

**Advantica / Care1st Clinical and Billing Guidelines:
AHCCCS & DDD Members Under 21
DDD Members Over 21 \$1000 Dental Benefit**

CDT Code	Definition	Clinical & Billing Guidelines	Submit w/ Prior Auth	Submit w/ Claim
<p>DDD Adult Members Aged 21 and Older Effective 10/1/16 DDD Adult Members 21 and > have a \$1,000 dental benefit.</p> <ol style="list-style-type: none"> Coverage is based on the contract year 10/1 - 9/30 Coverage is member specific and remains with the member if he or she transfers between health plans or between fee for service and managed care. Unused benefits don't roll over to the next year Frequency limitations and services that require prior authorization still apply Members can be billed for any covered services that exceed the \$1000/yr. limit as long as they are notified by the provider ahead of time and agree to pay for such services in writing. <ol style="list-style-type: none"> The provider must supply the member a document describing the services and the cost of the services. Prior to the service delivery the member must sign and date a document indicating he/she will be responsible for the cost of the services to the extent that it exceeds the \$1000 limit. This includes Tribal members. Dentures and general anesthesia are covered and count towards the \$1000 limit Once DDD Adult \$1000 limit is reached, coverage is limited to benefits listed on "Advantica/Care1st Clinical and Billing Guidelines for AHCCCS & DDD Members >21" <p>**UNIFORM WARRANTY LIMITS APPLY AS NOTED. SEE THE CATERGORIES & CODES FOR SPECIFIC DETAILS.**</p> <p>Prior Authorization is always required for:</p> <ol style="list-style-type: none"> Treatment plans exceeding \$1,000 in allowable charges; <u>EXCLUDES</u> DDD Adult Members 21 and Older Treatment plans requiring hospitalization All Non-Emergent Services provided by a Non-Par provider or facility except when Care1st is secondary 				
DIAGNOSTIC				
Clinical Oral Evaluations				
D0120	Periodic oral evaluation - established patient - To determine changes in dental & medical health status since previous comprehensive or periodic evaluation. Includes oral cancer evaluation and periodontal screening where indicated. May require interpretation of information acquired through additional diagnostic procedures (report separately).	Not appropriate if Comprehensive Exam was performed less than 6 months before. Not appropriate when provided same day as D0140, D0145, D1550, D0160, D0180, D2920, D9430, D9440, D9110, D9930 or D5400-D5700.	N/A	N/A
D0140	Limited oral evaluation - problem focused - Limited to specific oral health problem or complaint. May require interpretation of information acquired through additional diagnostic procedures (report separately). Typically, patient presents with specific problem, dental emergency, trauma, acute infection, etc.	Not appropriate when provided same day as preventive services or D1550, D2920, D9430, D9440, D9110 or D5400-D5700.	N/A	N/A

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D0145	Oral evaluation for patient under 3 yrs old & counseling w/ primary caregiver - Performed preferably within 6 months of eruption of first primary tooth; includes recording oral & physical health history, evaluation of caries susceptibility, development of preventive oral health regimen & communication/counseling with child's parent, legal guardian and/or primary caregiver.	Under age 3.	N/A	N/A
D0150	Comprehensive oral evaluation - new or established patient Thorough evaluation & recording of extra oral & intraoral hard & soft tissues. May require interpretation of information acquired through additional diagnostic procedures (report separately). Includes evaluation for oral cancer where indicated, evaluation & recording of patient's dental & medical history & general health assessment. May include evaluation & recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting) hard & soft tissue anomalies, etc.	1 per dentist per lifetime. 1 per 6 months except when performed by Pediatric Dentist within 6 months of a general dentist eval. Not appropriate when provided same day as D9430, D9440, D9110, D9930 or D5400-D5700.	N/A	Narrative, if applicable.
D0160	Detailed & extensive oral evaluation - problem focused, by report - Extensive diagnostic & cognitive modalities based on findings of comprehensive oral evaluation (Condition should be described & documented). Examples may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.		N/A	Narrative
D0171	Re- evaluation- post-operative office visit		N/A	Narrative
*D0180	Comprehensive periodontal evaluation - new or established patient - For patients showing signs or symptoms of periodontal disease. Includes evaluation of periodontal conditions, probing & charting, evaluation & recording of dental & medical history & general health assessment. May include evaluation & recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships & oral cancer evaluation.	Clinically appropriate if performed by a Periodontist.	N/A	Narrative, periodontal charting & x-rays
D0190	Screening of a patient	For use by AP Hygienist only. Not appropriate same day as D0120, D0140, D0145, D0150, D1060, D1071, D0180 and D1091.	N/A	N/A
D0191	Assessment of a patient	For use by AP Hygienist only. Not appropriate same day as D0120, D0140, D0145, D0150, D1060, D1071, D0180 and D1091.	N/A	N/A

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Radiographs / Diagnostic Imaging (Including Interpretation)				
<ul style="list-style-type: none"> Advantica follows guidelines issued by the American Dental Association and the American Academy of Pediatric Dentistry regarding frequency and necessity for radiographs. Radiographs should be taken only for legitimate clinical reasons as described in the ADA guidelines. Radiographs should be of diagnostic quality, properly identified, mounted and dated. All radiographs should be part of the patient's clinical record and should be retained by the dentist. Any six (6) or more x-rays (including bitewings) that are taken on the same day or a Panoramic x-ray, D0272 and D0274, performed on the same day will be considered a full mouth series x-ray D0210 which is limited to 1 per 36 months. 				
<ul style="list-style-type: none"> When multiple x-rays are performed on the same date of service where the allowable amount exceeds the dollars allowed for a full mouth survey (D0210), the services will be combined to the most comprehensive procedure code D0210 (full mouth series) for benefit determination purposes. Reimbursement for individual periapical radiographs will generally be confined to emergency situations and limited to one or two films per emergency visit. If more than two films are taken, the provider must include a narrative with an explanation. If a claim is submitted for full mouth radiographs (ADA code D0210) or when a claim is submitted for bitewings and a panoramic film, additional payment will not be made for other periapical films taken on the same date. When radiographs are medically contraindicated, chart documentation shall include a statement of the contraindication. Examples of contraindication are: <ul style="list-style-type: none"> The first trimester of pregnancy Recent exposure to therapeutic radiation of the head and neck area. Patient is uncooperative due to age or behavioral conditions that may necessitate general anesthesia 				
D0210	Intraoral - complete series (including bitewings)	Age 6 & over. Related to D0330 for frequency limit.	N/A	N/A
D0220	Intraoral - periapical first film	Maximum before bundling applies: 1 pax per visit with 4 bwx 3 pax per visit with 2 bwx 5 pax per visit without bwx	N/A	N/A
D0230	Intraoral - periapical each additional film			
D0240	Intraoral - occlusal film	2 per 12 months. For upper or lower anterior teeth.	N/A	N/A
*D0250	Extra oral - Extra-oral- 2D projection radiographic image	1 per 12 months	Narrative	N/A
D0251	Extra-oral posterior dental radiographic image	1 per 12 months.	N/A	Narrative, if applicable.
D0270	Bitewing - single film	Age 2 & over.	N/A	N/A
D0272	Bitewings - two films	1 per 6 months. Age 2 & over	N/A	
D0273	Bitewings - three films	Age 10 & over	N/A	N/A
D0274	Bitewings - four films			
D0277	Vertical bitewings - 7 to 8 films	Age 14 & over.	N/A	N/A
*D0310	Sialography	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
*D0320	Temporomandibular joint arthrogram, including injection			
*D0321	Other temporomandibular joint films, by report			

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*D0330	Panoramic film	1 per 36 months except for an Oral Surgeon. *Prior authorization required for under age 6. Related to D0210 for frequency limits.	Narrative	N/A
*D0340	2D Cephalometric radiographic image, by report	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
*D0350	Oral/facial photographic images obtained intraorally or extra orally	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
D0367	Cone beam CT capture and interpretation with field of view of both jaws: with or without cranium	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
D0393	Treatment simulation using 3D image volume	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
Tests & Examinations				
*D0470	Diagnostic casts, by report	When needed for diagnostic purposes for difficult treatment plans.	Narrative	N/A
*D0502	Other oral pathology procedures, by report	Clinically appropriate if performed by a Periodontist or Oral Surgeon.	Narrative	N/A
*D0999	Unspecified diagnostic procedure, by report		Narrative	N/A
PREVENTIVE				
Dental Prophylaxis				
D1110	Prophylaxis - adult (in permanent or transitional dentition) Scaling & polishing; complete removal of coronal plaque, calculus & stains. Objective: soft tissue can be maintained in good health by patient.	Age 14 and over.	N/A	N/A
D1120	Prophylaxis - child (in primary or transitional dentition) Scaling & polishing; complete removal of coronal plaque, calculus & stains. Objective: soft tissue can be maintained in good health by patient.	Under age 14.	N/A	Narrative, if under 12 months old.
Topical Fluoride Treatment (Office Procedure)				
D1206	Topical Fluoride Varnish; Therapeutic application for moderate to high caries risk patients.	Except for children under age 3, clinically appropriate with a prophylaxis only.	N/A	N/A
D1208	Topical application of fluoride. Fluoride must be applied separately from prophylaxis paste.	Except for children under age 3, clinically appropriate with a prophylaxis only.	N/A	N/A

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Other Preventive Services				
D1351	Sealant - per tooth - Designed for prevention of pit & fissure caries in teeth that are free of decay and restorations for permanent 1st & 2nd molars.	1 per 36 months, per tooth. Appropriate for ages 5 through 15 and for teeth # 2, 3, 14, 15, 18, 19, 30 & 31. If tooth requires restoration within 6 months after sealant placement, restoration fee will be reduced by amount paid for sealant. WARRANTY IS ONCE PER 3 YEARS FOR SAME PROVIDER OR GROUP.	N/A	N/A
D1352	Preventive resin restoration in moderate to high caries risk patient - permanent tooth - Restoration of active cavitated lesion in pit or fissure not extending into dentin. Includes sealant placement in radiating non-carious fissures or pits.	1 per 36 months, per tooth. Appropriate for ages 5 through 20 and for teeth #2, 3, 14, 15, 18, 19, 30 & 31. If lesion extends into dentin, use code D2391. WARRANTY IS ONCE PER 3 YEARS FOR SAME PROVIDER OR GROUP.	N/A	N/A
D1353	Sealant Repair- per tooth	1 per 36 months, per tooth. Appropriate for ages 5 through 15 and for teeth #2, 3, 14, 15, 18, 19, 30 and 31. If lesion extends into dentin, use code D2391. WARRANTY IS ONCE PER 3 YEARS FOR SAME PROVIDER OR GROUP.	N/A	N/A
D1354	Interim caries arresting medicament application- per tooth	4 times per year: Initial, 3 months, 6 months & 1 year. No restoration or EXT on the treated tooth for up to 6 months following the last application. If so, then SDF reimbursement will be netted from the restoration or EXT fee. SMART TECHNIQUE IS NOT COVERED.	N/A	N/A

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Space Maintainers (Passive Appliances)				
<ul style="list-style-type: none"> Space maintainers <u>are</u> a benefit with prior authorization for ages under 15 when there is adequate space to allow eruption of a succedaneous permanent tooth, provided: <ul style="list-style-type: none"> - the permanent tooth has not been extracted, - is not congenitally missing, and - its normal eruption space is adequate. Space maintainers are <u>not</u> a benefit for: <ul style="list-style-type: none"> - maxillary or mandibular anterior region, - first primary molars if the first permanent molars have erupted into occlusion, or - missing permanent teeth. 				
*D1510	Space maintainer - fixed unilateral	1 per lifetime, per SM code per tooth.	Recent x-ray	N/A
*D1516	Space maintainer - fixed bilateral, maxillary	Under age 15	Narrative , if applicable.	
*D1517	Space maintainer - fixed bilateral, mandibular	Not appropriate for 1st primary molar if 1st permanent molar has erupted into occlusion for patients over age 6.		
*D1520	Space maintainer - removable unilateral			
*D1526	Space maintainer - removable bilateral, maxillary			
*D1527	Space maintainer - removable bilateral, mandibular	Not appropriate for primary teeth C-H nor M-R.		
D1550	Re-cementation of space maintainer	1 per lifetime, per appliance. Under age 15 Performed at no charge for same provider or facility that placed the appliance. May not include an office visit charge.	N/A	Narrative, if applicable.
D1555	Removal of fixed space maintainer - Procedure performed by dentist or	1 per lifetime, per appliance.	N/A	Narrative, if
*D1575	Distal shoe space maintainer- fixed- unilateral	Under age 15. 1 per lifetime per SM code per tooth.	Recent x-ray, narrative if applicable.	N/A
*D1999	Unspecified preventive procedure, by report		Narrative	N/A

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RESTORATIVE				
<ul style="list-style-type: none"> When General Anesthesia is necessary, restorative treatment must be completed by a Pediatric Dentist for children under age 7. Note definitions of restorations in the current ADA, CDT book. All restored surfaces on a single tooth are considered connected when performed on the same date. Payment is made for a particular surface on a single tooth only once in each course of treatment, regardless of the number or combinations of restorations placed. The total fee includes tooth and soft tissue preparation, cement bases, pulp capping, occlusal adjustment and local anesthesia. The dental office is responsible for any replacements necessary within the first 24 months. If a tooth requires additional treatment due to decay within 24 months of original treatment, the original replacement fee is subtracted from the new fee. For example, if patient had a DO composite placed 8 months prior to placement of a stainless steel crown, the fee for the crown is reduced by the amount the plan paid for the filling. This applies to the same dentist and/or office. Resin based composite restorations refers to a broad category of materials that may be chemical cured composite, light cured composite, bonded composite, etc. Restorations for posterior teeth are used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Restorations placed with cavity preparations that do not extend beyond the D-E junction should be billed as Sealants using code D1351. 				
Amalgam Restorations (Including Polishing)				
D2140	Amalgam - one surface, primary or permanent	1 per 12 months for primary.	N/A	N/A
D2150	Amalgam - two surfaces, primary or permanent	1 per 24 months for permanent.		
D2160	Amalgam - three surfaces, primary or permanent	Not appropriate if performed within 12 months of D2950		
D2161	Amalgam - four or more surfaces, primary or permanent	(core build up).		
Resin-based Composite Restoration - Direct				
D2330	Resin-based composite - one surface, anterior	1 per 12 months for primary. 1 per 24 months for permanent.	N/A	N/A
D2331	Resin-based composite - two surfaces, anterior	Not appropriate if performed within 12 months of D2950		
D2332	Resin-based composite - three surfaces, anterior	(core build up).		
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior	WARRANTY IS ONCE PER 2 YEARS FOR SAME PROVIDER OR GROUP.		
*D2390	Resin-based composite crown, anterior	1 per 12 months for primary 1 per 24 months for permanent WARRANTY IS ONCE PER 3 YEARS FOR SAME PROVIDER OR GROUP.	X-ray	N/A
D2391	Resin-based composite - one surface, posterior	1 per 12 months for primary.	N/A	N/A
D2392	Resin-based composite - two surfaces, posterior	1 per 24 months-for permanent.		
D2393	Resin-based composite - three surfaces, posterior	Not appropriate if performed within 12 months of D2950		
D2394	Resin-based composite - four or more surfaces, posterior	(core build up). WARRANTY IS ONCE PER 2 YEARS FOR SAME PROVIDER OR GROUP.	N/A	N/A

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Crowns - Single Restorations				
Crowns are a benefit for permanent teeth if necessary based on the criteria below:				
<ul style="list-style-type: none"> The overall condition of mouth, patient attitude, oral health status, arch integrity, and prognosis of remaining teeth is considered. The tooth and remaining teeth must generally not be involved with moderate or extensive periodontal disease. If patient exhibits poor oral hygiene and shows no improvement in hygiene over a period of time, cast crowns are not a benefit. Cast metal laboratory processed crowns are not approved for patients under 18 or on teeth that have not been endodontically treated. For these patients, coverage will be for stainless steel D2931 (posterior teeth) or resin based composite crowns D2390 (anterior teeth) when the criteria for coverage are met. Laboratory fabricated crowns are a benefit for age 18 & up if necessary for functional permanent endodontically treated teeth with the exception of 3rd molars. All crowns including stainless steel crowns on permanent teeth and crowns on primary anterior teeth (C through H and M through R) must be preauthorized by rendering dentist. A pre-operative x-ray must accompany the request. Additional x-rays may be required to evaluate integrity of the arch for some patients due to age. If x-rays are not of diagnostic quality they will be returned and the prior authorization denied. If x-rays are unobtainable because of the age of child or behavior, the claim can be retro-reviewed. Stainless steel crowns are covered when justified. Esthetic coated crowns or prefabricated resin crowns can be used on primary anterior teeth and prefabricated resin crowns on permanent teeth. The dentist is responsible for any replacements necessary within the first 12 months for primary teeth and within the first 24 months for permanent on teeth following stainless steel crown placement. Services or items furnished solely for cosmetic purposes are excluded from coverage. For age 18 & over, crowns will only be placed on endodontically treated teeth. 				
*D2740	Crown - porcelain/ceramic	1 per 7 years.	X-ray showing completed root canal	N/A
*D2750	Crown - porcelain fused to high noble metal	Age 18 & over.		
*D2751	Crown - porcelain fused to predominately base metal	Covered only for endodontically treated teeth.		
*D2752	Crown - porcelain fused to noble metal	Patient must have good oral hygiene. Tooth		
*D2790	Crown - full cast high noble metal	must not be involved in periodontal disease.		
*D2791	Crown - full cast predominately base metal	WARRANTY IS ONCE PER 5 YEARS FOR SAME PROVIDER OR GROUP.		
*D2792	Crown - full cast noble metal			
*D2794	Crown - Titanium			

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Other Restorative Services				
D2910	Recement inlay, onlay, or partial coverage restoration	Age 18 & over.	N/A	N/A
D2915	Recement cast or prefabricated post & core		N/A	N/A
D2920	Recement crown	1 per 6 months. Appropriate after crown has been in place for 6 months.	N/A	Narrative, if applicable.
D2921	Reattachment of tooth fragment, incisal edge or cusp	Not appropriate for primary anterior incisors. 1 per 24 months for permanent teeth.	N/A	X-ray and Narrative, if applicable.
*D2929	Prefabricated porcelain/ceramic crown-primary tooth	1 per 12 months. WARRANTY IS ONCE PER 3 YEARS FOR SAME PROVIDER OR GROUP.	X-ray	N/A
*D2930	Prefabricated stainless steel crown - primary tooth	1 per 12 months. WARRANTY IS ONCE PER 3 YEARS FOR SAME PROVIDER OR GROUP.	X-ray	N/A
*D2931	Prefabricated stainless steel crown - permanent tooth	1 per 24 months. Age 6 & over. WARRANTY IS ONCE PER 3 YEARS FOR SAME PROVIDER	X-ray	N/A
*D2932	Prefabricated resin crown - anterior, primary or permanent	1 per 12 months for primary. 1 per 24 months for permanent. Dentist is responsible for first 12 months.	X-ray	N/A
*D2933	Prefabricated stainless steel crown with resin window	1 per 12 months for primary. 1 per 24 months for permanent. Dentist is responsible for first 12 months. <i>Appropriate for primary anterior teeth C-H and M-R only</i>	X-ray	N/A
*D2934	Prefabricated esthetic coated stainless steel crown - primary tooth, anterior only	1 per 12 months for primary. 1 per 24 months for permanent. Dentist is responsible for first 12 months. Appropriate for primary anterior teeth C-H and M-R only and permanent anterior teeth. WARRANTY IS ONCE PER 3 YEARS FOR SAME PROVIDER OR GROUP.	X-ray	N/A

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*D2940	Protective restoration - Temporary restoration placed to relieve pain. Not to be used as base or liner under restoration.	Not appropriate with a pulpotomy or on the same day as permanent restoration.	X-ray	N/A
*D2941	Interim therapeutic restoration- primary dentition	Not appropriate with pulpotomy or on the same day as permanent restoration.	X-ray	N/A
*D2950	Core buildup, including any pins when required	1 per lifetime per provider.	X-ray showing completed root canal	N/A
*D2951	Pin retention - per tooth, in addition to restoration	Not appropriate on primary teeth.		
*D2952	Post & core in addition to crown, indirectly fabricated	Must be endodontically treated and have interproximal decay or loss of tooth structure. Multiple surface composite restorations cannot be billed		
*D2954	Prefabricated post & core in addition to crown - Core is built around prefabricated post and includes core material.			
*D2999	Unspecified restorative procedure, by report	Dental Consultant will determine if clinically necessary based on Prior Auth with X-ray.	X-ray & Narrative	N/A
VENEERS				
<ul style="list-style-type: none"> Veneers are not a covered benefit. 				
ENDODONTICS				
<ul style="list-style-type: none"> Endodontic treatment includes root canal on permanent teeth and pulpotomies on primary and permanent teeth. Root canal therapy is covered if tooth is non-vital or pulp has been compromised by dental caries or trauma. In addition, the following criteria <u>must</u> be met: <ul style="list-style-type: none"> > The overall condition of the mouth, patient attitude, oral health status, arch integrity, and prognosis of remaining teeth must be considered. The tooth and remaining teeth must generally not be involved with moderate or extensive periodontal disease. If patient exhibits poor oral hygiene and shows no improvement in hygiene over a period of time, root canals are not a benefit. > Root canal therapy for permanent <u>anterior</u> teeth is medically necessary and covered when: <ul style="list-style-type: none"> - final restoration of the treated tooth allows acceptable longevity, and - missing teeth do not jeopardize the integrity or masticatory function of the dental arch. > Root canal therapy for permanent <u>posterior</u> teeth is covered when: <ul style="list-style-type: none"> - post treatment restoration of treated tooth allows acceptable longevity, - missing teeth do not jeopardize the integrity or masticatory function of the dental arch, - tooth is opposed by a natural or artificial tooth, and - tooth is necessary to maintain adequate masticatory function. 				
Pulp Capping				
D3110	Pulp cap - direct	Included in fee allowed for the restoration.	N/A	N/A
D3120	Pulp cap - indirect			

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Pulpotomy				
*D3220	Therapeutic pulpotomy (excludes final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.	1 per lifetime, per tooth. Pulpotomy, pulpal debridement & root canal are not appropriate on the same permanent tooth when performed within a 12-month period by the same provider.	Pre-op x-ray & documentation of opposing dentition.	N/A
D3221	Pulpal debridement, primary & permanent teeth	1 per lifetime, per tooth. Pulpotomy, pulpal debridement & root canal are not appropriate on the same permanent tooth when performed within a 12-month period by the same provider.	N/A	Pre-operative pax & narrative
*D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime, per tooth. Pulpotomy, pulpal debridement & root canal are not appropriate on the same permanent tooth when performed within a 12-month period by the same provider.	Pre-op x-ray & documentation of opposing dentition.	N/A
Endodontic Therapy on Primary Teeth				
*D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excludes final restoration) - on primary incisors & cuspids.	1 per lifetime per tooth.	X-ray	N/A
*D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excludes final restoration) - on primary 1st & 2nd molars.			
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)				
*D3310	Endodontic therapy, anterior (excludes final restoration) Includes intraoperative films.	1 per lifetime, per tooth. Tooth must not be involved with periodontal disease.	Pre-op x-ray & documentation of opposing dentition.	N/A
*D3320	Endodontic therapy, premolar (excludes final restoration) Includes intraoperative films.	Not appropriate for 3rd molars unless functioning in place of missing molar.		
*D3330	Endodontic therapy, molar tooth (excludes final restoration) Includes intraoperative films.	RETREATMENT IS NOT COVERED WITHIN 1 YEAR FROM INITIAL TREATMENT BY SAME PROVIDER OR GROUP.		
*D3331	Non-surgical treatment of root canal obstruction			
*D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.			
*D3333	Internal root repair of perforation defects			

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Endodontic Retreatment				
*D3346	Retreatment of previous root canal therapy - anterior	1 per lifetime, per tooth.	Pre-op x-ray & a bitewing or documentation	N/A
*D3347	Retreatment of previous root canal therapy - premolar	Clinically appropriate if performed by an Endodontist.		
*D3348	Retreatment of previous root canal therapy - molar	Tooth must not be involved with periodontal disease.		
Apexification / Recalcification and Pulpal Regeneration Procedures				
*D3351	Apexification/recalcification- initial visit	1 per lifetime, per tooth. Clinically appropriate if performed by an Endodontist. Tooth must not be involved with periodontal disease. Not appropriate for 3rd molars unless functioning in place of missing molar.	Pre-op x-ray & a bitewing or documentation of opposing dentition.	N/A
*D3352	Apexification/recalcification -interim medication replacement			
*D3353	Apexification/recalcification- final visit			
Apicoectomy / Periradicular Services				
*D3410	Apicoectomy- anterior	1 per lifetime, per tooth.	Pre-op x-ray & a bitewing or documentation of opposing dentition.	N/A
*D3421	Apicoectomy- premolar (first root)	Clinically appropriate if performed by an Endodontist		
*D3425	Apicoectomy- molar (first root)	Tooth must not be involved with periodontal disease. Not appropriate for 3rd molars unless functioning in place of missing molar.		
*D3426	Apicoectomy- (each additional root)			
*D3430	Retrograde filling - per root			
*D3450	Root amputation - per root			
Other Endodontic Procedures				
*D3920	Hemisection (including any root removal); Not including root canal therapy	1 per lifetime, per tooth. Clinically appropriate if performed by an Endodontist	Pre-op x-ray & documentation of opposing	Pre & post operative x-rays, if not
*D3999	Unspecified endodontic procedure, by report	Tooth must not be involved with periodontal disease. Not		

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CDT Code	Definition	Clinical & Billing Guidelines	Submit w/ Prior Auth	Submit w/ Claim
PERIODONTICS				
<ul style="list-style-type: none"> Periodontal services shall be limited to patients who have: <ul style="list-style-type: none"> good or improving oral hygiene (with the exception of D1110-adult prophylaxis, D4346 and D4355-full mouth debridement) and generalized periodontal pockets in excess of 5mm or greater. All requests for periodontal services must include: <ul style="list-style-type: none"> diagnostic periapical radiographs, or anterior periapicals x-rays and posterior bitewings; periodontal charting of pocket depths (except for D4355), bone loss, & mobility of all teeth & charting missing teeth & teeth to be extracted (except for D4355); and a brief description of the patient's dental history and current oral hygiene. 				
Surgical Services (Including Usual Postoperative Care)				
*D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth	1 per 36 months, per quadrant.	Intra oral photo,	N/A
*D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded space per quadrant - Excision of soft tissue wall of periodontal pocket by external or internal bevel - to eliminate suprabony pockets after adequate initial preparation, to allow access for restorative dentistry in the presence of suprabony pockets, or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.	Limited to patients with: Good or improving oral hygiene and Generalized pocket depths 5mm or greater.	perio charting, narrative of dental history & current oral hygiene	
*D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 months, per quadrant. Clinically appropriate if performed by a Periodontist. Limited to patients with: Good or improving oral hygiene, Generalized pocket depths 5mm or greater.	X-rays, perio charting, narrative of dental history & current oral hygiene	N/A
*D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 months, per quadrant. Clinically appropriate if performed by a Periodontist. Limited to patients with: Good or improving oral hygiene, and Generalized pocket depths 5 mm or greater.	X-rays, perio charting, narrative of dental history & current oral hygiene	N/A

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*D4249	Clinical crown lengthening - hard tissue	1 per lifetime, per tooth.	X-rays, perio charting, narrative of dental history & current oral hygiene.	N/A
*D4260	Osseous surgery, including flap entry & closure - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 months, per quadrant. Clinically appropriate if performed by a Periodontist.	X-rays, perio charting, narrative of dental history &	N/A
*D4261	Osseous surgery, including flap entry & closure - one to three contiguous teeth or tooth bounded spaces per quadrant	Limited to patients with: Good or improving oral hygiene, and	dental history &	
*D4263	Bone replacement graft - first site in quadrant	1 per 36 months, per quadrant. Clinically appropriate if performed by a Periodontist.	X-rays, perio charting, narrative of dental history & current oral hygiene.	N/A
*D4264	Bone replacement graft - each additional site in quadrant	Limited to patients with:		
*D4265	Biological material to aid in soft & osseous tissue regeneration	Good or improving oral hygiene, and		
*D4266	Guided tissue regeneration - resorbable barrier, per site/tooth	Generalized pocket depths 5mm or greater.		
*D4267	Guided tissue regeneration - non-resorbable barrier, per site (including membrane removal)			
*D4270	Pedicle soft tissue graft	1 per 36 months, per quadrant.	X-rays, perio charting, narrative of dental history & current oral hygiene.	N/A
*D4273	Autogenous tissue graft including donor site - 1st tooth	Clinically appropriate if performed by a Periodontist.		
*D4274	Distal or proximal wedge (when not performed with surgical procedures in same anatomical area)	1 per lifetime per tooth. Clinically appropriate if performed by a Periodontist. Documentation of bone loss required.		
*D4275	Non- autogenous tissue graft including donor site - 1st tooth	1 per 36 months, except by report. per quadrant. Clinically appropriate if performed by a Periodontist. Limited to patients with:		
*D4276	Combined connective tissue & double pedicle graft, per tooth	Good or improving oral hygiene, and Generalized pocket depths 5mm or greater.		

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Non-Surgical Periodontal Services				
*D4320	Provisional splinting - intracoronal	1 per 36months per quadrant.	X-ray & Narrative	N/A
*D4321	Provisional splinting - extra coronal	1 per 36months per quadrant.	X-ray & Narrative	N/A
*D4341	Periodontal scaling and root planing - four or more teeth per quadrant	1 per 36 months, per quadrant. Limited to patients with:	X-rays, perio charting,	N/A
*D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Good or improving oral hygiene, Generalized pocket depths 5mm or greater, Scaling & root planing (D4341,D4342) must show radiographic evidence of bone loss, otherwise perform D4346 for difficult prophy.	narrative of dental history & current oral hygiene	
*D4346	Scaling in the presence of moderate or severe gingival inflammation- full mouth, after oral evaluation	Permanent dentition only. 1 per 6 months related to D1110 & D4910 for frequency. Not eligible within 6 months of D1110 and not eligible for D1110 for 6 months after D4346.	X-rays & perio charting	N/A
*D4355	Full mouth debridement to enable comprehensive oral evaluation & diagnosis on subsequent visit.	1 per 36 months. Not appropriate on same day or within 12 months following prophy (D4346, D1110 or D1120). Not allowed with D0150, D0160 or D0180 on the same date of service.	Photograph (not x-ray) documenting calculus & chart notes	N/A
Other Periodontal Services				
D4910	Periodontal maintenance	1 per 12 months, following active perio treatment, but not sooner than 3 months after active treatment.	N/A	N/A
*D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		Narrative	N/A
*D4999	Unspecified periodontal procedure, by report		Narrative, x-ray or photo.	N/A

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PROSTHODONTICS (Removable)				
<ul style="list-style-type: none"> • A removable prosthesis is a benefit when using standard procedures that exclude precision attachments, implants, or other specialized techniques. • A removable partial denture is a benefit only when necessary for the balance of a complete denture. Balance is generally considered to be the presence of sufficient posterior teeth to afford satisfactory biomechanical support of a prosthetic appliance in all excursions of the mandible. Without such occlusion, a removable partial denture may be authorized to provide that support. • A removable partial may be covered if determined to be a medical necessity. • Missing anterior teeth may be replaced with a treatment partial (flipper). • A removable prosthesis is a benefit once per lifetime, unless surgical or traumatic loss of oral-facial anatomic structure occurs. Treatment partials (flippers) may be covered more frequently if the patient loses additional teeth due to trauma. • A new prosthesis is not covered when it is evident that the existing prosthesis can be made serviceable by repair, reline, or replacement of teeth. • Replacement for cosmetic purposes, such as discoloration of prosthetic teeth, are not covered. • No replacement for lost or stolen prosthetics is provided. • All placements of full dentures, partial dentures and treatment partials (flippers) must be prior authorized. Requests must include sufficient diagnostic X-rays or other diagnostic materials to document missing and remaining teeth. • Construction of new dentures or partial dentures is <u>not</u> a covered benefit if: <ul style="list-style-type: none"> - it would be impossible or highly improbable for patient to adjust to a new prosthetic appliance. Dental history shows that previous attempts to construct a prosthetic appliance have been unsatisfactory for reasons that are not remediable (psychological). - repair or reline of an existing denture is sufficient. - prosthetic appliance, in patient's opinion only, is loose or ill fitting but is recently enough constructed to indicate deficiencies limited to those inherent in dentures. • Examination of a complete denture patient on a maintenance basis is not a covered benefit. • Immediate dentures may be covered when: <ul style="list-style-type: none"> - x-rays show extensive or rampant caries or severe periodontal conditions, or - clinical exam shows excessive mobility and severe gingivitis. • Dentures are not a covered benefit based solely on patient request just because a patient wants his/her teeth removed. • Payment for prosthetic appliances includes adjustments and maintenance necessary for six (6) months following insertion of appliance. • All restorative and oral hygiene procedures must be completed before impressions are taken for partial dentures. • There is no benefit for fixed prosthetic bridgework. 				
Complete Dentures				
*D5110	Complete denture - maxillary	1 per lifetime.	X-rays or other	N/A
*D5120	Complete denture - mandibular	Excludes precision alignments, implants or other specialized techniques.	diagnostic materials to	
*D5130	Immediate denture - maxillary - including limited follow-up care only; does	See above for further details.	show missing &	
*D5140	Immediate denture - mandibular - including limited follow-up care only; does not include required future rebasing/relining or complete new denture	WARRANTY OF ONCE PER 5 YEARS FOR THE SAME PROVIDER OR GROUP.	remaining teeth	

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Partial Dentures					
*D5211	Maxillary partial denture - resin base - including conventional clasps, rests & teeth, acrylic resin base denture with resin or wrought wire clasps	1 per lifetime. See above for further details. WARRANTY OF ONCE PER 5 YEARS FOR THE SAME PROVIDER OR GROUP.	X-rays or other diagnostic materials to show missing & remaining teeth	N/A	
*D5212	Mandibular partial denture - resin base - including conventional clasps, rests & teeth, acrylic resin base denture with resin or wrought wire clasps				
*D5213	Maxillary partial denture - cast metal frame with resin denture base -	1 per lifetime.			
*D5214	Mandibular partial denture - cast metal frame with resin denture bases - including conventional clasps, rests, & teeth	Excludes precision alignments, implants or other specialized techniques.			
*D5221	Immediate maxillary partial denture - resin based	1 per lifetime.			See
*D5222	Immediate mandibular partial denture - resin based	above for further details. WARRANTY OF ONCE PER 5 YEARS FOR THE SAME PROVIDER OR GROUP.			
*D5223	Immediate maxillary partial denture - cast metal framework	1 per lifetime.			
*D5224	Immediate mandibular partial denture - cast metal framework	Excludes precision alignments, implants or other specialized techniques.			
*D5282	Removable unilateral partial denture - one piece cast metal - including clasps and teeth, maxillary	No coverage for lost or stolen appliances.			
*D5283	Removable unilateral partial denture - one piece cast metal - including clasps and teeth, mandibular	See above for further details. WARRANTY OF ONCE PER 5 YEARS FOR THE SAME PROVIDER OR GROUP.			
Adjustments and Repairs to Complete Dentures					
D5410	Adjust complete denture - maxillary	Excludes precision alignments, implants or other specialized techniques.	N/A	Narrative	
D5411	Adjust complete denture - mandibular				
D5421	Adjust partial denture - maxillary	See above for further details.			
D5422	Adjust partial denture - mandibular				
D5511	Repair broken complete denture, mandibular				
D5512	Repair broken complete denture base, maxillary				
D5520	Replace missing/broken teeth - complete denture (each tooth)				

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Repairs to Partial Dentures				
D5611	Repair resin partial denture base, mandibular	Excludes precision alignments, implants or other specialized techniques. See above for further details.	N/A	Narrative
D5612	Repair resin partial denture base, maxillary			
D5621	Repair cast partial framework, mandibular			
D5622	Repair cast partial framework, maxillary			
D5630	Repair or replace broken clasp - per tooth			
D5640	Replace broken teeth - per tooth			
*D5650	Add tooth to existing partial denture			
*D5660	Add clasp to existing partial denture - per tooth	Excludes precision alignments, implants or other specialized techniques. See above for further details.	X-rays or other diagnostic materials to show missing & remaining teeth	N/A
Denture Rebase Procedures				
*D5710	Rebase complete maxillary denture	Excludes precision alignments, implants or other specialized techniques. See above for further details.	X-rays or other diagnostic materials to show missing & remaining teeth	N/A
*D5711	Rebase complete mandibular denture			
*D5720	Rebase maxillary partial denture			
*D5721	Rebase mandibular partial denture			
Denture Reline Procedures				
*D5730	Reline complete maxillary denture (chairside)	Excludes precision alignments, implants or other specialized techniques. See above for further details.	X-rays or other diagnostic materials to show missing & remaining teeth	N/A
*D5731	Reline complete mandibular denture (chairside)			
*D5740	Reline maxillary partial denture (chairside)			
*D5741	Reline mandibular partial denture (chairside)			
*D5750	Reline complete maxillary denture (laboratory)			
*D5751	Reline complete mandibular denture (laboratory)			
*D5760	Reline maxillary partial denture (laboratory)			
*D5761	Reline mandibular partial denture (laboratory)			

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Interim Prosthesis				
*D5820	Interim partial denture (maxillary)	1 per lifetime. Excludes precision alignments, implants or other specialized techniques. See above for further details. WARRANTY OF ONCE PER 5 YEARS FOR THE SAME PROVIDER OR GROUP	X-rays or other diagnostic materials to show missing & remaining teeth	N/A
*D5821	Interim partial denture (mandibular)			
Other Removable Prosthetic Services				
*D5850	Tissue conditioning, maxillary - Treatment relines using materials designed to heal unhealthy ridges prior to more definitive final restoration.	See above for further details.	X-rays or other diagnostic materials to show missing & remaining teeth	N/A
*D5851	Tissue conditioning, mandibular - Treatment relines using materials designed to heal unhealthy ridges prior to more definitive final restoration.			
*D5876	Add metal substructure to acrylic full denture (per arch)			
*D5899	Unspecified removable prosthodontic procedure, by report	See above for further details.		

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MAXILLOFACIAL PROSTHETICS				
*D5911	Facial moulage (sectional)	Excludes precision alignments, implants or other specialized techniques. See above for further details.	X-rays or other diagnostic materials to show missing & remaining teeth	N/A
*D5912	Facial moulage (complete)			
*D5913	Nasal prosthesis	1 Per lifetime. Clinically appropriate if performed by an Oral Surgeon or Prosthodontist. See above for further details.	X-ray & Narrative	N/A
*D5914	Auricular prosthesis			
*D5915	Orbital prosthesis			
*D5916	Ocular prosthesis			
*D5919	Facial prosthesis			
*D5922	Nasal septal prosthesis			
*D5923	Ocular prosthesis, interim			
*D5924	Cranial prosthesis			
*D5925	Facial augmentation implant prosthesis			
*D5926	Nasal prosthesis, replacement			
*D5927	Auricular prosthesis, replacement			
*D5928	Orbital prosthesis, replacement			
*D5929	Facial prosthesis, replacement			
*D5931	Obturator prosthesis, surgical			
*D5932	Obturator prosthesis, definitive			
*D5933	Obturator prosthesis, modification			
*D5934	Mandibular resection prosthesis with guide flange			
*D5935	Mandibular resection prosthesis without guide flange			
*D5936	Obturator prosthesis, interim			
*D5937	Trismus appliance (not for TMD treatment)			
*D5951	Feeding aid			
*D5952	Speech aid prosthesis, pediatric			
*D5953	Speech aid prosthesis, adult			
*D5954	Palatal augmentation prosthesis			
*D5955	Palatal lift prosthesis, definitive			
*D5958	Palatal lift prosthesis, interim			

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*D5959	Palatal lift prosthesis, modification	1 Per lifetime.	X-ray & Narrative	N/A
*D5960	Speech aid prosthesis, modification	Clinically appropriate if performed by an Oral Surgeon or Prosthodontist.		
*D5982	Surgical stent			
*D5983	Radiation carrier	1 per lifetime.	Narrative	N/A
*D5984	Radiation shield	Clinically appropriate if performed by an Oral Surgeon or Prosthodontist.		
*D5985	Radiation cone locator	See above		
*D5986	Fluoride gel carrier	for details.		
*D5987	Commissure splint			
*D5988	Surgical splint			
*D5991	Vesiculobullous disease medicament carrier			
*D5992	Adjust maxillofacial prosthetic appliance, by report	Clinically appropriate after 6 months from initial	Narrative	N/A
*D5999	Unspecified maxillofacial prosthesis, by report		Narrative	N/A
*D6081	Scaling of a single implant - scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry or closure	Not appropriate to be performed in conjunction with D1110, D4346 or D4910.	X-ray, Narrative & perio charting.	N/A
*D6999	Unspecified fixed prosthetic procedure		Narrative	N/A

ORAL AND MAXILLOFACIAL SURGERY

- 3rd molar extractions require prior authorization and can be performed by a General Dentist or an Oral Surgeon, except for D7240 and D7241 which may only be performed by an Oral Surgeon.
- Panoramic or periapical X-ray of good diagnostic quality showing entire crown & root structure of teeth to be extracted must be submitted with prior authorization.
- Diagnostic X-rays may be required for all surgical procedures except those involving only soft tissue lesions. In cases where radiographs are not necessary, submit a short narrative to justify the need for the service.
- Extraction of asymptomatic and/or non-pathologic teeth is not a covered benefit. The following conditions may be considered symptomatic or pathologic in nature when properly documented:
 - Full bony impacted supernumerary teeth, such as mesiodens, or teeth that fail to erupt due to lack of alveolar ridge length.
 - Unerupted teeth that are distorting the normal alignment of erupted teeth or causing crown or root resorption of other teeth.
 - Pathology observed on x-ray that fails to elicit symptoms.
 - Extraction of remaining teeth in preparation for a full denture that has been authorized.
 - Teeth involved with an abscess, cyst, or other neoplasm.
 - Teeth that are unrestorable due to caries or loss of crown and/or root structure.
- Extractions of asymptomatic deciduous teeth that appear about to exfoliate naturally on radiographic examination are not a benefit.
- Routine postoperative visits within 30 days following an extraction or surgical procedure are considered part of the surgical procedure.
- Hospitalization for oral surgical procedures may be considered only if medically necessary and procedure cannot be performed in dental office.

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Extractions (Includes local anesthesia, suturing if needed, and routine postoperative care)				
*D7111	Extraction, coronal remnants -primary tooth removal of soft tissue-retained	1 per lifetime.	X-ray	N/A
*D7140	Extraction, erupted tooth or exposed root - (elevation and/or forceps removal) - Includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.			
Surgical Extractions (Includes local anesthesia, suturing if needed, and routine postoperative care)				
*D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, including elevation of mucoperiosteal flap if indicated.	1 per lifetime. Must meet CDT description including removal of bone and/or sectioning of tooth.	Pano or periapical x-ray showing crown & root of teeth to be extracted and Narrative	If treatment plan changes on date of service, x-rays & narrative must be submitted.
*D7220	Removal of impacted tooth - soft tissue - Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.	1 per lifetime. Must meet CDT description including removal of bone and/or sectioning of tooth.	Pano or periapical x-rays showing crown & root of teeth to be extracted and Narrative	If treatment plan changes on date of service, x-rays & narrative must be submitted.
*D7230	Removal of an impacted tooth - partially bony - Part of crown covered by bone; requires mucoperiosteal flap elevation & bone removal.			
*D7240	Removal of impacted tooth - completely bony - Most or all of crown covered by bone; requires mucoperiosteal flap elevation & bone removal.	1 per lifetime. Clinically appropriate if performed by an Oral Surgeon. Must meet CDT description including removal of bone and/or sectioning of tooth.	Pano or periapical x-rays showing crown & root of teeth to be extracted and Narrative	If treatment plan changes on date of service, x-rays & narrative must be submitted.
*D7241	Removal of impacted tooth - completely bony, with unusual surgical complications - Most or all of crown covered by bone; unusually difficult due to factors such as nerve dissection required, separate closure of maxillary sinus required, or aberrant tooth position.			
*D7250	Surgical removal of residual tooth roots (cutting procedure) Includes cutting of soft tissue & bone, removal of tooth structure, and closure.	1 per lifetime. Not to be billed for exposed roots, in those cases bill using code D7140.	Pano or periapical x-ray showing crown & root of teeth to be extracted and Narrative	If treatment plan changes on date of service, x-rays & narrative must be submitted.

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*D7251	Coronectomy - intentional partial tooth removal	1 per lifetime- Clinically appropriate if performed by an Oral Surgeon. Must meet CDT description including removal of bone and/or sectioning of tooth.	Pano or periapical x-ray showing crown & root of teeth	N/A
*D7260	Oroantral fistula closure, by report	Clinically appropriate if performed by an Oral Surgeon.	X-ray & Narrative	N/A
*D7261	Primary closure of a sinus perforation, by report			
Other Surgical Procedures				
*D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth - Includes splinting/stabilization.		X-ray & Narrative	X-ray & Narrative
*D7280	Surgical access of an unerupted tooth - Incision is made & the tissue is reflected & bone removed as necessary to expose crown of impacted tooth not intended to be extracted.	Clinically appropriate if performed by an Oral Surgeon. Not covered if orthodontic related unless determined to be medically necessary.	X-ray & Narrative	N/A
*D7282	Mobilization of erupted or malpositioned tooth to aid eruption			
*D7283	Placement of device to facilitate eruption of impacted tooth			
*D7285	Biopsy of oral tissue - hard (bone, tooth)		X-ray & Narrative	N/A
*D7286	Biopsy of oral tissue - soft		Photo & Narrative	N/A
*D7292	Surgical placement: temporary anchorage device (screw retained plate) requiring surgical flap	Clinically appropriate if performed by an Oral Surgeon.	X-ray & Narrative	N/A
*D7293	Surgical placement: temporary anchorage device requiring surgical flap			
*D7294	Surgical placement: temporary anchorage device without surgical flap	Clinically appropriate if performed by an Oral Surgeon.	X-ray & Narrative	N/A

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Alveoloplasty - Surgical Preparation of Ridge				
*D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Procedure is inclusive with extractions.	X-ray & Narrative	N/A
*D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		X-ray & Narrative	N/A
*D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	This procedure is a benefit if completed to correct surgical or anatomical deformities or developmental or pathological abnormalities. This is not part of the normal extraction process and is not a benefit if performed within 6 months following extraction of teeth in same quadrant.	Narrative	N/A
*D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant			
Surgical Excision of Soft Tissue Lesions				
*D7410	Excision of benign lesion up to 1.25 cm	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
*D7411	Excision of benign lesion greater than 1.25 cm			
*D7412	Excision of benign lesion, complicated			
*D7413	Excision of malignant lesion up to 1.25 cm			
*D7414	Excision of malignant lesion greater than 1.25 cm			
*D7415	Excision of malignant lesion, complicated			
Surgical Excision of Intra-Osseous Lesions				
*D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	Clinically appropriate if performed by an Oral Surgeon.	X-ray & Narrative	N/A
*D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm			
*D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25			
*D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater			
*D7460	Removal of benign non-odontogenic cyst or tumor - lesion diameter up to 1.25 cm			
*D7461	Removal of benign non-odontogenic cyst or tumor - lesion diameter greater			
*D7465	Destruction of lesion(s) by physical or chemical method, by report			

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CDT Code	Definition	Clinical & Billing Guidelines	Submit w/ Prior Auth	Submit w/ Claim
Excision of Bone Tissue				
*D7471	Removal of lateral exostosis (maxilla or mandible)	Clinically appropriate if performed by an Oral surgeon.	X-ray & Narrative	N/A
*D7472	Removal of torus palatinus	Clinically appropriate if performed by an Oral Surgeon.	X-ray & Narrative	N/A
*D7473	Removal of mandibularis			
*D7485	Surgical reduction of osseous tuberosity			
*D7490	Radical resection of maxilla or mandible			
Surgical Incision				
D7510	Incision and drainage of abscess - intraoral soft tissue	Clinically appropriate if performed by an Oral Surgeon.	N/A	Narrative & supporting documentation.
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated			
D7520	Incision and drainage of abscess - extra oral soft tissue			
D7521	Incision and drainage of abscess - extra oral soft tissue - complicated (includes drainage of multiple facial spaces)			
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue			
D7540	Removal of reaction producing foreign bodies, musculoskeletal system			
*D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Clinically appropriate if performed by an Oral Surgeon.	X-ray & Narrative	N/A
*D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body			
Treatment of Fractures - Simple				
*D7610	Maxilla - open reduction (teeth immobilized, if present)	Clinically appropriate if performed by an Oral Surgeon. Only covered for reduction of trauma, including maxilla or mandible reconstruction and/or treatment of TMJ dysfunction related to acute traumatic incident or when determined to be medically necessary.	X-ray & Narrative	X-ray & Narrative.
*D7620	Maxilla - closed reduction (teeth immobilized, if present)			
*D7630	Mandible - open reduction (teeth immobilized, if present)			
*D7640	Mandible - closed reduction (teeth immobilized, if present)			
*D7650	Malar and/or zygomatic arch - open reduction			
*D7660	Malar and/or zygomatic arch - closed reduction			
*D7670	Alveolus - closed reduction, may include stabilization of teeth			
*D7671	Alveolus - open reduction, may include stabilization of teeth			
*D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches			

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Treatment of Fractures - Compound				
*D7710	Maxilla - open reduction	Clinically appropriate if performed by an Oral Surgeon. Only covered for reduction of trauma, including maxilla or mandible reconstruction and/or treatment of TMJ dysfunction related to acute traumatic incident or when determined to be medically necessary.	X-ray & Narrative	X-ray & Narrative.
*D7720	Maxilla - closed reduction			
*D7730	Mandible - open reduction			
*D7740	Mandible - closed reduction			
*D7750	Malar and/or zygomatic arch - open reduction			
*D7760	Malar and or zygomatic arch - closed reduction			
*D7770	Alveolus - open reduction stabilization of teeth			
*D7771	Alveolus - closed reduction stabilization of teeth			
*D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches			
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions				
*D7810	Open reduction of dislocation	Clinically appropriate if performed by an Oral Surgeon. Only covered for reduction of trauma, including maxilla or mandible reconstruction and/or treatment of TMJ dysfunction related to acute traumatic incident or when determined to be medically necessary.	X-ray & Narrative	X-ray & Narrative.
*D7820	Closed reduction of dislocation			
*D7830	Manipulation under anesthesia			
*D7840	Condylectomy	Clinically appropriate if performed by an Oral Surgeon. Only covered for reduction of trauma, including maxilla or mandible reconstruction and/or treatment of TMJ dysfunction related to acute traumatic incident or when determined to be medically necessary.	X-ray & Narrative	X-ray & Narrative.
*D7850	Surgical discectomy, with/without implant			
*D7852	Disc repair			
*D7854	Synovectomy			
*D7856	Myotomy			
*D7858	Joint reconstruction			
*D7860	Arthrotomy			
*D7865	Arthroplasty			
*D7870	Arthrocentesis			
*D7871	Non-arthroscopic lysis and lavage			
*D7872	Arthroscopy - diagnosis, with or without biopsy			
*D7873	Arthroscopy - surgical: lavage and lysis of adhesions			
*D7874	Arthroscopy - surgical: disc repositioning and stabilization			
*D7875	Arthroscopy - surgical: synovectomy			
*D7876	Arthroscopy - surgical: discectomy			
*D7877	Arthroscopy - surgical: debridement			
*D7880	Occlusal orthotic device, by report			
*D7899	Unspecified TMD therapy , by report			

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Repair of Traumatic Wounds (Excludes closure of surgical incisions)				
*D7910	Suture of recent small wounds up to 5 cm	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Widening Undermining for Meticulous Closure)				
*D7911	Complicated suture - up to 5 cm	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
*D7912	Complicated suture - greater than 5 cm			
Other Repair Procedures				
*D7920	Skin graft (identify defect covered, location and type of graft)	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
*D7940	Osteoplasty - for orthognathic deformities	Clinically appropriate if performed by an Oral Surgeon.	X-ray & Narrative	N/A
*D7941	Osteotomy - mandibular rami			
*D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft			
*D7944	Osteotomy - segmented or subapical			
*D7945	Osteotomy - body of mandible			
*D7946	LeFort I (maxilla - total)			
*D7947	LeFort I (maxilla - segmented)			
*D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft			
*D7949	LeFort II or LeFort III - with bone graft			
*D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report			
*D7951	Sinus augmentation with bone or bone substitutes			
*D7953	Bone replacement graft for ridge preservation - per site			
*D7955	Repair of maxillofacial soft and/or hard tissue defect			

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*D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another	Clinically appropriate if one of these conditions exists: - labial frenum interferes w/mobility of center of lip in nursing. Mandibular (lingual) frenectomy requires documentation that frenum interferes with speech.	Photograph and Narrative	N/A
*D7963	Frenuloplasty - Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure	Clinically appropriate if performed by an Oral Surgeon or Periodontist.	Narrative	N/A
*D7970	Excision of hyperplastic tissue - per arch	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
*D7971	Excision of pericoronal gingiva			
*D7972	Surgical reduction of fibrous tuberosity			
*D7979	Non- surgical Sialolithotomy			
*D7980	Surgical Sialolithotomy			
D7981	Excision of salivary gland, by report	Clinically appropriate if performed by an Oral Surgeon.	N/A	Narrative
*D7982	Sialodochoplasty	Clinically appropriate if performed by an Oral Surgeon.	Narrative	N/A
*D7983	Closure of salivary fistula			
*D7990	Emergency tracheotomy			
*D7991	Coronoidectomy			
*D7995	Synthetic graft - mandible or facial bones, by report			
*D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge),			
*D7997	Appliance removal (not by dentist who placed appliance), includes removal			
*D7998	Intraoral placement of a fixation device not in conjunction with a fracture		X-rays & Narrative	N/A
*D7999	Unspecified oral surgery procedure, by report			

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ORTHODONTIC PROCEDURES				
* Orthodontic and Orthodontic related procedures are only covered when medically necessary and require prior authorization.				
*D8010	Limited orthodontic treatment of the primary dentition	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8020	Limited orthodontic treatment of the transitional dentition	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8030	Limited orthodontic treatment of the adolescent dentition	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8040	Limited orthodontic treatment of the adult dentition	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8050	Interceptive orthodontic treatment of the primary dentition	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8060	Interceptive orthodontic treatment of the transitional dentition	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8070	Comprehensive orthodontic treatment of the transitional dentition	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8080	Comprehensive orthodontic treatment of the adolescent dentition	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8090	Comprehensive orthodontic treatment of the adult dentition	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8210	Removable appliance therapy (thumb sucking)	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8220	Fixed appliance therapy (thumb sucking)	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8660	Pre- orthodontic treatment exam to monitor growth	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8690	Orthodontic treatment (alternative billing to a contract fee)	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8691	Repair of orthodontic appliance	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8692	Replacement of lost or broken retainer	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8693	Recement or rebond fixed retainer	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A
*D8694	Repair of fixed retainers (includes reattachment)	Medically necessary only: ex. Cleft palate	X-ray & Narrative	N/A

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*D8695	Removal of fixed orthodontic appliance(s)- other than at the conclusion of treatment.		X-ray & Narrative	N/A
*D8999	Unspecified orthodontic procedure, by report	Medically necessary only; ex. Cleft palate	X-ray & Narrative	N/A
ADJUNCTIVE GENERAL PROCEDURES				
<ul style="list-style-type: none"> • Advantica follows the guidelines issued by the American Dental Association, The American Academy of Pediatrics and the American Academy of Pediatric Dentists <i>Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.</i> • Nitrous Oxide and Oral Conscious Sedation are Clinically appropriate with operative or surgical services. * Nitrous Oxide cannot be billed with Oral Conscious Sedation, Deep Sedation/ General Anesthesia or IV Sedation • If patient is to be hospitalized for dentistry, the practitioner must prior authorize hospital admission with health plan. Advantica reserves the right to request a letter from patient's primary care physician before granting approval for general anesthesia. • Patients under age 7 - All procedures requiring oral conscious sedation, parenteral sedation and general anesthesia- deep sedation must be prior authorized with • EXCEPTION for Oral Surgeons who will be allowed to provide the parenteral sedation or general anesthesia-deep sedation while also providing the surgical dental • Deep sedation/general anesthesia or IV sedation for third molar extractions is not covered, except for medical related problems. • An Arizona State Board permit is required for anesthesia codes. • General Anesthesia claims must be accompanied by an anesthesia report detailing the type and documented anesthesia start and finish times. 				
Unclassified Treatment				
D9110	Palliative (emergency) treatment of dental pain - minor procedure - Typically reported on a "per visit" basis for emergency treatment of dental pain.	Not appropriate on the same day with any other procedure except diagnostic services.	N/A	N/A
*D9120	Fixed partial denture sectioning		Narrative	N/A

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Anesthesia				
*D9210	Local anesthesia not in conjunction with operative or surgical procedures		Narrative	N/A
**D9222	Deep sedation/ general anesthesia - first 15 minute	Current Arizona State Board permit required.	For age 7 & over provide chart notes that	Anesthesia report including anesthesia start
**D9223	Deep sedation/ general anesthesia - each subsequent 15 minute increment	Children Age 7 & over require: Documentation of failed nitrous or OCS.		
*D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	No prior authorization required under age 11. Not to be billed in conjunction with D9222, D9223, D9239, D9243 & D9248.	For age 11 & over provide chart notes that indicate medical necessity/ Behavioral issues.	N/A
**D9239	Intravenous conscious sedation/ analgesia- first 15 minutes	Current Arizona State Board permit required.	For age 7 & over provide chart notes that	Anesthesia report including anesthesia start
**D9243	Intravenous conscious sedation/ analgesia- each subsequent 15 minute increment	Children Age 7 & over require: Documentation of failed nitrous or OCS.		
**D9248	Non-intravenous (conscious) sedation	D9248 Not to be billed in conjunction with D9230 Requires documentation of failed nitrous for children age 7 and over.	For age 7 & over provide chart notes that indicate medical necessity/ Behavioral issues.	N/A

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Professional Consultation				
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Not appropriate to be billed in conjunction with other exam codes.	N/A	N/A
Professional Visits				
*D9410	House/extended care facility call	Not appropriate on the same day as treatment.	Narrative	N/A
*D9420	Hospital or ambulatory surgical center call	Not appropriate on the same day as hospital or ASC procedure, service/ treatment.	Narrative	N/A
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		N/A	Narrative
D9440	Office visit - after regularly scheduled hours		N/A	Narrative
Drugs				
*D9610	Therapeutic parenteral drugs, single administration	Therapeutic drug injections are not appropriate when: - self-administered & dispensed by the dentist for the beneficiary's use.	Narrative	N/A
*D9612	Therapeutic parenteral drugs, two or more administrations, different medications			
Miscellaneous Services				
D9930	Treatment of complications (post surgical) - unusual circumstances, by report		N/A	Narrative
D9932	Cleaning and inspection of removable complete denture, maxillary	4 per year.		
D9933	Cleaning and inspection of removable complete denture, mandibular			
D9934	Cleaning and inspection of removable partial denture, maxillary			
D9935	Cleaning and inspection of removable partial denture, mandibular			
*D9944	Occlusal Guard- Hard appliance, full arch		Photograph & BWX to document occlusal wear AND Narrative of symptoms	N/A
*D9945	Occlusal Guard- Soft appliance- full arch			
*D9946	Occlusal Guard- Hard appliance, partial arch			
*D9951	Occlusal adjustment - limited	Bill per visit; not per tooth.	Narrative	N/A
*D9999	Unspecified adjunctive procedure, by report		Narrative	N/A

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