Dental Provider Supplement

July 2025

Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

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Introduction

Who are we

The Children's Health Insurance Program (CHIP) is a Pennsylvania state-wide federally funded insurance program. Keystone First - CHIP, a managed care organization, provides health insurance to children and teens under the age of 19 in Bucks, Chester, Delaware, Montgomery and Philadelphia counties, who are not eligible for or enrolled in Medical Assistance or covered by private insurance, regardless of family income.

Our Mission

We help people:

Get Care

Stay Well

Build Healthy Communities

Welcome to the Keystone First – CHIP Dental Provider Network!

The information contained in this Dental Provider Supplement is in addition to the information contained in the Keystone First – CHIP Provider Manual and is intended to apply only to Dental Providers and to the Keystone First – CHIP's Dental Program. This Dental Provider Supplement includes information on Keystone First – CHIP's Dental Program that may not be otherwise included in the Keystone First – CHIP Provider Manual.

Single point of contact

To assist with timely, accurate Provider reimbursement and high-quality services, a Dental Account Executive is assigned to each Provider. Dental Account Executives are responsible for building personal relationships with the office managers at each Provider location. This approach fosters teamwork and cooperation, which results in a shared focus on improving service, Enrollee participation, and program results.

Consistent, transparent authorization determination logic

Keystone First – CHIP's trained Dental Program team uses clinical algorithms, which can be customized to ensure a consistent approach for making Utilization Management (UM) determinations. These algorithms are available to Providers through a Provider Services website so dentists can follow the decision matrix and understand the logic behind UM decisions. In addition, Keystone First – CHIP fosters a sense of partnership by encouraging Providers to offer feedback about the algorithms. A consistent, well-understood approach to UM determinations promotes clarity and transparency for Providers, which in turn reduces Provider administrative costs.

Technology tools

Keystone First – CHIP takes advantage of technology tools to increase speed and efficiency and keep program administration and Provider participation costs as low as possible.
Provider Services website – **https://www.dentaquest.com/en/providers/pennsylvania**

Keystone First – CHIP provides access to a website that contains the full complement of online Provider resources. The website features an online Provider inquiry tool for real-time eligibility, Claims status and authorization status. In addition, the website provides helpful information such as required forms, Provider newsletter, Claim status, electronic remittance advice and electronic funds transfer information, updates, clinical guidelines and other information to assist Providers in working with Keystone First – CHIP.

The website may be accessed at **https://www.dentaquest.com/en/providers/pennsylvania** .
Keystone First – CHIP's Provider Services website allows Network Providers direct access to multiple online services. Utilization of the online services offered through the Provider website lowers program administration and participation costs for Providers.

To access the site, enter a valid user ID and password. From Internet Explorer, Providers and authorized office staff can log in for secured access anytime from anywhere, and handle a variety of day-to-day tasks, including:

- Verify Enrollee eligibility
- Submit Claims for services rendered by simply entering procedure codes and applicable tooth numbers, etc.
- Submit Prior Authorization requests
- Check the status of submitted Claims and Prior Authorization requests
- Download and print Provider Manuals and dental supplement
- Send electronic attachments, such as digital x-rays, Explanation of Benefits (EOBs), and treatment plans
- Check patient treatment history for specific services
- Upload and download documents using a secure encryption protocol

Feedback

At Keystone First – CHIP, feedback from both Enrollees and Providers is encouraged, logged, and acted upon when appropriate. To measure Provider and Enrollee satisfaction, and to gather valuable feedback for its quality improvement initiatives, Keystone First – CHIP makes surveys available from its websites and through telephone calls. In addition, to help foster a sense of teamwork and cooperation, Keystone First – CHIP invites feedback from Providers about its UM algorithms by direct communication with the Keystone First – CHIP Dental Director.

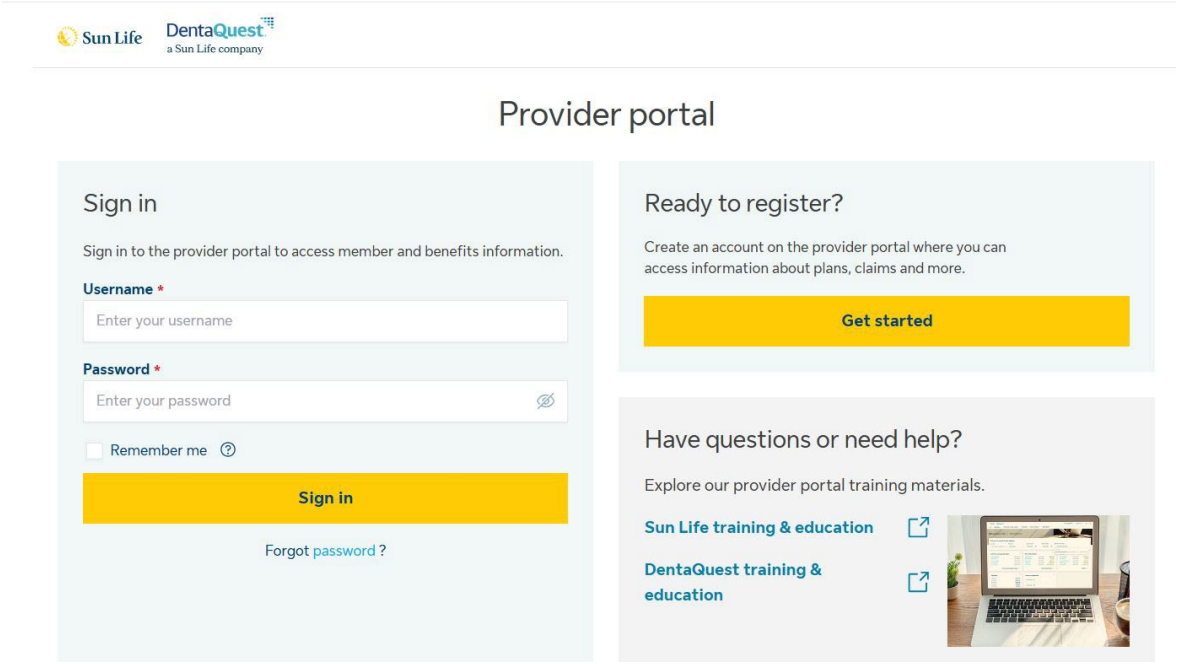
Provider Web Portal Registration & Introduction

The Keystone First – CHIP Provider Web Portal allows us to maintain our commitment to help you keep your office costs low, access information efficiently, get paid quicker and to submit Claims and Prior Authorization requests electronically along with the many other features listed here:

- Submit claims and authorizations
- Check Enrollee eligibility status
- View up-to-date payment information
- Upload necessary documentation
- Review claims status
- Check benefits
- Message DentaQuest through secure messaging.

To submit claims via the portal, simply log on to www.dentaquest.com. Once you have entered the website, click on the “Dentist” icon. From there choose your State and press "Go”. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business’s NPI or TIN, State and Zip Code. The Provider Portal also allows you to attach electronic files (such as X-rays in jpeg format, reports, and charts) to the claim.

If you have questions on submitting claims or accessing the portal, please contact our Systems Operations at **1-800-417-7140** or via e-mail at **EDITeam@greatdentalplans.com**
Next Gen Provider Portal – NGPP Contact Number: 1-888-308-2026



Enrollee Eligibility Verification Procedures and Services to Enrollees

The Keystone First – CHIP Identification Card

The Keystone First – CHIP Identification Card lists the following information:

- Enrollee's Name
- Keystone First – CHIP Identification Number with a 3-digit alpha prefix
- Enrollee's Date of Birth
- PCP'S Name and Phone Number
- Lab Name
- Co-pays
- The ID Card includes a three-digit alpha prefix "to the Enrollee ID number. This 3-digit alpha prefix merely indicates that this is a program under Keystone First – CHIP. Please omit the alpha prefix when submitting all paper and electronic claims, as well as when inquiring about Enrollee eligibility and/or claims status telephonically at **1-800-521-6007**.

Keystone First – CHIP Enrollees are issued identification cards regularly.

Providers are responsible for verifying that Enrollees are eligible at the time services are rendered and to determine if Enrollees have other health insurance.

Keystone First – CHIP Eligibility Systems

Enrolled Network Providers may access Enrollee eligibility information through:

- The "Providers" section of Keystone First – CHIP's website at **https://www.dentaquest.com/en/providers/pennsylvania**
- DentaQuest's Interactive Voice Response (IVR) system eligibility line at **1-833-343-7401.**
- Keystone First – CHIP's Enrollee Service Department: **1-844-472-2447 (844-4PA-CHIP)**

The eligibility information received from any of the above sources will be the same information. However, by utilizing the IVR or the website, you can get information 24 hours a day, 7 days a week, without having to wait for an available Enrollee Service Representative.

Access to eligibility information via the Internet currently allows Providers to verify a Enrollee's eligibility as well as submit claims directly to DentaQuest. You can verify the Enrollee's eligibility on-line by entering:

- The Enrollee's date of birth
- The expected date of service
- The Enrollee's identification number or last name and first initial

To access the eligibility information via DentaQuest's website, simply log on to the website at www.dentaquest.com. Once you have entered the website, click on "Dentist". From there choose your 'State" and press "Go". You will then be able to log in using your password and ID. First time users will have to register by utilizing:

- The Business's NPI or TIN
- State
- ZIP code

Once logged in, select "Eligibility look up" and enter the applicable information for each Enrollee you are inquiring about. You can check on an unlimited number of patients and print off the summary of eligibility given by the system for your records. If you have questions, contact DentaQuest's Customer Service Department at **1-855-343-7401**.

Directions for using the IVR system to verify eligibility

- Call the IVR system at **1-855-343-7401**.
- After the greeting, stay on the line for English or press 1 for Spanish.
- When prompted, press or say 2 for Eligibility.
- When prompted, press or say 1 if you know your NPI (National Provider Identification number) and Tax ID number. If you do not have this information, press or say 2.
- When prompted, enter your User ID (previously referred to as Location ID) and the last four digits of your Tax ID number.
- If the Enrollee's ID has numbers and letters in it, press or say 1. When prompted, enter the Enrollee ID. If the Enrollee's ID has only numbers, press or say 2. When prompted, enter the Enrollee ID.

Upon system verification of the Enrollee's eligibility, you will be prompted to repeat the information given, verify the eligibility of another Enrollee, get benefit information, get limited claim history on this Enrollee, or get fax confirmation of this call. If you choose to verify the eligibility of an additional Enrollee(s), you will be asked to repeat steps above for each Enrollee.

Access to eligibility information via Keystone First – CHIP Enrollee ServicesPlease note that due to possible eligibility status changes, the information provided by either system does not guarantee payment. If you are having difficulty accessing either the IVR or website, please contact the Enrollee Service Department at **1-844-472-2447 (844-4PA-CHIP)**. They will be able to assist you in utilizing either system.

Covered Benefits

Dental Benefits for Children under the age of 19

Children under the age of 19 are eligible to receive certain dental services. Enrollees do not need a referral from their PCP and can choose to receive dental care from any Provider who is part of the dental network. Participating dentists can be found in our online Provider Directory at

https://www.dentaquest.com/en/find-a-dentist or by calling Enrollee Services at **1-844-472-2447 (844-4PA-CHIP)**

Dental services that are covered for children under the age of 19 include, but are not limited to the following, when Medically Necessary:

- Initial and periodic oral evaluations
- Radiographic images
- Dental prophylaxis
- Topical Fluoride Treatments
- Silver Diamine Fluoride
- Sealants
- Space maintainers
- Amalgam restorations
- Resin-based composite restorations
- Crowns**
- Endodontics (including root canal treatmens)**
- Periodontal services**
- Dentures**
- Extractions
- Dental surgical procedures**
- IV or Non-IV conscious sedation; nitrous oxide analgesia**
- Orthodontics (braces)* and **

**If the Enrollee changes to another CHIP health plan, coverage will be provided by that CHIPhealth plan. If the Enrollee loses dental eligibility, Keystone First – CHIP will pay for services through the month that the Enrollee is eligible. If an Enrollee loses eligibility during the course of treatment, you may charge the Enrollee for the remaining term of the treatment after Keystone First – CHIP's payments cease ONLY IF you obtained a written, signed agreement from the Enrollee prior to the onset of treatment. For case specific clarification, please contact the Keystone First – CHIP Dental Director.*

*** Authorization is required and medical necessity must be demonstrated.*

Medically Necessary Dental Services for Enrollees under 19 years of age

Such services require Prior Authorization and should be prior authorized (following the existing Prior Authorization process), whenever possible. Claims should be submitted with supporting documentation such as letters of medical necessity and documentation and/or images to substantiate the need for services.

Missed Appointments

Enrolled Network Providers are not allowed to charge Enrollees for missed appointments.

Keystone First – CHIP offers the following suggestions to decrease the number of missed appointments:

- Contact the Enrollee by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment.
- If a Enrollee exceeds your office policy for missed appointments and you choose to discontinue seeing the Enrollee, please inform them to contact Keystone First – CHIP for a referral to a new dentist. Please refer to your Provider agreement with the Plan for your responsibilities in this regard.

Payment for Non-Covered Services

Network Providers shall hold Enrollees, Keystone First – CHIP harmless for the payment of Non-Covered Services except as provided in this paragraph. Providers may bill an Enrollee for Non-Covered Services, if the Provider obtains an agreement in writing from the Enrollee prior to rendering services that indicates:

- The non-covered services to be provided
- Keystone First – CHIP will not pay for or be liable for said services.
- The Enrollee will be financially liable for such services.

Please refer to the Dental Benefit Grid for a complete list of covered benefits.

Electronic Attachments

FastAttach™ - Keystone First – CHIP accepts dental radiographs electronically via FastAttach™ for Prior Authorization requests and Claims submissions. Keystone First – CHIP in conjunction with National Electronic Attachment, Inc. (NEA) allows Providers the opportunity to submit all claims electronically, even those that require attachments. This program allows secure transmissions via the Internet lines for radiographs, periodontics charts, intraoral pictures, narratives and EOBs. For more information, or to sign up for FastAttach, go to http://www.vynedentalcom/fastattach/ or call **1-463-218-9150.**

Prior Authorization, Retrospective Review, and Documentation Requirements

Procedures Requiring Prior Authorization

Keystone First – CHIP has specific dental utilization criteria as well as a Prior Authorization and Retrospective Review process to manage the utilization of services. Consequently, Keystone First – CHIP's operational focus is on assuring compliance with its dental utilization criteria.

Prior Authorizations will be honored for 180 days from the date they are issued. An approval does not guarantee payment. The Enrollee must be eligible for services at the time the services are provided. The Provider should verify eligibility at the time of service.

In order to timely process Prior Authorization requests, appropriate supporting documentation and a fully populated and most recently approved version of the Claim form must be submitted (paper or electronic). Lack of supporting documentation may result in a Claim Denial. Paper forms may be mailed to:

Prior Authorizations may be mailed to:
Keystone First – CHIP Health Plan – Prior Authorizations
c/o DentaQuest-Authorization
PO Box 2906
Milwaukee, WI 53201-2906

The basis for granting or denying approval shall be whether the item or service is Medically Necessary. Medically Necessary is defined as follows:

- A service, item, procedure, or level of care compensable under the CHIP program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Enrollee to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Enrollee and those functional capacities that are appropriate for Enrollees of the same age.

Determination of medical necessity for covered care and services, whether made on a Prior Authorization, Retrospective, or exception basis, must be documented in writing.

The determination is based on medical information provided by the Enrollee, the Enrollee's family/caretaker and the PCP, as well as any other practitioners, programs, and/or agencies that have evaluated the Enrollee. All such determinations must be made by qualified and trained practitioners.

During the Prior Authorization process it may become necessary to have your patient clinically evaluated. If this is the case, you will be notified of a date and time for the evaluation examination. It is the responsibility of the Network Provider to ensure attendance at this appointment. Patient failure to keep an appointment will result in Denial of the Prior Authorization request.

Please refer to the Authorization Requirements and Benefits Grid in this manual for a detailed list of services requiring Authorization.

Prior authorization for SPU/ASC admission for dental services is required when utilizing a Keystone First – CHIP participating facility. The dental services associated with the admission are governed by the authorization process. Please contact Keystone First – CHIP Provider Services **1-855-343-7401** with any questions.

Retrospective Review

Services that would normally require a Prior Authorization, but are performed in an emergency situation, will be subject to a Retrospective Review. Claims for Retrospective Review should be submitted to the same address utilized when submitting requests for Prior Authorization, accompanied by any required supporting documentation. Any claims for Retrospective Review submitted without the required documents will be denied and must be resubmitted to obtain reimbursement.

Some services require only retrospective review due to the documentation requirement or inability to determine medical necessity pre-operatively. Please refer to the "Medicaid Clinical Criteria for Prior Authorization of Routine and Emergency Treatment" section for a listing of all procedures and the authorization requirements.

Claim Submission Procedures

Keystone First – CHIP receives dental claims in four possible formats. These formats include:

- Electronic claims via DentaQuest's website (www.dentaquest.com)
- Electronic submission via clearinghouses
- HIPAA Compliant 837D or 837P file
- Paper claims via U.S. Postal Service or Fax 1-262-834-3589

Electronic Claim Submission Utilizing DentaQuest's Website

Participating Providers may submit claims directly to DentaQuest by utilizing the "Dentist" section of the Provider Web Portal. Submitting claims via the website is very quick and easy. It is especially easy if you have already accessed the site to check a Enrollee's eligibility prior to providing the service.

To submit claims via the portal, simply log on to **www.dentaquest.com**. Once you have entered the website, click on the "Dentist" icon. From there choose your State and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's:

- NPI or TIN
- State
- Zip Code

DentaQuest should have contacted your office in regards on how to perform Provider Self Registration or contact DentaQuest's Provider Service Department at **1-855-343-7401**. Once logged in, select "Claims/Pre-Authorizations" and then "Dental Claim Entry ." The Provider Portal allows you to attach electronic files (such as X-rays in jpeg format, reports, and charts) to the claim.

Electronic Claim Submission via Clearinghouse

Dentists may submit their claims to Keystone First – CHIP via a clearinghouse such as DentalXChange.

You can contact your software vendor and make certain that they have Keystone First – CHIP listed as a payer. Your software vendor will be able to provide you with any information you may need to make sure that submitted claims are forwarded to Keystone First – CHIP.

Keystone First – CHIP's Payer ID is "CX014." DentalXChange will make sure that by utilizing this unique payer ID, claims will be submitted successfully to Keystone First – CHIP.

For more information on DentalXChange, please refer to their website at www.dentalxchange.com.

Electronic Claim Submission via HIPAA Compliant 837D or 837P File

For Providers who are unable to submit electronically via the Internet or a clearinghouse, DentaQuest will work directly with the Provider to receive their claims electronically via a HIPAA compliant 837D or 837P file from the Provider's practice management system. Providers are advised to email EDITeam@greatdentalplans.com to inquire about this option for electronic claim submission.

Paper Claim Submission

Claims must be submitted on the most current ADA claim form or other form approved in advance by Keystone First – CHIP. Please reference the ADA website for the most current Claim form and completion instructions. Forms are available through the American Dental Association at:

American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
1-800-947-4746

The Enrollee's name, identification number, and date of birth must be listed on all claims submitted. If the Enrollee's identification number is missing or miscoded on the claim form, the Enrollee cannot be identified. This could result in the claim being returned to the submitting Provider office, causing a delay in payment.

The Provider and office location information must be clearly identified on the claim. Frequently, if only the dentist signature is used for identification, the dentist's name cannot be clearly identified. To ensure proper claim processing, the Claim form must include the following:

- Enrollee name
- Enrollee DOB
- Enrollee ID #

- Provider name
- Tax ID #
- NPI
- Payee location
- Treating location

The date of service must be provided on the claim form for each service line submitted. Approved ADA dental codes as published in the Current Dental Terminology (CDT) book or as defined in this Manual must be used to define all services.

Providers must list all arches, quadrants, tooth numbers, and surfaces for dental codes that necessitate identification (e.g, restorations; periodontal scaling and root planing). Missing tooth and/or surface identification codes can result in the delay or denial of a claim payment.

Affix the proper postage when mailing bulk documentation. Keystone First – CHIP does not accept postage due mail. This mail will be returned to the sender and will result in delay of payment.

Claims should be mailed to the following address:

Keystone First – CHIP Health Plan– Claims
c/o DentaQuest – Claims
P.O. Box 2906
Milwaukee, WI 53201-2906

Claims that have been previously paid, and need adjustment should be mailed to the following address:

Keystone First – CHIP - Corrected Claims
c/o DentaQuest – Corrected Claims
P.O. Box 2906 Milwaukee, WI 53201-2906

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes) ☐ Request for Predetermination/Preauthorization ☐ Statement of Actual Services ☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

3a. Payer ID

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) | 7. Gender ☐M ☐F ☐U | 8. Policyholder/Subscriber ID (Assigned by Plan)

9. Plan/Group Number | 10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

11a. Other Payer ID

POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY) | 14. Gender ☐M ☐F ☐U | 15. Policyholder/Subscriber ID (Assigned by Plan)

16. Plan/Group Number | 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other | 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY) | 22. Gender ☐M ☐F ☐U | 23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier ☐☐ (ICD-10 = AB)

34a. Diagnosis Code(s) (Primary diagnosis in "**A**") A _____ C _____ B _____ D _____

31a. Other Fee(s)

32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X _____
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X _____
Subscriber Signature Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI | 50. License Number | 51. SSN or TIN

52. Phone Number ( ) - | 52a. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION (alll dates in MM/DD/CCYY format)

38. Place of Treatment ☐ (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims") | 39. Enclosures (Y or N) | 39a. Date Last SRP

40. Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42) | 41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment | 43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44) | 44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) | 47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X _____
Signed (Treating Dentist) Date

53a. Locum Tenens Treating Dentist? ☐

54. NPI | 55. License Number

56. Address, City, State, Zip Code | 56a. Provider Specialty Code

57. Phone Number ( ) - | 58. Additional Provider ID

J43024 (Same as ADA Dental Claim Form – J43124, J43224, J43424, J43024T)

To reorder call 800.947.4746
or go online at ADAstore.org

ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are posted on the ADA's web site (https://www.ADA.org/en/publications/cdt/ada-dental-claim-form).

GENERAL INSTRUCTIONS

A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.

B. Complete all items unless noted otherwise on the form or in the instructions posted on the ADA's web site (ADA.org).

C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.

D. All dates must include the four-digit year.

E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

F. GENDER Codes (Items 7, 14 and 22) – M = Male; F = Female; U = Unknown

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35).

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)

Item 34 – Diagnosis Code List Qualifier (AB for ICD-10-CM)

Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at:
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website-POS-database.pdf

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223X0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at:
https://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40

Timely Filing Limits

The Provider understands that failure to submit claims (and any required documentation) within 180 days from the date of service may result in loss of reimbursement for services provided.

Claims with Explanation of Benefits (EOBs) from primary insurers must be submitted within 60 days of the date of the primary insurer's EOB. Providers must submit a copy of the primary insurer's EOB. Keystone First – CHIP determines whether a claim has been filed timely by comparing the date of service to the receipt date applied to the claim when the claim is received. If the span between these two dates exceeds the time limitation, the claim is considered to have not been filed timely.

Third-Party Liability and Coordination of Benefits

1. Children enrolled in free and low-cost CHIP will no longer lose CHIP coverage because families obtain private health insurance or fail to pay monthly premiums.
2. If there is no private health insurance at the time of application or renewal and the enrollee meets all eligibility criteria, they will be enrolled after the first premium payment is made.
3. Full Cost CHIP coverage will stop if minimum payments are not made during the 12-month eligibility period or if private health insurance is obtained.

COB (Coordination of Benefits) is a process that establishes the order of payment when an individual is covered by more than one insurance carrier. Keystone First – CHIP, is always the **payer of last resort.** This means that all other insurance carriers (the "Primary Insurers") must consider the Health Care Provider's charges before a claim is submitted to Keystone First – CHIP. Therefore, before billing Keystone First – CHIP when there is a Primary Insurer, Health Care Providers are required to bill the Primary Insurer first and obtain an Explanation of Benefits (EOB) statement from the Primary Insurer. Health Care Providers then may bill Keystone First – CHIP for the claim by submitting the claim along with a copy of the Primary Insurer's EOB. See timeframes for submitting Claims with EOBs from a Primary Insurer in the section above.

Commercial Third-Party Resources

For services that have been rendered by a Network Provider, Keystone First – CHIP will pay, up to the Keystone First – CHIP contracted rate, the lesser of:

- The difference between the Keystone First – CHIP contracted rate and the amount paid by the Primary Insurer, or
- The amount of the applicable coinsurance, deductible and/or co-payment

In any event, the total combined payment made by the Primary Insurer and Keystone First – CHIP will not exceed Keystone First – CHIP's contracted rate.

If the services are provided by a Non-Participating Provider or if no contracted rate exists, Keystone First – CHIP may pay applicable coinsurance, deductibles and/ or co-payments in accordance with the payment rates and terms of the Keystone First – CHIP fee schedule. In no event will Keystone First – CHIP's payment exceed Provider's charges.

Health Care Providers must comply with all applicable Keystone First – CHIP referral and authorization requirements.

If the services are provided by a Non-Participating Provider or if no contracted rate exists, payment shall be made in accordance with the payment rates and terms of the Keystone First – CHIP fee schedule. In no event will Keystone First – CHIP's payment exceed Provider's charges. Keystone First – CHIP's referral and authorization requirements are applicable if the services are covered by Medicare.

Continuation of Care

The Plan provides continuing coverage of care for Enrollees who are engaged in an ongoing course of treatment with a non-participating Practitioner or Provider to promote continuity of care. Please reach out to your Account Executive for non-orthodontic continuation of care.

The process for the continuation of orthodontic coverage can be found at www.keystonefirstpa.com → Provider → Resources → Dental. Please reach out to your Keystone First – CHIP Dental Account Executive for questions regarding this process.

Commercial Third-Party Resources

For services that have been rendered by a Network Provider, Keystone First – CHIP will pay, up to the Keystone First – CHIP contracted rate, the lesser of:

- The difference between the Keystone First – CHIP contracted rate and the amount paid by the Primary Insurer, or
- The amount of the applicable coinsurance, deductible and/or co-payment

In any event, the total combined payment made by the Primary Insurer and Keystone First – CHIP will not exceed Keystone First – CHIP's contracted rate.

Health Care Providers must comply with all applicable Plan referral and Prior Authorization requirements.

Receipt and Audit of Claims

In order to ensure timely, accurate remittances to each dentist, Keystone First – CHIP performs an edit of all Claims upon receipt. This edit validates Enrollee eligibility, procedure codes, and Provider identifying information. A Dental Reimbursement Analyst dedicated to Keystone First – CHIP dental offices analyzes any Claim conditions that would result in non-payment. When potential problems are identified, your office may be contacted and asked to assist in resolving this problem. Please feel free to contact DentaQuest's Provider Services Department at **1-855-343-7401** with any questions you may have regarding claim submission or your remittance.

Each Enrolled Network Provider office receives an "Explanation of Benefit" report with their remittance. This report includes Enrollee information and an allowable fee by date of service for each service rendered during the period.

Dentist Appeal Procedures

Providers have the opportunity to request resolution of Disputes or Formal Provider Appeals that have been submitted to the appropriate internal Keystone First – CHIP department.
Providers may appeal a Keystone First – CHIP reimbursement decision by submitting an appeal in writing, along with any necessary additional documentation within 60 days of the date of the explanation of benefit indicating claim denial:

Keystone First – CHIP – Appeals
c/o DentaQuest ATTN: Utilization Management/Provider Appeals
P.O. Box 2906 Milwaukee, WI 53201-2906

Refer to the Provider Manual section on "Provider Dispute/Appeal Procedures" for complete and detailed information

Health Insurance Portability and Accountability Act (HIPAA) and Fraud, Waste and Abuse

As a healthcare Provider, you are a "Covered Entity" under HIPAA, and you are therefore required to comply with the applicable provisions of HIPAA and its implementing regulations.

In regard to the Administrative Simplification Standards, you will note that the benefit tables included in this Dental Provider Manual reflect the most current coding standards recognized by the ADA. Effective the date of this manual, Keystone First – CHIP will require Providers to submit all Claims with the proper CDT codes listed in this manual. In addition, all paper claims must be submitted on a current approved ADA Claim form.

Note: Copies of Keystone First – CHIP's HIPAA policies are available upon request by contacting DentaQuest's Provider Service Department at **1-855-343-7401**.

For complete detailed information regarding Keystone First – CHIP's HIPAA policies refer to the "Compliance with the HIPAA Privacy Regulations" section in the Provider Manual.

Fraud, Waste & Abuse

Keystone First – CHIP receives state and federal funding for payment of services provided to our Enrollees. In accepting claims payment from Keystone First – CHIP, Health Care Providers are receiving state and federal program funds and are therefore subject to all applicable federal and/or state laws and regulations relating to this program. Violations of these laws and regulations may be

considered Fraud, Waste or Abuse against the CHIP program. See the Medical Assistance Manual, Chapter 1101 or go to www.pacode.com/secure/data/055/partIIItoc.html for more information regarding Fraud, Waste or Abuse, including "Provider Prohibited Acts" that are specified in §1101.75. Providers are responsible to know and abide by all applicable state and federal regulations.

Keystone First – CHIP is dedicated to eradicating Fraud, Waste and Abuse from its programs and cooperates in Fraud, Waste and Abuse investigations conducted by state and/or federal agencies, including the Medicaid Fraud Control Unit of the Pennsylvania Attorney General's Office, the Federal Bureau of Investigation, the Drug Enforcement Administration, the HHS Office of Inspector General, as well as the Bureau of Program Integrity of DHS. As part of Keystone First – CHIP's responsibilities, the Payment Integrity department is responsible for identifying and recovering claims overpayments. This department performs several operational activities to detect and prevent fraudulent, wasteful and/or abusive activities. We expect our dental partners to share this same commitment and conduct their businesses similarly, and report suspected noncompliance, Fraud, Waste or Abuse.

Examples of fraudulent/wasteful/abusive activities:

- Billing for services not rendered or not Medically Necessary
- Submitting false information to obtain authorization to furnish services or items to CHIP recipients
- Prescribing items or referring services which are not Medically Necessary
- Misrepresenting the services rendered
- Submitting a claim for Provider services on behalf of an individual that is unlicensed, or has been excluded from participation in the Medicare and Medicaid programs
- Retaining CHIP funds that were improperly paid
- Billing CHIP Enrollees for covered services
- Failure to perform services required under a capitated contractual arrangement

Reporting and Preventing Fraud, Waste and Abuse

If you, or any entity with which you contract to provide health care services on behalf of Keystone First – CHIP beneficiaries, become concerned about or identifies potential fraud, waste or abuse, please contact Keystone First – CHIP by:

- Calling the toll-free Fraud Waste and Abuse Hotline at **1-866-833-9718**;
- E-mailing to FraudTip@keystonefirstpa.com; or
- Mailing a written statement to **Special Investigations Unit, Keystone First – CHIP, P. O. Box 7317, London, KY 40742**

Below are examples of information that will assist Keystone First – CHIP with an investigation:

- Contact Information (e.g., name of individual making the allegation, address, telephone number);

- Name and Identification Number of the Suspected Individual;
- Source of the Complaint (including the type of item or service involved in the allegation);
- Approximate Dollars Involved (if known);
- Place of Service;
- Description of the Alleged Fraudulent, Wasteful or Abuse Activities;
- Timeframe of the Allegation(s).

Providers may also report suspected fraud, waste, and abuse to:

Keystone First – CHIP's Fraud, Waste and Abuse Hotline:	**Mail:**
1-866-833-9718	Corporate and Financial Investigations Keystone First – CHIP P. O. Box 7317, London, KY 40742

Contact The Pennsylvania Department of Human Services through one of the following methods:

Phone:	**1-844-DHS-TIPS** or **1-844-347-8477**
Online:	https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/MA-Fraud-and-Abuse---General-Information.aspx
Fax:	**1-717-772-4655, Attn: MA Provider Compliance Hotline**
Mail:	**Department of Human Services** **Office of Administration** **Bureau of Program Integrity** **P.O. Box 2675** **Harrisburg, PA 17105-2675**

Credentialing

Any Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) who is interested in participation with Keystone First – CHIP is invited to apply by submitting a credentialing application form for review by the Keystone First – CHIP Credentialing Committee. Providers who seek participation in the Keystone First – CHIP Provider Network must be credentialed prior to participation in the network.

Keystone First – CHIP maintains and adheres to all applicable State and federal laws and regulations, DHS requirements, and accreditation requirements governing credentialing and re-credentialing functions. All applications reviewed by Keystone First – CHIP Health Plan must satisfy these requirements, as they apply to dental services, in order to be admitted to the Keystone First – CHIP Provider Network.

The process to be credentialed as a Keystone First – CHIP Network Provider is fast and easy. Keystone First – CHIP has entered into an agreement with the Council for Affordable Quality Healthcare (CAQH) to offer our Providers the Universal Provider Data repository that simplifies and streamlines the data collection process for credentialing and re- credentialing. Through CAQH, you provide credentialing information to a single repository, via a secure Internet site, to fulfill the credentialing requirements of all health plans that participate with CAQH. Keystone First – CHIP's goal is to have all its Network Providers enrolled with CAQH. There is no charge to Providers to submit applications and participate in CAQH. Please access the credentialing page on https://www.keystonefirstpa.com/provider/credentialing/index.aspx and follow the instructions to begin the application process for participation in Keystone First – CHIP's Provider Network.

Refer to the Keystone First – CHIP Provider Manual section on Credentialing and Re-credentialing Requirements for complete and detailed information.

Medical Recordkeeping

Keystone First – CHIP adheres to medical record requirements that are consistent with national standards on documentation and applicable laws and regulations. Likewise, Keystone First – CHIP expects that every office will provide quality dental services in a cost-effective manner in keeping with the standards of care in the community and dental profession nationwide.

Keystone First – CHIP's expectation is that every Network Provider will submit claims for services in an accurate and ethical fashion reflecting the appropriate level and scope of services performed, and that Network Providers are compliant with these requirements.

Keystone First – CHIP will periodically conduct random chart audits in order to determine Network Providers' compliance with these conditions and expectation, as a component of Keystone First – CHIP's Quality Management Program. Network Providers are expected to supply, upon request, complete copies of Enrollee dental records. The records are reviewed by Keystone First – CHIP's Dental Director, or his/her designee, such as a Registered Dental Hygienist, to determine the rate of compliance with medical recordkeeping requirements as well as the accuracy of the dental claims submitted for payment. All dental services performed must be recorded in the patient record, which must be made available as required by your Participating Provider Agreement.

The first part of the audit will consist of the charts being reviewed for compliance with the stated record keeping requirements, utilizing a standardized audit tool. The charts are reviewed and a composite score is determined. Offices with scores above 90% are considered as passing the audit but a letter is sent to them so that they are aware of the areas that need improvement; offices that receive a score of 95% or greater are exempt from the audit the following year. Offices with scores less than 90% will have a corrective action letter sent and are re-reviewed for compliance within the next 120 days. Offices that do not cooperate with improving their scores are subject to disciplinary action in accordance with Keystone First – CHIP's Provider Sanctioning Policy as outlined in the Provider Manual.

The second portion of the audit consists of a billing reconciliation whereby the patient treatment notes and diagnostics are compared to the actual claims submitted for payment by each dental office. The records are analyzed to determine if the patient record documents the performance of all the dental services that have been submitted for payment. Payment of services not documented/diagnostics not present are recouped, and the records may be subject to additional review and follow-up by Keystone First – CHIP's Special Investigations Unit.

Results of both parts of the audit are entered into a tracking data base at Keystone First – CHIP and then reported back to each office in a summary of finding format.

Keystone First – CHIP recognizes tooth letters "A" through "T" for primary teeth and tooth numbers "1" to "32" for permanent teeth. Supernumerary teeth should be designated by using codes AS through TS for primary teeth or 51 through 82 for permanent teeth. Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is # 1 then the supernumerary tooth should be charted as #51, likewise if the nearest tooth is A the supernumerary tooth should be charted as AS. These procedure codes must be referenced in the patient's file for record retention and review. Patient records must be kept for a minimum of 10 years after the end of the termination of the State of client contract.

Refer to the Quality Management, Credentialing and Utilization Management Section of the Provider Manual for more information.

Important Notice for Submitting Paper Authorizations and Claims

All Claims need to be submitted on a current approved ADA form.

All other forms will not be accepted and will result in a rejection of the claim or Authorization request. Additionally, when making a correction to a previously submitted and paid claim, please send it clearly marked "Corrected Claims" on a current version of the ADA form to:

Keystone First – CHIP – Corrected Claims
c/o DentaQuest – Corrected Claims
PO Box 2906
Milwaukee, WI 53201-2906

Please contact Provider Services at **1-855-343-7401** if you have questions. If you are in need of the current forms, please visit the ADA website at www.ada.org for ordering information.

Corrected Claims

Providers may make corrections to incorrectly submitted claims during the timely filing period. For a claim to be treated as a corrected claim, it must be submitted within the timely filing, or within 60 days from the last adverse action/denial.

- The corrected claim must clearly state the word "Corrected" in box 35 along with the claim number of the claim you are correcting.
- The corrected claim must contain clear and accurate corrections to the erroneous information. (A resubmission of identical claims data is not considered a corrected claim. The corrected claim must include additional or different information.)
- If a claim is resubmitted for correction more than once, each must be submitted within 60 days of the adverse action on the previous submission.

DentaQuest will research the resubmission and adjudicate the corrected claim according to the resubmitted information. Once adjudicated, the corrected claim will appear on the Provider's Explanation of Benefits (EOB) with a corresponding Processing Policy outlining the reason for denial.

Corrected Claim Submission Guidelines

When should I submit a Claim?

A corrected claim should ONLY be submitted when an original claim or service was PAID based upon incorrect information.

A corrected claim must be submitted in order for the original paid claim to be adjusted with the correct information. As part of this process, the original claim will be recouped and a new claim processed in its place with any necessary changes.

If a claim or service originally denied due to incorrect or missing information, or was not previously processed for payment, DO NOT submit a corrected claim. Denied services have no impact on Enrollee tooth history or service accumulators, and, as such, do not require reprocessing.

What scenarios are subject to the Corrected Claim Process?

A corrected claim should only be submitted if the original service(s) PAID based on incorrect information. Some examples of correction(s) that need to be made to a prior PAID claim are:

- Incorrect NPI or location, Payee Tax ID, Incorrect Enrollee, or Procedure codes
- Services originally billed and paid at incorrect fees (including no fees)
- Services originally billed and paid without primary insurance

How do I submit a Corrected Claim?

The Plan receives dental corrected claims in three possible formats. These formats include:

- Electronic Corrected Claims via the Plan's claims website https://www.dentaquest.com/en/providers/pennsylvania

- Electronic submission via clearinghouses.
- Paper Corrected Claims.

Electronic Claim Submission Utilizing DentaQuest's Website

Enrolled Network Providers may make corrections on original claims directly to the Plan by utilizing the "Provider" section of our website. Corrections will be allowed one time on an original dental claim when utilizing the website.

- If additional corrections are required after a corrected claim is submitted, the provider will need to submit the correction based on the most recently submitted corrected claim, not the original claim.
- The website will provide a message stating the claim can no longer be corrected if the provider attempts to correct the original claim more than once.

To submit claims via the website, log onto
https://www.dentaquest.com/en/providers/pennsylvania

If you have questions on submitting claims or accessing the website, please contact Provider Services at **1-855-343-7401** or Systems Operations Department at: 1**-800-417-7140**.

Electronic Claim Submission via Clearinghouse

Corrected claims via Clearinghouse File will be accepted when a specific set of criteria is met to ensure the original claim can be identified. In order for a submission to be considered a corrected claim, it must include:

- Claim frequency code of 7 (Replacement) or 8 (Void/Cancel) in CLM05-3 element along with claim or encounter identifier in REF*F8 element.
- Original claim in a paid status
- Original claim does not have previously resubmitted services, or a corrected claim already processed
- Original claim does not have associated service adjustments or refunds

Paper Claim Submissions

Corrected claims must be submitted on the most current ADA claim form or other forms approved in advance by the Plan to Corrected Claims PO Box for proper processing and include the following:

- The ADA form must be clearly noted "Corrected Claim" across the top of the form
- In the remarks field (Box 35) on the ADA form indicate the original paid encounter number and record all corrections you are requesting to be made.
    - *NOTE: If all information does not fit in Box 35, please attach an outline of corrections to the Claim form*.
- Attach supporting documentation and send documentation in the same package with the Corrected paper claim form.

- Submit to:
  Keystone First – CHIP – Corrected Claims
  c/o DentaQuest – Corrected Claims
  PO Box 2906
  Milwaukee, WI 53201-2906

What scenarios ARE NOT subject to the corrected Claim process?

A corrected claim should not be submitted if the original claim or service(s) which are the subject of the correction were denied or were not previously submitted.
Some examples of items that are not considered claim corrections are:

- Any request to "Reprocess" a claim with no changes being made. This includes requests to reprocess a claim based on an expired existing authorization.
- Any changes being made to a claim or service that denied for any reason such as missing tooth, quad, or arch information, incorrect code, age-inappropriate code being billed, missing primary EOB, incorrect Provider, etc.
- Any request to recoup a denied service. You DO NOT need to recoup a denied service as denied services are invalid and have no impact on Enrollee service/tooth history or accumulators.

If you received a claim or service denial due to missing/incomplete/incorrect information or you have since obtained authorization for services, please submit a new claim with the updated information per your normal claim submission channels. Timely filing limitations apply when a denied claim is being resubmitted with additional information for processing.

If you received a claim or service denial which you do not agree with, including denials for no authorization, please refer to your Provider Manual for the proper method for submitting an appeal or reprocess request.

What happens if I submit a Corrected Claim to the wrong PO Box or don't include the required documentation?

Following the above guidelines will allow you to receive payment as expediently as possible. Failure to follow these guidelines may result in unnecessary delay and/or rejection of your submission.

Please contact Provider Services at **1-855-343-7401**if you have questions. If you are in need of the current forms, please visit the ADA website at www.ada.org for ordering information.

Claims / Authorizations with missing or invalid information may be rejected and returned to the Provider.

Prior Authorization requests must include the following:

- Enrollee name
- Enrollee DOB

- Enrollee ID #
- Provider name
- Tax ID #
- NPI
- Payee location
- Treating location

Prior Authorizations with missing or invalid information may be rejected and returned to the Provider.

All radiographs including digital prints, duplicates, and originals will not be returned to the dentist unless a self- addressed stamped envelope is included with the Claim/ Authorization submission.

Prior Authorizations should be mailed to the following address:

Keystone First – CHIP– Prior Authorizations
c/o DentaQuest - Authorizations
P.O. Box 2906
Milwaukee, WI 53201-2906

Health Guidelines – Ages 0-19 Years

Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child.

Refer to the guideline below from the American Academy of Pediatric Dentistry for supporting information and references.

PEDIATRIC DENTAL PERIODICITY SCHEDULE
RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE
Commonwealth of Pennsylvania, Department of Human Services, Office of Medical Assistance Programs
(Adapted from the American Academy of Pediatric Dentistry)
Effective October 3, 2023

Periodicity Recommendations					
Age	**Infancy 6-12 Months**	**Late infancy 12-24 Months**	**Preschool 2-6 Years**	**School Aged 6-12 Years**	**Adolescence 12-20 Years**
Clinical Oral Examination: ** First examination at the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/ susceptibility to disease. Includes assessment of pathology and injury.	X	X	X	X	X
Prophylaxis/ Topical Fluoride Treatment Especially for children at high risk for caries and periodontal disease.	X	X	X	X	X
Radiographic Assessment Timing, selection, and frequency determined by child's history, clinical findings and susceptibility to oral disease.	X	X	X	X	X
Assessment for Pit and Fissure Sealants For caries-susceptible primary molars, permanent molars, premolars and anterior teeth with deep pits and fissures, place as soon as possible after the eruption.			X First permanent molars as soon as possible after eruption	X Premolars, first and second permanent molars as soon as possible after eruption	X Second permanent molars and premolars as soon as possible after eruption
Caries Risk Assessment Must be repeated regularly and frequently to maximize effectiveness.	X	X	X	X	X
Tobacco Use and Cessation Counseling Counseling for tobacco, vaping, and substance misuse				X	X

Keystone First – CHIP Medicaid Clinical Criteria for Authorization of Routine and Emergency Treatment

A number of procedures require prior authorization before initiating treatment. When prior authorizing these procedures, please note the documentation requirements when sending in the information to Keystone First – CHIP Dental. The criteria used by Keystone First – CHIP Dental Reviewers for determination are listed below. Treatment may be provided if a procedure needs to be initiated under an emergency condition to relieve a patient's pain and suffering. However, to receive reimbursement for the treatment, Keystone First – CHIP Dental will require the same documentation to be provided (with the Claim for payment) and the same criteria in order to receive payment for the treatment.

Dental Services Requiring Prior Authorization or Retrospective Review

Code	Description
D2510	Inlay – metallic – one surface
D2520	Inlay – metallic – two surfaces
D2530	Inlay – metallic – three or more surfaces
D2542	Onlay – metallic – two surfaces
D2543	Onlay – metallic – three surfaces
D2544	Onlay – metallic – four or more surfaces
D2740	Crown-porcelain / ceramic
D2750	Crown – porcelain fused to high noble metal
D2751	Crown-porcelain fused to predominantly base metal
D2752	Crown-porcelain fused to noble metal
D2780	Crown – 3/4 cast high noble metal
D2781	Crown – 3/4 cast predominantly base 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
D2950	Core buildup, including any pins when required
D2954	Prefabricated post and core in addition to crown
D3310	Endodontic therapy, anterior tooth (excluding final restoration)
D3320	Endodontic therapy, premolar tooth (excluding final restoration)
D3330	Endodontic therapy, molar tooth (excluding final restoration)
D3346	Retreatment of previous root canal therapy - anterior
D3347	Retreatment of previous root canal therapy - premolar
D3348	Retreatment of previous root canal therapy - molar
D3351	Apexification/ recalcification – initial visit
D3352	Apexification/ recalcification – interim medication replacement
D3353	Apexification/ recalcification – final visit (includes completed root canal therapy)
D3355	Pulpal regeneration – initial visit

Code	Description
D3356	Pulpal regeneration – interim medication replacement
D3357	Pulpal regeneration – completion of treatment
D3920	Hemisection (including any root removal), not including root canal therapy
D4210	Gingivectomy - gingivoplasty/4 or more teeth per quadrant
D4211	Gingivectory or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant
D4212	Gingivectory or gingivoplasty to allow access for restorative procedure, per tooth
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant
D4249	Clinical crown lengthening - hard tissue
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant
D4263	Bone replacement graft - retained natural tooth - first site in quadrant
D4270	Pedicle soft tissue graft procedure
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft
D4275	Non-autogenous connective tissue graft procedure (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites)-first tooth, implant or edentulous tooth position in graft
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites)-each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft
D4285	Non-autogenous connective tissue graft procedure (including recipient site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in graft
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant
D5110	Complete denture - maxillary
D5120	Complete denture - mandibular
D5130	Immediate denture - maxillary
D5140	Immediate denture - mandibular
D5211	Maxillary partial denture – resin base
D5212	Mandibular partial denture – resin base
D5213	Maxillary partial denture - cast metal framework
D5214	Mandibular partial denture – cast metal framework
D5221	Immediate maxillary partial denture - resin base
D5222	Immediate mandibular partial denture - resin base
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases
D5282	Removable unilateral partial denture - one piece cast metal, maxillary

Code	Description
D5283	Removable unilateral partial denture - one piece cast metal, mandibular
D6010	Surgical placemernt of implant body: endosteal implant
D6012	Surgical placemernt of interim implant body for transitional prosthesis: endosteal
D6040	Surgical placement: eposteal implant
D6050	Surgical placement: transosteal implant
D6055	Connecting bar - implant supported or abutment supported
D6056	Prefabricated abutment - includes modification and placement
D6057	Custom fabricated abutment - includes placement
D6058	Abutment supported porcelain/ ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble metal)
D6063	Abutment supported cast metal crown (predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ ceramic crown
D6066	Implant supported crown - porcelain fused to high noble alloys
D6067	Implant supported crown - high noble alloys
D6068	Abutment supported retainer for porcelain/ ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	Abutment supported retainer for cast metal FPD (predomionantly base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys
D6077	Implant supported retainer for metal FPD - high noble alloys
D6080	Implant maintenance procedures when prosthesis are removed and reinserted, including cleansing of prosthesis and abutments.
D6090	Repair implant supported prosthesis, by report
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/ abutment supported prosthesis, per attachment
D6095	Repair implant abutment, by report
D6100	Surgical removal of implant body
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
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
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure
D6104	Bone graft at time of implant placement
D6110	Implant/ abutment supported removable denture for edentulous arch - maxillary
D6111	Implant/ abutment supported removable denture for edentulous arch - mandibular
D6112	Implant/ abutment supported removable denture for partially edentulous arch -
D6113	Implant/ abutment supported removable denture for partially edentulous arch -

Code	Description
D6114	Implant/ abutment supported fixed denture for edentulous arch - maxillary
D6115	Implant/ abutment supported fixed denture for edentulous arch - mandibular
D6116	Implant/ abutment supported fixed denture for partially edentulous arch - maxillary
D6117	Implant/ abutment supported fixed denture for partially edentulous arch - mandibular
D6190	Radiographic/ surgical implant index, by report
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
D6245	Pontic - porcelain/ ceramic
D6545	Retainer - cast metal for resin bonded fixed prosthesis
D6548	Retainer - porcelain/ ceramic for resin bonded fixed prosthesis
D6549	Resin retainer - for resin bonded fixed prosthesis
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
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
D6790	Retainer crown - full cast high noble metal
D6791	Retainer crown - full cast predominantly base metal
D6792	Retainer crown - full cast noble metal
D7220	Removal of impacted tooth – soft tissue
D7230	Remove of impacted tooth - partially bony
D7240	Remove of impacted tooth – completely bony
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed tooth
D7280	Exposure of an unerupted tooth
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
D7510	Incision and drainage of abscess-intraoral soft tissue
D7511	Incision and drainage of abscess-intraoral soft tissue- complicated
D7520	Incision and drainage of abscess-extraoral soft tissue
D7521	Incision and drainage of abscess-extraoral soft tissue-complicated
D7921	Collection and application of autologous blood concentrate product
D7953	Bone replacement graft for ridge preservation - per site
D7999	Unspecified oral surgery procedure, by report
D8010*	Limited Orthodontic Treatment of the Primary Dentition

Code	Description
D8020*	Limited Orthodontic Treatment of the Transitional Dentition
D8030*	Limited Orthodontic Treatment of the Adolescent Dentition
D8040*	Limited Orthodontic Treatment of the Adult Dentition
D8070*	Comprehensive Orthodontic Treatment of the Transitional Dentition
D8080*	Comprehensive Orthodontic Treatment of the Adolescent Dentition
D8090*	Comprehensive Orthodontic Treatment of the Adult Dentition
D8670*	Periodic orthodontic treatment visit
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D9222	Deep sedation/general anesthesia – first 15 minutes
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment
D9239	Intravenous moderate sedation/analgesia – first 15 minutes
D9243	Intravenous moderate sedation/analgesia – each subsequent 15 minute increment
D9248	Non-intravenous conscious sedation
D9610	Therapeutic parenteral drug, single administration
D9930	Treatment of complications (post surgical) – unusual circumstances, by report
D9944	Occlusal guard – hard appliance, full arch
D9945	Occlusal guard – soft appliance, full arch
D9946	Occlusal guard – hard appliance, partial arch

* Prior authorization required, retro authorization not permitted.

Inlays and Onlays (D2510, D2520, D2530, D2542, D2543, D2544)

Crowns (D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794)

Required documentation – Periapical radiograph showing the root and crown of the natural tooth. Non- abutment teeth: Current periapical x-rays of the tooth/teeth to be restored.
Abutment teeth: Current periapical x-rays of the tooth/teeth and panoramic or full mouth are needed for evaluation.

All criteria below must be met:

- Tooth to be restored (with an inlay, onlay, or crown) must have an opposing tooth in occlusion or be an abutment tooth for a partial denture
- Minimum 50% bone support
- The patient must be free of active / advanced periodontal disease
- No subosseous and / or furcation carious involvement
- No periodontal furcation lesion or a furcation involvement
- Clinically acceptable RCT if present and all the criteria below must be met:
    1. The tooth is filled within two millimeters of the radiographic apex
    2. The root canal is not filled beyond the radiographic apex
    3. The root canal filling is adequately condensed and/or filled
    4. Healthy periapical tissue (healing PARL or no PARL)
- And 1 of the criteria below must be met:
    1. Anterior teeth must have pathological destruction to the tooth by caries or trauma, and involve four (4) or more surfaces and at least 50% of the incisal edge
    2. Premolar teeth must have pathological destruction to the tooth by caries or trauma, and must involve three (3) or more surfaces and at least one (1) cusp
    3. Molar teeth 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

Core buildups; Posts and cores (D2950, D2954)

Required documentation – Periapical radiograph showing the root and crown of the natural tooth. All criteria below must be met:

- Minimum 50% bone support
- The patient must be free of active / advanced periodontal disease
- No subosseous and / or furcation carious involvement
- No periodontal furcation lesion or a furcation involvement
- Clinically acceptable RCT if present and all the criteria below must be met:
    1. The tooth is filled within two millimeters of the radiographic apex
    2. The root canal is not filled beyond the radiographic apex
    3. The root canal filling is adequately condensed and/or filled
    4. Healthy periapical tissue (healing PARL or no PARL)

Root canal therapy (D3310, D3320, D3330)

Required documentation – Periapical radiograph showing the crown and entire root of the tooth. All criteria below must be met:

- Minimum 50% bone support

- The patient must be free of active / advanced periodontal disease
- No subosseous and / or furcation carious involvement
- No periodontal furcation lesion and / or a furcation involvement
- Closed apex
- Tooth must be crucial to arch/occlusion
- And 1 of the criteria below must be met if absence of decay or large restoration on the x-ray
    - Evidence of apical pathology/fistula
    - Narrative describing symptoms of irreversible pulpitis

Endodontic Retreatment (D3346, D3347, D3348)

Required documentation – Periapical radiograph showing the crown and entire root of the tooth. All criteria below must be met:

- Minimum 50% bone support
- The patient must be free of active / advanced periodontal disease
- No subosseous and / or furcation carious involvement
- No periodontal furcation lesion and / or a furcation involvement
- Closed apex
- Tooth must be crucial to arch/occlusion
- And 1 of the criteria below must be met if absence of decay or large restoration on the x-ray
    - Evidence of apical pathology/fistula
    - Narrative describing symptoms of irreversible pulpitis

Apexification/ Recalcification (D3351, D3352, D3353)

Required documentation – Periapical radiograph showing the crown and entire root of the tooth. All criteria below must be met:

- Minimum 50% bone support
- The patient must be free of active / advanced periodontal disease
- No subosseous and / or furcation carious involvement
- No periodontal furcation lesion and / or a furcation involvement
- Tooth must be crucial to arch/occlusion
- And 1 of the criteria below must be met if absence of decay or large restoration on the x-ray
    - Evidence of apical pathology/fistula
    - Narrative describing symptoms of irreversible pulpitis

Pulpal Regeneration (D3355, D3356, D3357)

Required documentation – Periapical radiograph showing the crown and entire root of the tooth. All criteria below must be met:

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

Hemisection (D3920)

Required documentation – Periapical radiograph showing the crown and entire root of the tooth.

Gingivectomy or Gingivoplasty (D4210, D4211, D4212)

Required documentation – pre-operative radiographs, periodontal charting, narrative of medical necessity, photo (optional)

1 of the criteria below must be met:

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

Periodontal surgical services (D4240, D4241, D4249, D4260, D4261, D4263, D4270, D4273, D4275, D4277, D4278, D4283, and D4285)

Required documentation – periodontal charting and current diagnostic radiographs of the quadrant(s) to be treated.

Documentation must support medical necessity for the procedure

Gingival flap procedure (D4240, D4241)

- Perio classification of Type III or IV
- Lack of attached gingiva

Clinical crown lengthening (D4249)

- Necessary due to coronal fracture or caries
- Not allowable on the same date of service as the restorative procedure

Osseous surgery (D4260, D4261)

- Perio classification of Type III or IV
- History of periodontal scaling and root planing (D4341, D4342)

Bone replacement graft (D4263)

- Documentation demonstrates the need to correct bone defect(s)

Periodontal scaling and root planing (D4341 and D4342)

Required documentation – periodontal charting and current diagnostic radiographs of the quadrant(s) to be treated.

All criteria below must be met:

- 5 mm or more pocketing on 2 or more sites indicated on the involved teeth
- Presence of root surface calculus and/or noticeable loss of bone support on x-rays

Complete dentures (D5110, D5120)

Required documentation –Complete series of radiograph images (D0120) or panoramic radiographic image (D0330)

Criteria below must be met:

- Remaining teeth do not have adequate bone support or are not restorable. If a current denture exists that was not reimbursed by the Plan, it must be non-serviceable for reasons other than tooth loss.

Immediate dentures (D5130, D5140)

Required documentation – Complete series of radiograph images (D0120) or panoramic radiographic image (D0330)

All criteria below must be met:

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

Removable partial dentures (D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5282, and D5283)

Required documentation – Complete series of radiograph images (D0210) or panoramic radiographic image (D0330)

All criteria below must be met:

- Remaining teeth have greater than 50% bone support and are restorable. If a current denture exists that was not reimbursed by the plan, it must be non-serviceable for reasons other than tooth loss.

In addition, 1 of the criteria below must be met:

- Replacing one or more anterior teeth
- Replacing three or more posterior teeth (excluding 3rd molars)

Implant services (D6010, D6012, D6040, D6050, D6055, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6080, D6090, D6091, D6095, D6100, D6101, D6102, D6103, D6104, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6190)

Note: An implant is a covered procedure of the plan only if determined to be a dental necessity.
If it is determined that an arch can be restored with a standard prosthesis or restoration, no benefits will be allowed for any individual implants or implant-related procedures.
The second phase of treatment (the prosthesis phase--placing of the implant crown, bridge, partial denture or denture) may be subject to the alternate benefit provision of the plan.

Fixed Prosthodontic services (D6210, D6211, D6212, D6240, D6241, D6242, D6245, D6545, D6548, D6549, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792)

Required documentation – Periapical radiograph showing the root and crown of the natural tooth. Non- abutment teeth: Current periapical x-rays of the tooth/teeth to be restored.
Abutment teeth: Current periapical x-rays of the tooth/teeth and panoramic or full mouth are needed for evaluation.

All criteria below must be met:

- Tooth to be restored with a retainer crown must have an opposing tooth in occlusion or be an abutment tooth for a fixed partial denture

- Minimum 50% bone support
- The patient must be free of active / advanced periodontal disease
- No subosseous and / or furcation carious involvement
- No periodontal furcation lesion or a furcation involvement
- Clinically acceptable RCT if present and all the criteria below must be met:
    - The tooth is filled within two millimeters of the radiographic apex
    - The root canal is not filled beyond the radiographic apex
    - The root canal filling is adequately condensed and/or filled
    - Healthy periapical tissue (healing PARL or no PARL)
- And 1 of the criteria below must be met:
    - Anterior teeth must have pathological destruction to the tooth by caries or trauma, and involve four (4) or more surfaces and at least 50% of the incisal edge
    - Premolar teeth must have pathological destruction to the tooth by caries or trauma, and must involve three (3) or more surfaces and at least one (1) cusp
    - Molar teeth 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

Impacted teeth (D7220, D7230, D7240, D7241)

Documentation required – Pre-operative radiographs (excluding bitewings) and narrative of medical necessity

- Documentation describes pain, swelling, etc. around tooth (symptomatic)
- X-ray matches type of impaction code described
- Documentation of clinical evidence indication impaction, although asymptomatic may not be disease free

Surgical removal of residual tooth roots (D7250)

Documentation required – Pre-operative radiographs (excluding bitewings) and narrative of medical necessity

All criteria below must be met:

- Tooth root is completely covered by bony tissue on x-ray
- Documentation describes pain, swelling, etc. around tooth (must be symptomatic)

Coronectomy (D7251)

Documentation required – Pre-operative radiographs (excluding bitewings) and narrative of medical necessity
All criteria below must be met:

- Documentation describes nerve or vascular complication if entire impacted tooth is removed

Tooth reimplantation and / or stabilization (D7270)

Documentation required – Narrative of medical necessity

All criteria below must be met:

- Documentation describes an accident such as playground fall or bicycle injury
- Documentation describes which teeth were avulsed or loosened and treatment necessary to stabilize them through reimplantation and/or stabilization

Exposure of an unerupted tooth (D7280)

Documentation required – Pre-operative radiographs and narrative of medical necessity.

Criteria below must be met:

- Documentation supports impacted/unerupted tooth

Alveoloplasty without extractions (D7320, D7321)

Documentation required – Pre-operative radiographs (excluding bitewings) and narrative of medical necessity

All criteria below must be met:

- Documentation supports medical necessity for fabrication of a prosthesis

Incision and drainage of abscess (D7510, D7511)

Documentation required – Narrative of medical necessity, radiographs or photos

All criteria below must be met:

For Intraoral incision:

- Documentation describes non-vital tooth or foreign body

For Extraoral incision:

- Documentation describes periapical or periodontal abscess

Collection and application of autologous blood concentrate product (D7921)

Documentation required – Narrative of medical necessity, radiographs or photos

Bone replacement graft for ridge preservation – per site (D7953)

Documentation required – Narrative of medical necessity, radiographs

Unspecified oral surgery procedure (D7999)

Documentation required – Narrative of medical necessity and description of procedure; name, license number, and Tax ID of Assistant surgeon required if D7999 is submitted for this purpose
All criteria below must be met:

- Documentation describes medical necessity need for Asst surgeon

General anesthesia / IV sedation (Dental Office Setting) - (D9222, D9223, D9239, D9243)

Documentation required – Narrative of Medical Necessity, Anesthesia Log (retrospective review)

1 of the criteria below must be met:

- Extractions of impacted or unerupted cuspids or wisdom teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants

- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation of failed local anesthesia
- Documentation of situational anxiety
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy, MR or other condition that would render patient noncompliant)

Documentation of existing clinical condition or circumstance making the use of general anesthesia/IV sedation a reasonable inclusion as a Medically Necessary part of the therapeutic regimen.

Note that D9222/D9239 may be prior authorized as described above and D9223/D9243 may be retro authorized (with anesthesia log required).

Non-intravenous conscious sedation (Dental Office Setting) (D9248)

Documentation required – Narrative of medical necessity

1 of the criteria below must be met:

- Extractions of impacted or unerupted cuspids or wisdom teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants
- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation of failed local anesthesia
- Documentation of situational anxiety
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy, MR or other condition that would render patient noncompliant)

Documentation of existing clinical condition or circumstance making the use of non-intravenous conscious sedation a reasonable inclusion as a Medically Necessary part of the therapeutic regimen.

Therapeutic parenteral drug – single administration – (D9610)

Documentation required – Narrative of Medical Necessity

- Must be done in conjunction with an approved D9222 or D9239

Treatment of complications (post-surgical) – (D9930)

Documentation required – Narrative of Medical Necessity

- Documentation describes post-surgical condition supporting Medical Necessity for procedure

Occlusal guards – (D9944, D9945, D9946)

Documentation required – Narrative of Medical Necessity

Orthodontics

Fixed or removable appliance therapy (D8210, D8220)

Documentation required – Panoramic and/or cephalometric radiographs, narrative of Medical Necessity

All the criteria below must be met:

- Documentation describes thumb sucking or tongue thrusting habit.
- Documentation of existing clinical condition or circumstance making the use of minor orthodontic treatment to control harmful habits a reasonable inclusion as a medically necessary part of the therapeutic regimen.

Limited orthodontic treatment (D8010, D8020, D8030, D8040)

Documentation requirements – Panoramic and /or cephalometric radiograph, 5-7 diagnostic quality photos, completed Salzmann Criteria Index Form

All the criteria below must be met:

- Dentition must be free of carious lesions.
- Patient must demonstrate the ability to maintain adequate oral hygiene.

And in addition, one or more of the following criteria must be met:

- Documentation shows deep impinging overbite that shows palatal impingement of the majority of lower incisors
- Documentation shows true anterior open bite (not including one or two teeth slightly out of occlusion or where the incisors have not fully erupted)
- Documentation demonstrates a large anterior – posterior discrepancy (Class II and Class III malocclusions that are virtually a full tooth class II or Class III)
- Documentation shows anterior cross bite which involves more than two teeth in cross bite
- Documentation shows posterior transverse discrepancies which involves several posterior teeth in cross bite (not a single tooth in cross bite), one of which must be a molar
- Documentation shows significant posterior open bite (not involving partially erupted teeth or one or two teeth slightly out of occlusion)
- Documentation shows impacted canines that will not erupt into the arch without orthodontic or surgical intervention (does not include cases where canines are going to erupt ectopically)
- Salzmann Criteria Index Form score meets requirements of 25 or greater

Comprehensive orthodontic treatment (D8070, D8080, D8090)

Documentation requirements – Panoramic and /or cephalometric radiographs, 5-7 diagnostic quality photos, completed Salzmann Criteria Index Form.

All the criteria below must be met:

- Dentition must be free of carious lesions.
- Patient must demonstrate the ability to maintain adequate oral hygiene.

In addition, one or more of the following criteria must be met:

- Documentation shows deep impinging overbite that shows palatal impingement of the majority of lower incisors
- Documentation shows true anterior open bite (not including one or two teeth slightly out of occlusion or where the incisors have not fully erupted)
- Documentation demonstrates a large anterior – posterior discrepancy (Class II and Class III malocclusions that are virtually a full tooth class II or Class III)
- Documentation shows anterior cross bite which (involves more than two teeth in cross bite
- Documentation shows posterior transverse discrepancies which involves several posterior teeth in cross bite (not a single tooth in cross bite), one of which must be a molar
- Documentation shows significant posterior open bite (not involving partially erupted teeth or one or two teeth slightly out of occlusion)
- Documentation shows impacted canines that will not erupt into the arch without orthodontic or surgical intervention (does not include cases where canines are going to erupt ectopically)
    - Salzmann Criteria Index Form score meets requirements of 25 or greater

Periodic orthodontic treatment visit (D8670)

Documentation requirements – Completed Keystone First Orthodontic Continuation of Care Form.
Photos of current orthodontic status.

The criteria below must be met:

- Ongoing active comprehensive orthodontic treatment.

Orthodontic Retention (D8680)

Documentation required – diagnostic quality photos

The criteria below must be met:

- Photos show completed orthodontic case.

Dental Benefit Grid

Procedure Codes And Eligibility Criteria

Services not listed in this Dental Benefit Grid are not benefits of this plan, and are not covered.

GENERAL INFORMATION
All benefits are subject to the definitions, limitations, and exclusions given below and are payable only when the service is necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
Some services may be subject to dental review. The dentist should submit a pre-determination/pre-certification request prior to start of service.
All exams, oral evaluations and treatments, such as fluorides and some images are combined under one limitation under the plan. Periodic oral exam (D0120) oral evaluations (D0145), and comprehensive oral exam (D0150, D0180) are combined and limited to one exam every 6 months from the date services were last rendered. There must be a 6 month separation between services, even if the separation of services enters a new benefit year.
All services requiring more than one visit are payable once all visits are completed.
All major prosthodontic services are combined under one replacement limitation under the plan. Benefits for prosthodontic services are combined and limited to one every 60 months
N = No Reporting Requirements T = Tooth Reporting Requirement Q = Quadrant Reporting Requirement

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D0120	Periodic oral evaluation-established patient	No				N	0	18	1	180	Days Per patient per dentist/ dental group. (A combined total of one D0120, D0145, D0150, D0160, or D0180 per patient per 180 days.)
D0140	Limited oral evaluation-problem focused	No				N	0	18	1	1	Days Per patient
D0150	Comprehensive oral evaluation-new or established patient	No				N	0	18	1	180	Days Per patient per dentist/dental group. (A combined total of one D0120, D0145, D0150, D0160, or D0180 per patient per 180 days.)
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No				N	0	2	1	180	Days per patient per dentist/ dental group. (A combined total of one D0120, D0145, D0150, D0160, or D0180 per patient per 180 days.)
D0160	Detailed and extensive oral evaluation – problem focused, by report	No				N	0	18	1	180	Days per patient per dentist/ dental group. (A combined total of one D0120, D0145, D0150, D0160, or D0180 per patient per 180 days.) Not payable with TMJ.

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D0180	Comprehensive periodontal evaluation – new or established patient	No					0	18	1	180	Days per patient per dentist/ dental group. (A combined total of one D0120, D0145, D0150, or D0180 per patient per 180 days.)
D0210	Intraoral – comprehensive series of radiographic images	No				N	0	18	1	5	Years per patient. A combined total of one D0210 or D0330 is eligible in a 5 year period.
D0220	Intraoral- periapical first radiographic image	No				N	0	18	1	1	Day per patient. Not payable if billed with D0210.
D0230	Intraoral – periapical each additional radiographic image	No				N	0	18	10	1	Year per patient. Not payable if billed with D0210.
D0240	Intraoral -occlusal radiographic image	No				N	0	18	2	1	Year per patient
D0270	Bitewing - single radiographic image	No				N	0	18	1	180	Days per patient. A combined total of one D0270, D0272, D0273, D0274, or D0277 is eligible in a 180 day period. Not payable if billed with D0210.
D0272	Bitewings -two radiographic images	No				N	0	18	1	180	Days per patient. A combined total of one D0270, D0272, D0273, D0274, or D0277 is eligible in a 180 day period. Not payable if billed with D0210.
D0273	Bitewings - three radiographic images	No				N	0	18	1	180	Days per patient. A combined total of one D0270, D0272, D0273, D0274, or D0277 is eligible in a 180 day period. Not payable if billed with D0210.
D0274	Bitewings – four radiographic images	No				N	0	18	1	180	Days per patient. A combined total of one D0270, D0272, D0273, D0274, or D0277 is eligible in a 180 day period. Not payable if billed with D0210.
D0277	Vertical bitewings - 7 to 8 radiographic images	No				N	0	18	1	180	Days per patient. A combined total of one D0270, D0272, D0273, D0274, or D0277 is eligible in a 180 day period. Not payable if billed with D0210.
D0330	Panoramic radiographic image	No				N	0	18	1	5	Years per patient. A combined total of one D0210 or D0330 is eligible in a 5 year period
D0340	2D cephalometric radiographic image – acquisition, measurement and analysisf	No				N	0	18	1	1	Year per patient
D0350	2D oral/ facial photographic image obtained intral-orally or extra-orally	No				N	0	18	1	1	Year per patient

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	No				N	0	18	1	1	Per Year per patient.
D0415	Collection of microorganisms for culture and sensitivity	No				N	0	18	1	1	Per Lifetime per patient.
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	No				N	0	18	1	1	Per Lifetime per patient.
D0423	Genetic test for susceptibility to disease - specimen analysis	No				N	0	18	1	1	Per lifetime per patient.
D0460	Pulp vitality tests	No				N	0	18	1	30	Days per patient.
D0470	Diagnostic casts	No				N	0	18	1	1	Per lifetime per patient. Not payable with orthodontia.
D1110	Prophylaxis -adult	No				N	12	18	1	180	Days per patient. Only one D1110 or D1120 is eligible in a 180 day period.
D1120	Prophylaxis - child	No				N	0	11	1	180	Days per patient. Only one D1110 or D1120 is eligible in a 180 day period.
D1206	Topical application of fluoride varnish	No				N	0	18	2	1	Year per patient. A combined total of two (D1206 and/or D1208) are eligible in a one year period.
D1208	Topical application of fluoride – excluding varnish	No				N	0	18	2	1	Year per patient. A combined total of two (D1206 and/or D1208) re eligible in a one year period.
D1351	Sealant - per tooth	No				T	0	18	1	36	Months per tooth. Allowed on 1st and 2nd premolars. Allowed on 1st and second molars and on 1st and second molars where a buccal restoration might exist.
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	No				T	0	18	1	36	Months per tooth.
D1353	Sealant repair – per tooth	No				T	0	18	1	36	Months per tooth.
D1354	Application of caries arresting medicament – per tooth	No				T	0	18	2 teeth	1	Per arch per year
D1354	Application of caries arresting medicament – per tooth	No				T	0	18	1	36	Months per tooth per patient. Premolars, first molars, and second molars ohly

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D1354	Application of caries arresting medicament – per tooth	No				T	0	18	6	1	Lifetime per tooth per patient
D1510	Space maintainer – fixed, unilateral, per quadrant	No				Q	0	18	1	60	Months per quadrant.
D1516	Space maintainer – fixed - bilateral, maxillary	No				T	0	18	1	60	Months per arch.
D1517	Space maintainer – fixed - bilateral, mandibular	No				T	0	18	1	60	Months per arch.
D1520	Space maintainer – removable, unilateral, per quadrant	No				Q	0	18	1	60	Months per quadrant.
D1526	Space maintainer – removable – bilateral, maxillary	No				T	0	18	1	60	Months per arch.
D1527	Space maintainer – removable – bilateral, mandibular	No				T	0	18	1	60	Months per arch.
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	No				N	0	18	1	1	Day appliance per patient
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	No				N	0	18	1	1	Day appliance per patient
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	No				N	0	18	4	1	Day appliances per patient
D1556	Removal of fixed unilateral space maintainer – per quadrant	No				N	0	18	4	1	Day appliances per patient
D1557	Removal of fixed bilateral space maintainer – maxillary	No				N	0	18	1	1	Day appliance per patient
D1558	Removal of fixed bilateral space maintainer – mandibular	No				N	0	18	1	1	Day appliance per patient
D2140	Amalgam - one surface, primary or permanent	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2150	Amalgam – two surfaces, primary or permanent	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2160	Amalgam – three surfaces, primary or permanent	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2161	Amalgam – four or more surfaces, primary or permanent	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.

		Authorization Requirements				Benefit Details					
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D2330	Resin-based composite - one surface, anterior	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2331	Resin- based composite -two surfaces, anterior	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2332	Resin- based composite three surfaces, anterior	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2335	Resin- based composite four or surfaces or involving incisal angle (anterior)	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2391	Resin - based Composite - one surface, posterior	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2392	Resin - based Composite - two surfaces, posterior	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2393	Resin - based Composite - three surfaces, posterior	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2394	Resin - based composite-four or more surfaces, posterior	No				T	0	18	1	24	Months per tooth per patient. No reimbursement if performed within 30 days of a crown.
D2510	Inlay – metallic – one surface	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	60	Months per tooth. An alternate benefit of D2140 will be provided.
D2520	Inlay – metallic – two surfaces	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	60	Months per tooth. An alternate benefit of D2150 will be provided.
D2530	Inlay – metallic – three or more surfaces	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	60	Months per tooth. An alternate benefit of D2160 will be provided.

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D2542	Onlay – metallic – two surfaces	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	60	Months per tooth. Not payable if the tooth can be restored with an amalgam restoration or with a resin-based composite direct placement restoration.
D2543	Onlay – metallic – three surfaces	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	60	Months per tooth. Not payable if the tooth can be restored with an amalgam restoration or with a resin-based composite direct placement restoration.
D2544	Onlay – metallic – four or more surfaces	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	60	Months per tooth. Not payable if the tooth can be restored with an amalgam restoration or with a resin-based composite direct placement restoration.
D2740	Crown-porcelain/ceramic	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient 1 per tooth every 5 years regardless of crown procedure code.
D2750	Crown – porcelain fused to high noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient 1 per tooth every 5 years regardless of crown procedure code.
D2751	Crown-porcelain fused to predominantly base metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient 1 per tooth every 5 years regardless of crown procedure code.
D2752	Crown-porcelain fused to noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient 1 per tooth every 5 years regardless of crown procedure code.
D2780	Crown – 3/4 cast high noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient. 1 per tooth every 5 years regardless of crown procedure code.

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Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D2781	Crown – 3/4 cast predominantly base metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient. 1 per tooth every 5 years regardless of crown procedure code.
D2783	Crown – 3/4 porcelain/ ceramic	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient. 1 per tooth every 5 years regardless of crown procedure code.
D2790	Crown – full cast high noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient. 1 per tooth every 5 years regardless of crown procedure code.
D2791	Crown - full cast predominantly base metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient 1 per tooth every 5 years regardless of crown procedure code.
D2792	Crown – full cast noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient. 1 per tooth every 5 years regardless of crown procedure code.
D2794	Crownj – titanium and titanium alloys	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	5	Years per tooth per patient. 1 per tooth every 5 years regardless of crown procedure code.
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No				T	0	18	1	1	Day per tooth per patient
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	No				T	0	18	1	1	Day per tooth per patient
D2920	Re-cement or re-bond crown	No				T	0	18	1	1	Day per tooth per patient
D2929	Prefabricated porcelain/ ceramic crown – primary tooth	No				T	0	14	1	1	Day per tooth per patient. Under age 15 where no permanent successor exists.
D2930	Prefabricated stainless steel crown - primary tooth	No				T	0	14	1	60	Months per tooth per patient. Under age 15.
D2931	Prefabricated stainless steel	No				T	0	14	1	60	Months per tooth per patient. Under age 15.

		Authorization Requirements				Benefit Details					
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	crown - permanent tooth										
D2940	Protective restoration	No				T	0	18	1	1	Day per tooth per patient.
D2950	Core buildup, including any pins when required	Yes			Narrative of medical necessity	T	0	18	1	5	Years per tooth
D2951	Pin retention – per tooth, in addition to restoration	No				T	0	18	1	2	Years per tooth per patient
D2954	Prefabricated post and core in addition to crown	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity	T	0	18	1	1	Per lifetime per tooth
D2980	Crown repair necessitated by restorative material failure	No			Narrative of medical necessity	T	0	18	1	12	Months per tooth per patient. By report.
D2981	Inlay repair necessitated by restorative material failure	No			Narrative of medical necessity	T	0	18	1	12	Months per tooth per patient. By report.
D2983	Veneer repair necessitated by restorative material failure	No			Narrative of medical necessity	T	0	18	1	12	Months per tooth per patient. By report.
D2991	Application of hydroxyappetite regeneration medicament – per tooth	No			N	T	0	18	1	1	Lifetime per tooth per patient. Not allowed if tooth was previously restored. (D2140-D2161, D2391-D2394, D2330-D2335)
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No				T	0	18	6	1	Day per tooth per patient If a root canal is performed within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure ad benefits are not payable separately.
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	No				T	0	18	1	1	Per day per tooth per patient. If a root canal is performed 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately.
D3230	Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	No				T	0	11	1	1	Per Lifetime per tooth per patient. Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11.
D3240	Pulpal therapy (resorbable filling)	No				T	0	18	1	1	Per Lifetime per tooth per patient.

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
	posterior, primary tooth (excluding final restoration)										Incompete endodontic treatment when you discontinue treatment. Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11.
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Yes	0	18	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient.
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Yes	0	18	Pre-operative x-rays (excluding bitewings). Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient.
D3330	Endodontic therapy, molar tooth (excluding final restoration))	Yes	0	18	Pre-operative x-rays (excluding bitewings), narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient.
D3346	Retreatment of previous root canal therapy - anterior	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient.
D3347	Retreatment of previous root canal therapy - premolar	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient.
D3348	Retreatment of previous root canal therapy - molar	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient.
D3351	Apexification/ recalcification – initial visit (apical closure/ calcific repair of perforatiohs, root resorption, et .)	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient.
D3352	Apexification/ recalcification - interim medication replacement	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient.

		Authorization Requirements				Benefit Details					
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D3353	Apexification/ recalcification -final visit (includes completed root canal therapy – apical cloure/ calcific repair of perforations, root resdorption, etc.)	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient.
D3355	Pulpal regeneration – initial visit	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient. Does not include final restoration.
D3356	Pulpal regeneration -interim medication replacement	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient. Does not include final restoration.
D3357	Pulpal regeneration -completion of treatment	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18	1	1	Per Lifetime per tooth per patient. Does not include final restoration.
D3410	Apicoectomy - anterior	No				T	0	18	2 teeth	1	Day PER TOOTH PER PATIENT
D3421	Apicoectomy - premolar – (first root)	No				T	0	18	2 teeth	1	Day PER TOOTH PER PATIENT
D3425	Apicoectomy - molar – first root	No				T	0	18	2 teeth	1	Day PER TOOTH PER PATIENT
D3426	Apicoectomy-(each additional root)	No				T	0	18	2 teeth	1	Day PER PATIENT
D3450	Root amputation – per root	No				T	0	18			
D3920	Hemisection (including any root removal)	Yes	0	18	Pre-operative x-rays excluding bitewings. Narrative of medical necessity	T	0	18			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	Q	0	18	1	36	MONTHS PER QUADRANT PER PATIENT . (A combined total of one D4210 or D4211 per quadant is eligible in a 36 month period.)

		Authorization Requirements				Benefit Details					
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D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	Q	0	18	1	36	MONTHS PER QUADRANT PER PATIENT. (A combined total of one D4210 or D4211 per quadant is eligible in a 36 month period.)
D4212	Gingivectory or gingivoplasty to allow access for restorative procedure, per tooth	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	T	0	18	1	36	Months per tooth. With restorative procedures.
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	Q	0	18	1	36	Months per quadrant. (A combined total of one D4240 or D4241 per quadant is eligible in a 36 month period.)
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	Q	0	18	1	36	Months per quadrant. (A combined total of one D4240 or D4241 per quadant is eligible in a 36 month period.)
D4249	Clinical crown lengthening - hard tissue	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	T	0	18	1	1	Per Lifetime per tooth.
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	Q	0	18	1	36	Months per quadrant. (A combined total of one D4260 or D4261 per quadant is eligible in a 36 month period.)
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	Q	0	18	1	36	Months per quadrant. (A combined total of one D4260 or D4261 per quadant is eligible in a 36 month period.)
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	T	0	18	1	36	Months per quadrant. (A combined total of one D4263 or D4270 per quadant is eligible in a 36 month period.)

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D4270	Pedicle soft tissue graft procedure	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	Q	0	18	1	36	Months per quadrant. (A combined total of one D4263 or D4270 per quadant is eligible in a 36 month period.)
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	T	0	18	1	36	Months per quadrant.
D4275	Non-autogenous connective tissue graft procedure (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	T	0	18	1	36	Months per quadrant.
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites)-first tooth, implant or edentulous tooth position in graft	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	T	0	18	1	36	Months per quadrant.
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites)-first tooth, implant or edentulous tooth position in graft	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	T	0	18	1	36	Months per quadrant.
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	T	0	18	1	36	Months per quadrant.
D4285	Non-autogenous connective tissue graft procedure (including recipient site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in graft	Yes	0	18	Pre-op x-rays and periodontal charting. Narrative of medical necessity, Photo (optional)	T	0	18	1	36	Months per quadrant.

		Authorization Requirements				Benefit Details					
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D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Yes	0	18	Periodontal charting and pre- op x-rays. Narrative of medical necessity	Q	0	18	2 different quadrants	1	Per day per patient
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Yes	0	18	Periodontal charting and pre- op x-rays. Narrative of medical necessity	Q	0	18	1	24	Months per quadrant. (A combined total of one D4341 or D4342 per quadant is eligible in a 24 month period.)
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Yes	0	18	Periodontal charting and pre- op x-rays. Narrative o medical necessity	Q	0	18	1	24	Months per quadrant. (A combined total of one D4341 or D4342 per quadant is eligible in a 24 month period.)
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	No				N	0	18	1	1	Lifetime PER PATIENT No history of prophylaxis or periodontal treatment in past 12 months.
D4910	Periodontal maintenance	No				N	0	18	1	90	Days per patient with past history of therapeutic periodontal treatment or periodontal maintenance.
D5110	Complete denture - maxillary	Yes	0	18	Full mouth or panorex x-rays. Narrative of medical necessity),	N	0	18	1	5	Years (A combined total of one D5110 or D5130 is eligible in a 5 year period)
D5120	Complete denture - mandibular	Yes	0	18	Full mouth or panorex x-rays. Narrative of medical necessity,	N	0	18	1	5	Years (A combined total of one D5120 or D5140 is eligible in a 5 year period)
D5130	Immediate denture - maxillary	Yes	0	18	Full mouth or panorex x-rays. Narrative of medical necessity,	N	0	18	1	5	Years (A combined total of one D5110 or D5130 is eligible in a 5 year period)
D5140	Immediate denture - mandibular	Yes	0	18	Full mouth or panorex x-rays. Narrative of medical necessity,	N	0	18	1	5	Years (A combined total of one D5120 or D5140 is eligible in a 5 year period.)
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity,	N	6	18	1	5	Years (A combined total of one D5211, D5213, D5221 or D5223 is eligible in a 5 year period.)

		Authorization Requirements				Benefit Details					
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D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity	N	6	18	1	5	Years (A combined total of one D5212, D5214, D5222, or D5224 is eligible in a 5 year period.)
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity,	N	6	18 n	1	5	Years (A combined total of one D5211, D5213, D5221, or D5223 is eligible in a 5 year period.)
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity,	N	6	18	1	5	Years (A combined total of one D5212, D5214, D5222, or D5224 is eligible in a 5 year period.)
D5221	Immediate maxillary partial denture - resin base (including retentive/ clasping materials, rests, and teeth)	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity,		6	18	1	5	Years (A combined total of one D5211, D5213, D5221, or D5223 is eligible in a 5 year period.)
D5222	Immediate mandibular partial denture - resin base (including retentive/ clasping materials, rests, and teeth)	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity,		6	18	1	5	Years (A combined total of one D5212, D5214, D5222, or D5224 is eligible in a 5 year period.)
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests, and teeth)	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity,		6	18	1	5	Years (A combined total of one D5211, D5213, D5221, or D5223 is eligible in a 5 year period.)
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests, and teeth)	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity,		6	18	1	5	Years (A combined total of one D5212, D5214, D5222, or D5224 is eligible in a 5 year period.)
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests, and teeth), maxillary	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity,		6	18	1	5	Years
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests, and teeth), mandibular	Yes	6	18	Full mouth or panorex x-rays. Narrative of medical necessity,		6	18	1	5	Years
D5410	Adjust complete denture – maxillary	No				N	0	18	1	1	DAY per patient. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D5411	Adjust complete denture – mandibular	No				N	0	18	1	1	DAY per patient Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5421	Adjust partial denture – maxillary	No				N	0	18	1	1	DAY per patient Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5422	Adjust partial denture – maxillary	No				N	0	18n	1	1	DAY per patient Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5511	Repair broken complete denture base, mandibular	No				N	6	18	1	1	DAY per patient
D5512	Repair broken complete denture base, maxillary	No				N	6	18	1	1	DAY per patient
D5520	Replace missing or broken teeth – complete denture (each tooth)	No				T	0	18	3	1	DAY per patient
D5611	Repair resin partial denture base, mandibular	No				N	0	18	1	1	DAY per patient
D5612	Repair resin partial denture base, maxillary	No				N	0	18	1	1	DAY per patient
D5621	Repair cast partial framework, mandibular	No				N	0	18	1	1	DAY per patient
D5622	Repair cast partial framework, maxillary	No				N	0	18	1	1	DAY per patient
D5630	Repair or replace broken retentive/clasping materials - per tooth	No				T	0	18	1 clasp per tooth	1	DAY per patient
D5630	Repair or replace broken retentive/clasping materials - per tooth	No				T	0	18	4 clasps	1	Year per patient
D5640	Replace broken teeth - per tooth	No				T	0	18	3 teeth	1	6 months per patient
D5650	Add tooth to existing partial denture	No				T	0	18	2 teeth	1	6 months per patient
D5660	Add clasp to existing partial denture - per tooth	No				T	0	18	1 per tooth	1	Lifetime per patient
D5710	Rebase complete maxillary denture	No					0	18	1	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5711	Rebase complete mandibular denture	No					0	18	1	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.

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D5720	Rebase maxillary partial denture	No					0	18	1	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5721	Rebase mandibular partial denture	No					0	18	1	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5730	Reline complete maxillary denture (direct)	No				N	0	18	1	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5731	Reline complete mandibular denture (direct)	No				N	0	18	1(per arch)	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5740	Reline maxillary partial denture (direct)	NO				N	0	18	1(per arch)	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5741	Reline mandibular partial denture (direct)	No				N	0	18	1(per arch)	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5750	Reline complete maxillary denture (indirect)	No				N	0	18	1(per arch)	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5751	Reline complete mandibular denture (indirect)	No				N	0	18	1(per arch)	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5760	Reline maxillary partial denture (indirect)	No				N	0	18	1(per arch)	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.

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Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D5761	Reline mandibular partial denture (indirect)	No				N	0	18	1(per arch)	36	Months. 6 Months after initial installation. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the denture.
D5850	Tissue conditioning, maxillary	No					0	18	1	6	Months per patient
D5851	Tissue conditioning, mandibular	No					0	18	1	6	Months per patient.
D6010	Surgical placemernt of implant body: endosteal implant	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity.		0	18	1	60	Months per tooth.
D6012	Surgical placemernt of interim implant body for transitional prosthesis: endosteal implant	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity.		0	18	1	60	Months per tooth.
D6040	Surgical placement: eposteal implant	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity.		0	18	1	60	Months per tooth.
D6050	Surgical placement: transosteal implant	Yes	0	18	Pre-operative x- rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6055	Connecting bar - implant supported or abutment supported	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6056	Prefabricated abutment - includes modification and placement	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.

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D6057	Custom fabricated abutment - includes placement	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6058	Abutment supported porcelain/ ceramic crown	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6062	Abutment supported cast metal crown (high noble metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6063	Abutment supported cast metal crown (predominantly base metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6064	Abutment supported cast metal crown (noble metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.

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D6065	Implant supported porcelain/ ceramic crown	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6066	Implant supported crown - porcelain fused to high noble alloys	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6067	Implant supported crown - high noble alloys	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6068	Abutment supported retainer for porcelain/ ceramic FPD	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.

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D6073	Abutment supported retainer for cast metal FPD (predomionantly base metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6075	Implant supported retainer for ceramic FPD	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6077	Implant supported retainer for metal FPD - high noble alloys	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6080	Implant maintenance procedures when prosthesis are removed and reinserted, including cleansing of prosthesis and abutments.	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6090	Repair implant supported prosthesis, by report	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/ abutment supported prosthesis, per attachment	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.

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D6095	Repair implant abutment, by report	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical		0	18	1	60	Months per tooth.
D6100	Surgical removal of implant body	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of		0	18	1	60	Months per tooth.
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	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
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 cloure	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6104	Bone graft at time of implant placement	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6110	Implant/ abutment supported removable denture for edentulous arch - maxillary	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per arch.
D6111	Implant/ abutment supported removable denture for edentulous arch - mandibular	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per arch,

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D6112	Implant/ abutment supported removable denture for partially edentulous arch - maxillary	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per arch.
D6113	Implant/ abutment supported removable denture for partially edentulous arch - mandibular	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per arch.
D6114	Implant/ abutment supported fixed denture for edentulous arch - maxillary	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per arch.
D6115	Implant/ abutment supported fixed denture for edentulous arch - mandibular	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per arch.
D6116	Implant/ abutment supported fixed denture for partially edentulous arch - maxillary	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per arch.
D6117	Implant/ abutment supported fixed denture for partially edentulous arch - mandibular	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per arch,
D6190	Radiographic/ surgical implant index, by report	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6210	Pontic - cast high noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.

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D6211	Pontic - cast predominantly base metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6212	Pontic - cast noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6214	Pontic - titanium and titanium alloys	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6240	Pontic - porcelain fused to high noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6241	Pontic - porcelain fused to predominantly base metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6242	Pontic - porcelain fused to noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6245	Pontic - porcelain/ ceramic	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6545	Retainer - cast metal for resin bonded fixed prosthesis	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.

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D6548	Retainer - porcelain/ ceramic for resin bonded fixed prosthesis	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6549	Resin retainer - for resin bonded fixed prosthesis	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6740	Retainer crown - porcelain/ ceramic	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6750	Retainer crown - porcelain fused to high noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6751	Retainer crown - porcelain fused to predominantly base metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6752	Retainer crown - porcelain fused to noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6780	Retainer crown - 3/4 cast high noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6781	Retainer crown - 3/4 cast predominantly base metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.

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D6782	Retainer crown - 3/4 cast noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6783	Retainer crown - 3/4 porcelain/ ceramic	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6790	Retainer crown - full cast high noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6791	Retainer crown - full cast predominantly base metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6792	Retainer crown - full cast noble metal	Yes	0	18	Pre-operative x-rays of adjacent teeth and opposing teeth. Narrative of medical necessity		0	18	1	60	Months per tooth.
D6930	Re-cement or re-bond fixed partial denture	No				N	0	18	1	6	Months per patient. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the fixed partial denture.
D6980	Fixed partial denture repair necessitated by restorative material failure	No				N	0	18	1	6	Months per patient. Not payable within six (6) months of initial delivery to the dentist or dental group that initially delivered the fixed partial denture.
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No				T	0	18	1 per tooth	1	Lifetime per tooth.
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No				T	0	18	1 per tooth	1	Lifetime per tooth.

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D7220	Removal impacted tooth-soft tissue	Yes	0	18	Pre-operative x-rays (excluding bitewings) and narrative of medical necessity	T	0	18	1 per tooth	1	Lifetime per tooth.
D7230	Removal of impacted tooth-partially bony	Yes	0	18	Pre-operative x-rays (excluding bitewings) and narrative of medical necessity	T	0	18	1 per tooth	1	Lifetime per tooth.
D7240	Removal of impacted tooth – completely bony	Yes	0	18	Pre-operative x-rays (excluding bitewings) and narrative of medical necessity	T	0	18	1 per tooth	1	Lifetime per tooth.
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Yes	0	18	Pre-operative x-rays (excluding bitewings) and narrative of medical necessity	T	0	18	1 per tooth	1	Lifetime per tooth.
D7250	Removal of residual tooth roots (cutting procedure)	Yes	0	18	Pre-operative x-rays (excluding bitewings) and narrative of medical necessity	T	0	18	1 per tooth	1	Lifetime per tooth. Not payable to the dentist or dental group that originally extracted the tooth.
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	Yes	0	18	Pre-operative x-rays (excluding bitewings) and narrative	T	0	18	1 per tooth	1	Lifetime per tooth.
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Yes	0	20	Narrative of medical necessity	T	0	18	1 per tooth	1	Lifetime per tooth.
D7280	Exposure of unerupted tooth	Yes	0	23	Pre-operative x-ray	T	0	18	1 per tooth	1	Lifetime per tooth.
D7288	Brush biopsy – transepithelial sample collection	No				N	o	18	1	6	Months per patient
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	No				Q	0	18	1 per quadrant	1	Lifetime per quadrant per patient

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D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	No				Q	0	18	1 per quadrant	1	Lifetime per quadrant per patient
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Yes	0	18	Pre-operative x-rays (excluding bitewings) and narrative of medical necessity	Q	0	18	1 per quadrant	1	Lifetime per quadrant per patient
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Yes	0	18	Pre-operative x-rays (excluding bitewings) and narrative of medical necessity	Q	0	18	1 per quadrant	1	Lifetime per quadrant per patient.
D7471	Removal of lateral exostosis – maxilla or mandible-	No				N	0	18n	2	1	Lifetime per patient
D7510	Incision and drainage of abscess - intraoral soft tissue	Yes	0	18	Narrative of medical necessity, xrays or photos optional	N	0	18	2	1	Day per patient
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Yes	0	18			0	18	1	1	Day per patient.
D7910	Suture of recent small wounds up to 5 cm	No					0	18	1	1	Day per patient
D7921	Collection and application of autologous blood concentrate product						0	18	1	36	Month per patient
D7953	Bone replacement graft for ridge preservation – per site	Yes	0	18			0	18	1	1	Lifetime per site
D7971	Excision of pericoronal gingiva	No					0	18	1	1	Day per patient
D8010	Limited orthodontic treatment of the primary dentition	Yes	0	18		Panoramic radiographic image and /or cephalometric radiographic image; plus 5-7 diagnostic quality photos; plus a completed Salzman Criteria Index Form.	0	18	1	1	Lifetime per patient. (A combined total of one D8010, D8020, D8030 or D8040 is eligible per lifetime per patient.)
D8020	Limited orthodontic treatment of the transitional dentition	Yes	0	18		Panoramic radiographic image and /or cephalometric radiographic image; plus 5-7 diagnostic quality photos; plus a completed Salzman Criteria Index Form.	0	18	1	1	Lifetime per patient. (A combined total of one D8010, D8020, D8030 or D8040 is eligible per lifetime per patient.)

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D8030	Limited orthodontic treatment of the adolescent dentition	Yes	0	18		Panoramic radiographic image and /or cephalometric radiographic image; plus 5-7 diagnostic quality photos; plus a completed Salzman Criteria Index Form.	0	18	1	1	Lifetime per patient. (A combined total of one D8010, D8020, D8030 or D8040 is eligible per lifetime per patient.)
D8040	Limited orthodontic treatment of the adult dentition	Yes	0	18		Panoramic radiographic image and /or cephalometric radiographic image; plus 5-7 diagnostic quality photos; plus a completed Salzman Criteria Index Form.	0	18	1	1	Lifetime per patient. (A combined total of one D8010, D8020, D8030 or D8040 is eligible per lifetime per patient.)
D8070	Comprehensive orthodontic treatment of the transitional dentition	Yes	0	18		Panoramic radiographic image and /or cephalometric radiographic image; plus 5-7 diagnostic quality photos; plus a completed Salzman Criteria Index Form.	0	18	1	1	Lifetime per patient. (A combined total of one D8070, D8080 or D8090 is eligible per lifetime per patient.)
D8080	Comprehensive orthodontic treatment of the adolescent dentition	YES	0	18	Panoramic radiographic image and /or cephalometric radiographic image; plus 5-7 diagnostic quality photos; plus a completed Salzman Criteria Index Form.	N	0	18	1	1	Lifetime per patient (A combined total of one D8070, D8080 or D8090 is eligible per lifetime per patient.)
D8090	Comprehensive orthodontic treatment of the transitional dentition	Yes	0	18	Panoramic radiographic image and /or cephalometric radiographic image; plus 5-7 diagnostic quality photos; plus a completed Salzman Criteria Index Form.		0	18	1	1	Lifetime per patient. (A combined total of one D8070, D8080 or D8090 is eligible per lifetime per patient.)
D8660	Pre-orthodontic treatment examination to monitor growth and development	No				N	0	18	1	1	Year(per patient/per provider)
D8670	Periodic orthodontic treatment visit	Yes	0	18	For Continuation of care (COC), Completed COC form	N	0	18	7	1	Lifetime per patient

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Yes	0	18	evidence of successful completion of comprehensive orthodontics	N	0	18	1	1	Lifetime per patient
D8695	Removal of fixed orthodontic appliances	No				N	0	18	1	1	Lifetime per patient D8680 or D8695)
D8210	Removable appliance therapy	Yes	0	20	Panoramic/cephalometric x-ray, Narr of medical necessity.	N	0	18	1 per arch	1	Lifetime per patient (either D8210 or D8220)
D8220	Fixed appliance therapy	Yes	0	20	Panoramic/cephalometric x-ray, Narr of medical necessity.	N	0	18	1 per arch	1	Lifetime per patient (either D8210 or D8220)
D9110	Palliative treatment of dental pain – per visit	No				N	0	18	1	1	Day per patient
D9222	Deep sedation/general anesthesia – first 15 minutes	Yes	0	18	Narrative of medical necessity	N	0	18	1	1	Day per patient
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	Yes	0	18	Narrative of medical necessity	N	0	18	7	1	Day per patient
D9230	Inhalation of nitrous oxide / analgesia, anxiolysis	No				N	0	18	1	1	Day per patient
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Yes	0	18	Narrative of medical necessity	N	0	18	1	1	Day per patient
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Yes	0	18	Narrative of medical necessity	N	0	18	7	1	Day per patient
D9248	Non-intravenous conscious sedation	Yes	0	18	Narrative of medical necessity	N	0	18	1	1	Day per patient
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	No	0	18		N	0	18	1	1	Day per patient. Not payable if billed on the same date of service as D0120, D0140, D0145, D0150, D0160, or D0180.
D9610	Therapeutic psrenteral drug, single administration	Yes	0	18	Narrative of medical necessity		0	18	1	1	Day per patient
D9930	Treatment of complications (postsurgical) – unusual circumstances, by report	Yes	0	18	Narrative of medical necessity	N	0	18 n	1	1	Day per patient

		Authorization Requirements				Benefit Details					
Code	**Code Description**	**Auth Reqd**	**Age Min**	**Age Max**	**Req Docs**	**Reporting Requirements**	**Age Min**	**Age Max**	**Max Count**	**Period Length**	**Period Type**
D9932	Cleaning and inspection of removable complete denture, maxillary	No					0	18	1	5	Years
D9933	Cleaning and inspection of removable complete denture, mandibular	No					0	18	1	5	Years
D9934	Cleaning and inspection of removable partial denture, maxillary	No					0	18	1	5	Years
D9935	Cleaning and inspection of removable partial denture, mandibular	No					0	18	1	5	Years
D9943	Occlusal guard adjustment	No					0	18	1	24	Months
D9944	Occlusal guard - hard appliance, full arch	Yes	0	18	Narrative of medical necessity		13	18	1	12	Months per patient. Only for Members 13 and older.
D9945	Occlusal guard - soft appliance, full arch	Yes	0	18	Narrative of medical necessity		13	18	1	12	Months per patient. Only for Members 13 and older.
D9946	Occlusal guard - hard appliance, partial arch	Yes	0	18	Narrative of medical necessity		13	18	1	12	Months per patient. Only for Members 13 and older.
D9950	Occluasion analysis – mounted case						0	18	1	5	Years per patient.
	Cleft Palate Services										
D0160	Detailed and Extensive Oral Evaluation, by report	NO			Complete initial examination at a Cleft Palate Clinic only involving all licensed staff	N	0	20	1	1	Day per provider (Complete initial examination at a Cleft Palate Clinic only) involving all licensed staff
D0170	Re-evaluation, Limited Problem Focused (established patient; not postoperative visit)	NO			Cleft Palate Clinic	N	0	20	1	1	Day per patient

General Exclusions
Services and treatment not prescribed by or under the direct supervision of a dentist, except where a dental hygienist is permitted to practice without supervision by a dentist.
Services or treatment which are experimental or investigational.
Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under provision of any law or regulation or any government unit. This exclusion applies whether or not the Enrollee claim the benefits or compensation.
Services and treatment received from a dental or medical department maintained by on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group.
Services and treatment performed prior to the Enrollee's effective date of coverage.
Services and treatment incurred after termination date of the Enrollee's coverage unless otherwise indicated.
Services and treatment which are not dentally necessary of which do not meet generally accepted standards of dental practice.
Services and treatment resulting from the Enrollee's failure to comply with professionally prescribed treatment.
Telephone consultations.
Any charge for failure to keep a scheduled appointment.
Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMJ).
Services or treatment provided as a result of intentionally self-inflicted injury or illness.
Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging is an illegal occupation, or participating in a riot, rebellion, or insurrection.
Office infection control charges.
Charges for copies of Enrollee's records, charts, or x-rays, or any costs associated with forwarding/mailing copies of your records, charts or x-rays.
State or territorial taxes on dental services performed.
Those submitted by a dentist, which is for the same services performed on the same date for the same Enrollee by another dentist.
Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
Those for which the Enrollee would have no obligation to pay in the absence of this or any similar coverage.
Duplicate, provisional and temporary devices, appliances, and services.
Plaque control programs, oral hygiene instruction, and dietary instructions.
Services to alter vertical dimensions and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration from misalignment of teeth.

Gold foil restorations.
Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
Treatment or services for injuries resulting from war or an act of war, whether declared or undeclared, for from police or military service for any country or organization.
Hospital costs or any additional fees that the dentist or hospital charges for treatment as the hospital (inpatient of outpatient).
Charges by the provider for completing dental forms.
Adjustment of a denture or bridgework which is made within 6 months after installation by the same dentist who installed it.
Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss, and teeth whiteners.
Cone beam imaging and cone beam MRI procedures.
Precision attachments, personalization, precious metal bases and other specialized techniques.
Repair of damaged orthodontic appliances.
Removable orthodontic retainer adjustment
Replacement of lost or missing appliances.
Fabrication of athletic mouthguards.
Internal and/or external bleaching.
Topical medicament center.
Bone grafts when done in connection with extractions, apicoectomies, or non-covered/non-eligible implants.
When two or more services are submitted and the services are considered part of the same service to one another, the plan will pay the most comprehensive service (the service that includes the other non-benefitted service) as determined by the plan.
When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service) the plan will pay for the service that represents the final treatment
All out of network services covered are subject to the usual and customary maximum allowable fee charges as defined by the CHIP plan. The member is responsible for all remaining charges that exceed the allowable amount.