly: Attach description of condition from a credentialed specialist.

3. Deep Impinging Overbite: Acceptable clinical documentation must include all the above noted clinical information.

4. Crossbite of Individual Anterior Teeth: Acceptable clinical documentation must include all the above noted clinical information together with supportive diagnostic intra-oral photographs of the anterior teeth demonstrating clinical attachment loss and gingival margin recession to less than 2 mm.

5. Severe Traumatic Deviation: Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Submit history of prior treatment for any of these conditions to include all diagnostic radiographic images including a description of the condition.

6A Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5mm: Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of the lower incisors to the labial surface of the corresponding upper central incisors. This measurement should record the greatest distance between any one upper central incisor, and its corresponding lower central or lateral incisor. If the overjet is greater than 9mm or mandibular protrusion (reverse overjet) is greater than 3.5mm, indicate an 'X' and score no further.

6B Overjet equal to or less than 9mm: Overjet is recorded as in condition #6A above.

7. Overbite in Millimeters: A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entering on the score sheet. ('Reverse' overbite may exist in certain conditions and should be measured and recorded.)

8. Mandibular Protrusion (reverse overjet) equal to or less than 2 mm: Mandibular protrusion (reverse overjet) is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter. Enter on the score sheet and multiply by five (5).

9. Open Bite in Millimeters: This condition is defined as the absence of occlusal contact in the anterior region. It is measured from incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. The measurement is entered on the score sheet and multiplied by four (4). In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.

10. Ectopic Eruption: Count each tooth, excluding third molars. Each qualifying tooth must be impeded from full normal eruption and indicate that more than 50% of the crown is blocked and is not within the arch. Count only one tooth when they are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by three (3). If anterior crowding (condition #11) also exists in the same arch, score the condition that scores the most points. DO NOT COUNT BOTH CONDITIONS. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

11. Anterior Crowding: Arch length insufficiency must exceed 3.5mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. Enter total on the score sheet and multiply by five (5). If ectopic eruption (condition #10) exists in the anterior region of the same arch, count the condition that scores the most points. DO NOT COUNT BOTH CONDITIONS. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

12. Labio-Lingual Spread: A Boley Gauge (or a disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labiolingual spread, but only the most severe individual measurement should be entered on the score sheet.

13. Posterior Unilateral Crossbite: This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score sheet. NO SCORE FOR BI-LATERAL CROSSBITE

Mississippi Medicaid Orthodontic Criteria Index Form

ORTHODONTIC REQUIRED RECORDS: ORTHODONTIC REQUIRED RECORDS: To facilitate faster turn-around times for your requests, the following documents are REQUIRED with EVERY Orthodontic Authorization Request. Failure to include these documents could result in a delayed decision or a pending review. All prior authorization requests MUST include the following: (Must be submitted for ALL Limited and Comprehensive Orthodontic Treatment Codes)

- Completed Orthodontic Criteria Checklist (Index) Form
- Panoramic radiograph
- Cephalometric radiograph
- Intraoral photos (5 intraoral photographs and 3 extraoral photographs) (Standard series per American Board of Orthodontics)
- A detailed treatment plan narrative

Patent Name: _____ D.O.B.: _____

Dentist Name: _____ Date: _____

Dentist Office Location: _____ State: _____ Postal Code: _____

AUTO-QUALIFYING CRITERIA At least one of the following auto-qualifier criteria must be met for consideration of orthodontic treatment. Please indicate all the criteria that are applicable to the authorization being requested for the member.

| CRITERIA | YES | NO |
|---|--------------------------|--------------------------|
| Cleft lip, cleft palate, and other craniofacial anomalies* | <input type="checkbox"/> | <input type="checkbox"/> |
| Overjet of 9 millimeters or more* | <input type="checkbox"/> | <input type="checkbox"/> |
| Reverse overjet (Mandibular Protrusion) of 2 millimeters or more* | <input type="checkbox"/> | <input type="checkbox"/> |
| Extensive hypodontia with restorative implications (more than one tooth per quadrant, excluding third molars) requiring pre-prosthetic orthodontics* | <input type="checkbox"/> | <input type="checkbox"/> |
| Lateral or anterior open bite greater than 4 millimeters* | <input type="checkbox"/> | <input type="checkbox"/> |
| Anterior and/or Posterior Crossbite involving 3 or more teeth per arch* | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper anterior contact point displacement is greater than 4 millimeters** | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual anterior tooth cross bites with greater than a 2-millimeter discrepancy between retruded contact position and intercuspal position** | <input type="checkbox"/> | <input type="checkbox"/> |
| Impinging overbite with evidence of gingival or palatal trauma* | <input type="checkbox"/> | <input type="checkbox"/> |
| Impeded eruption of teeth (except third molars) due to crowding, displacement, presence of supernumerary teeth, retained primary teeth, and any pathologic cause* | <input type="checkbox"/> | <input type="checkbox"/> |

*American Association of Orthodontics auto-qualifiers

**2024 MS Orthodontics Telligen auto-qualifiers

The following information should help clarify the categories on the HLD Index: (Acceptable clinical documentation must include all the above noted clinical information)

1. Cleft Palate Deformity: Acceptable documentation must include the following: 1) diagnostic casts or digital photographs of orthodontically trimmed study models (include views from all sides while in centric occlusion with wax bite); 2) intraoral photograph of the palate demonstrating soft tissue destruction; 3) written consultation report by a qualified specialist or Craniofacial Panel) Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)

2. Cranio-facial Anomaly: Attach description of condition from a credentialed specialist.

3. Deep Impinging Overbite: Acceptable clinical documentation must include all the above noted clinical information.

4. Crossbite of Individual Anterior Teeth: Acceptable clinical documentation must include all the above noted clinical information together with supportive diagnostic intra-oral photographs of the anterior teeth demonstrating clinical attachment loss and gingival margin recession to 2.0 millimeters or more.

5. Severe Traumatic Deviation: Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Submit history of prior treatment for any of these conditions to include all diagnostic radiographic images including a description of the condition.

6A Overjet greater than 9.0 millimeters or mandibular protrusion (reverse overjet) equal to or greater than 2.0 millimeters: Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of the lower incisors to the labial surface of the corresponding upper central incisors. This measurement should record the greatest distance between any one upper central incisor, and its corresponding lower central or lateral incisor. If the overjet is greater than 9.0 millimeters or mandibular protrusion (reverse overjet) is equal to or greater than 2.0 millimeters .

7. Overbite in Millimeters: A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entering on the score sheet. ('Reverse' overbite may exist in certain conditions and should be measured and recorded.)

8. Mandibular Protrusion (reverse overjet) equal to or greater than 2.0 millimeters: Mandibular protrusion (reverse overjet) is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter.

9. Open Bite in Millimeters: This condition is defined as the absence of occlusal contact in the anterior region. It is measured from incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.

10. Ectopic Eruption: Count each tooth, excluding third molars. Each qualifying tooth must be impeded from full normal eruption and indicate that more than 50% of the crown is blocked. Count only one tooth when they are mutually blocked out teeth. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

11. Anterior Crowding: Arch length insufficiency must exceed 3.5 millimeters. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. If ectopic eruption (condition #10) exists in the anterior region of the same arch, count the condition that scores the most points. DO NOT COUNT BOTH CONDITIONS. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

12. Labio-Lingual Spread: A Boley Gauge (or a disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labiolingual spread, but only the most severe individual measurement should be entered.

13. Posterior Unilateral Crossbite: This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score sheet. NO SCORE FOR BI-LATERAL CROSSBITE.

PA CHIP ORTHODONTIC CRITERIA INDEX FORM

Patient Name: _____ DOB: _____ ID: _____

(Must be submitted for ALL Limited and Comprehensive Orthodontic Treatment Codes)

| ABBREVIATIONS | CRITERIA | YES | NO |
|---------------|--|-----|----|
| DO | Impinging overbite with either palatal trauma or mandibular anterior gingival trauma. | | |
| AO | Anterior open bite equal to or greater than 4 mm. | | |
| AX | Reverse overjet equal to or greater than 3.5 mm. | | |
| PX | Posterior crossbite with no functional occlusal contact. | | |
| PO | Lateral open bite equal to or greater than 4 mm. | | |
| IMP | One or more impacted teeth with eruption that is impeded (excluding third molars) that demonstrates pathology. | | |
| OJ | Overjet in excess of 9 mm. | | |
| CDD | Congenitally missing teeth (extensive hypodontia) of at least one tooth per quadrant | | |
| FAS | Defects of cleft lip and palate or other craniofacial anomalies or trauma | | |

When all are answered "NO," please refer to the Salzmann for code D8080

PA MEDICAID ORTHODONTIC CRITERIA INDEX FORM

Patient Name: _____ DOB: _____ ID: _____

(Must be submitted for ALL Limited and Comprehensive Orthodontic Treatment Codes)

| ABBREVIATIONS | CRITERIA | YES | NO |
|---------------|--|-----|----|
| DO | Deep impinging overbite that shows palatal impingement of the majority of lower incisors. | | |
| AO | True anterior open bite (not including one or two teeth slightly out of occlusion or where the incisors have not fully erupted). | | |
| AP | Demonstrates a large anterior-posterior discrepancy (Class II and Class III malocclusions that are virtually a full tooth Class II or Class III). | | |
| AX | Anterior crossbite (involves more than two teeth in crossbite or in cases where gingival stripping from the crossbite is demonstrated). | | |
| PX | Posterior transverse discrepancies (involves several posterior teeth in crossbite, one of which must be a molar). | | |
| PO | Significant posterior open bites (not involving partially erupted teeth or one of two teeth slightly out of occlusion). | | |
| IMP | Impacted incisors or canines that will not erupt into the arches without orthodontic or surgical intervention (does not include cases where incisors or canines are going to erupt ectopically). | | |
| OJ | Overjet in excess of 9 mm. | | |
| CDD | Dentition exhibits a profound impact from a congenital or developmental disorder. | | |
| FAS | Significant facial asymmetry requiring a combination of orthodontic and orthognathic surgery for correction. | | |

When all are answered "NO," please refer to the Salzman for code D8080

**ORTHODONTIC SERVICE
SALZMANN EVALUATION INDEX**

Commonwealth of Pennsylvania
Department of Public Welfare
MEDICAL ASSISTANCE PROGRAM

| | | | | | |
|--------------------------------------|--------|---------------|------|-----------|----------|
| PATIENT'S NAME • LAST, FIRST, MIDDLE | County | Record Numbr« | Cat- | Ctr. Dig. | Line No. |
|--------------------------------------|--------|---------------|------|-----------|----------|

REFERRING DENTIST

| | | | |
|--------------------|---------------|-----------|--------------------|
| ORTHODONTISTS NAME | PROVIDER TYPE | M.A.ID. # | DATE OF ASSESSMENT |
|--------------------|---------------|-----------|--------------------|

HANDICAPPING MALOCCLUSION ASSESSMENT RECORD

A. Intra • Arch Deviation

| SCORE TEETH AFFECTED ONLY | | MESSING | CROWDED | ROTATED | SPACING | | NO. | POINT VALUE | SCORE |
|--|-------|---------|---------|---------|---------|--------|-----|--------------------|-------|
| | | | | | Open | Closed | | | |
| MAXILLA | ANT. | | | | | | | X2 | |
| | POST. | | | | | | | X1 | |
| MANDIBLE | ANT. | | | | | | | X1 | |
| | POST. | | | | | | | X1 | |
| ANT Anterior Teeth (4 incisors) POST Posterior Teeth (Include canine, premolars and first molars) NO. Number of teeth affected | | | | | | | | TOTAL SCORE | |

B. Inter - Arch Deviation

1. Anterior Segment

| SCORE MAXILLARY TEETH AFFECTED ONLY EXCEPT OVERBITE* | OVERJET | OVERBITE | CROSSBITE | OPENBITE | NO. | PT VALUE | SCORE | |
|---|---------|----------|-----------|----------|-----|----------|--------------------|--|
| | | | | | | | | |
| *Score Maxillary or Mandibular Incisors No. — Number of teeth affected | | | | | | | TOTAL SCORE | |

2. Posterior Segment

| SCORE AFFECTED TEETH ONLY | RELATE MANDIBULAR TO MAXILLARY TEETH | | | | SCORE AFFECTED MAXILLARY TEETH ONLY | | | | NO. | POINT VALUE | SCORE |
|---------------------------|--------------------------------------|------|--------|------|-------------------------------------|------|----------|------|-----|-------------|-------|
| | DISTAL | | MESIAL | | CROSSBITE | | OPENBITE | | | | |
| | Right | Left | Right | Left | Right | Left | Right | Left | | | |
| CANINE | | | | | | | | | | X1 | |
| 1ST PREMOLAR | | | | | | | | | | X1 | |
| 2ND PREMOLAR | | | | | | | | | | X1 | |
| 1ST MOLAR | | | | | | | | | | X1 | |
| TOTAL SCORE | | | | | | | | | | | |

GRAND TOTAL

Utah Medicaid Index of Orthodontic Treatment Need (IOTN) Medical Necessity Score Sheet

Member's name
Date of birth
Provider's name

Medicaid ID number
Date of assessment
Specialty

Directions for providers:

- All records and measurements must be performed with the member's teeth in centric occlusion.
- All measurements must be recorded in millimeters, rounding up to the next full millimeter if necessary.
- Prior authorization is **required** for orthodontic treatment. The following items **must** be submitted with the completed PA form:
 - Quality orthodontic records that support the condition(s) selected on the IOTN form
 - A treatment plan that includes a complete narrative and total treatment time
 - The IOTN form filled out in its entirety
 - Color diagnostic quality photographs, with the standard eight-photo collage template
 - Appropriate radiographs, including a panoramic x-ray
 - A cephalometric x-ray with a millimeter scale, if applicable
 - A letter from an oral surgeon for surgical corrections
 - While not required, submitting six digital images of diagnostic quality study models (or the equivalent) is recommended. These images should show the study model in centric occlusion for the first four views and include occlusal views of the upper and lower arches.

Automatic qualifying conditions for comprehensive orthodontic treatment (select one)

- Cleft lip and palate with associated ICD codes on claim form.
- Severe misalignment of the teeth or alveolar structures due to trauma or injury. There must be an associated issue from the injury needing ortho treatment, not just avulsion.
- Increased overjet greater than 9mm with incompetent lips. Should be measured from the labial surface of the mandibular incisor to the lingual surface of the maxillary incisor at the level of the edge of the upper incisor parallel to the occlusal plane.
- Reverse overjet (anterior crossbite) greater than 3.5mm with reported masticatory or speech difficulties. Should be measured from the labial surface of the maxillary incisor to the lingual surface of the mandibular incisor at the level of the edge of the upper incisor parallel to the occlusal plane.
- Posterior crossbite with an associated midline deviation and mandibular shift, a Brodie bite with a mandibular arch totally encumbered by an overlapping buccally occluding maxillary arch, or a posterior maxillary arch totally lingually malpositioned to the mandibular arch.
- Impacted cuspids, unerupted with radiographic evidence to support a diagnosis of impactions (lack of eruptive space, angularly malposed, totally embedded in bone).
- Surgical correction of a non-functional CII (2) malocclusion.*
- Surgical correction of a non-functional CIII (3) malocclusion.*

- Surgical correction of a skeletal open bite.*
- Surgical correction of a severe facial and or skeletal asymmetry with masticatory dysfunction.*

*Surgical correction must be age-appropriate at cessation of growth and must be accompanied by an oral surgeon's letter.

Other qualifying conditions (two or more) for comprehensive orthodontic treatment

- Extensive hypodontia with restorative implications (more than one tooth missing in any quadrant, excluding 3rd molars) requiring pre-restorative orthodontics.
- Full cusp Class II malocclusion with the distal buccal cusp of the maxillary first molar occluding in the mesial buccal groove of the mandibular first molar.
- Full cusp Class III malocclusion with the maxillary first molar occluding in the embrasure distal to the mandibular first molar or on the distal incline of mandibular molar distal buccal cusp.
- Increased overjet, greater than 6mm but less than or equal to 9mm. Should be measured from the labial surface of the mandibular incisor to the lingual surface of the maxillary incisor at the level of the edge of the upper incisor parallel to the occlusal plane.
- Reverse overjet less than or equal to 3.5mm. Should be measured from the labial surface of the maxillary incisor to the lingual surface of the mandibular incisor at the level of the edge of the upper incisor parallel to the occlusal plane.
- Anterior crossbite which shall include one or more incisors in crossbite and demonstrate gingival inflammation, gingival recessions, or severe enamel wear.
- Complete, impinging overbite causing visible indentations on the palate or labial gingiva, observable on submitted records. Overbite is defined as the vertical overlap of maxillary teeth over mandibular anterior teeth, measured perpendicular to the occlusal plane.
- Tooth impaction (except for the 3rd molars); unerupted with radiographic evidence to support a diagnosis of impaction (lack of eruptive space, angularly malposed, totally imbedded in the bone). Ectopically erupted anterior teeth which may be malposed but have erupted into the oral cavity are not a qualifying element.
- Anterior crowding in excess of 6mm in the mandibular arch.
- Anterior open bite demonstrating that all maxillary and mandibular incisors have no occlusal contact and are separated by a vertical measurement in excess of 6mm.
- Posterior open bite demonstrating a vertical separation by a measurement in excess of 5mm of several posterior teeth. Not to be confused with the delayed natural eruption of a few teeth.
- Generalized anterior spacing in both arches of greater than 6mm in each arch, as measured from mesial of canine to canine.

Exceptions to the approved criteria may be evaluated on a case-by-case basis.

Comments:

I certify that the medical necessity information in this form is true, accurate, and complete to the best of my knowledge.

Provider's signature: _____ **Date:** _____

Revisions

| Date | Revised Sections |
|----------|--|
| 12/2025 | Creation of D0100-D9999 Avēsis / Premier Government Codes |
| 12/11/25 | Approved by Advisory Board |
| 12/17/25 | Approved by UMC <ul style="list-style-type: none"> • D2700 – D2794 Addition to the criteria description at point ‘h’ now reads “Crowns Replacements should include: Decay present under the existing crown, Fractured porcelain, Open margin. • D6000 – D6199 Deletion on the overview of implant services to point (i.iii) General Placement Guidelines: now reads “A minimum clearance of 1.5 mm should be maintained between the implant and the roots of adjacent teeth to avoid damaging neighboring structures.” |
| 03/17/26 | QMC Approval |
| 04/30/26 | Replace the Mississippi Index form with separate MS CHIP and Medicaid Orthodontic Criteria Index Forms. |

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