

Advantica / Care1st

Clinical and Billing Guidelines for Members 21 and Over

CDT Code	Definition	Codes indicated by "X" are reimbursable for members 21 & older	Codes indicated by "ER" may be covered under \$1000 emergent benefit	Codes indicated by "T" are limited to transplant preparation for adults
<p><i>This Guideline is used for Adult DDD after the \$1000 benefit is used and for AHCCCS Adults.</i></p> <p><i>For guidelines on DDD Adult \$1000 Dental Benefit, refer to "Clinical and Billing Guidelines AHCCCS & DDD Members Under 21 & DDD Members Over 21 \$1000 Dental Benefit"</i></p> <p>All procedures are to be coded according to Current Dental Terminology.</p>				
<p>AHCCCS covers the following dental services provided by a licensed dentist for members who are 21 years of age or older:</p>				
<p>1. Emergency dental services up to \$1000 per member per contract year 10/01-09/30.</p>				
<p>a. Medically necessary emergency dental care and extractions are covered for persons age 21 years and older who meet the criteria for a dental emergency.</p>				
<p>b. A dental emergency is defined as an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology or trauma.</p>				
<p>c. Emergency services do not require prior authorization, however all services are subject to retrospective review to determine whether they satisfy the criteria for a dental emergency.</p>				
<p>Services determined not to meet the criteria for a dental emergency are subject to recoupment. If a provider submits a prior authorization for the new Adult \$1000 Emergency Benefit, it will be marked "No Prior Authorization Required for the \$1000 Over 21 ER Benefit, Submit for Retro Review with Chart Notes and X-ray if warranted" and returned to the provider. These prior authorization requests will not be logged and/or entered into Advantica's system.</p>				
<p>d. To properly review and process for payment all treatment related supportive documentation (i.e. chart notes and x-rays if warranted) is required to be submitted with the claim.</p>				
<p>IMPORTANT: It is not acceptable to only note "Emergency" or add a narrative on the ADA claim form.</p>				
<p>Endodontic treatment and subsequent restoration requires documentation of present functional opposing dentition to be considered for qualification.</p>				
<p>e. Informed Consent: is a process by which the provider advises the member/ guardian/ designated representative of the diagnosis, proposed treatment and alternative treatment methods with associated risks and benefits of each and risks and benefits of not receiving treatment. All Providers have to complete the appropriate informed consents, treatment plan with signature and date from provider and member/guardian/designated representative. Copies must be provided to the member/guardian/designated representative and maintained in the members' chart. Additional information on informed consents can be found in the Provider Manual Section VI Covered Services.</p>				
<p>f. Although members can be billed for services that exceed the \$1000 limit, this is permitted only when the following conditions are met:</p>				
<p>- The provider must inform the member in a way the member understands that the requested service exceeds the \$1000 limit and is not covered by AHCCCS.</p>				
<p>- Before providing the dental services, the provider must furnish the member with a document to be signed in advance of the service, stating the member understands the dental service will not be covered and agrees to pay for the amount that exceeds the \$1000 emergency dental services limit, as well as any other services not covered AHCCCS. The member must sign the document before receiving the service in order for the provider to bill them.</p>				
<p>g. Facility and Anesthesia Charges:</p>				
<p>- Emergency services that need to be provided in an Ambulatory Surgical Center or Outpatient Hospital with or without anesthesia are subject to the \$1000 emergency dental limit.</p>				
<p>- Dentists performing general anesthesia (GA) on adult ER members should bill dental codes and GA will count toward the \$1000 emergency dental.</p>				
<p>- Physicians performing GA on adult ER members for a dental procedure should bill medical codes and GA will count toward the \$1000 emergency dental limit.</p>				
<p>2. Treatment of a medical condition such as acute pain (excluding TMJ pain), infection or fracture of the jaw. Diagnosis and treatment of TMJ is not covered except for reduction of trauma.</p>				
<p>Claims must be submitted with a copy of the patient's chart and x-rays if taken. Covered services include:</p>				
<p>- limited problem focused examination of the oral cavity</p>				
<p>- required radiographs</p>				
<p>- complex oral surgical procedures such as treatment of maxillofacial fractures</p>				
<p>- administration of an appropriate anesthesia</p>				
<p>- the prescription of pain medication and antibiotics</p>				
<p>3. Transplant Cases - These services are only covered after a transplant evaluation by Care1st determines the member is a candidate for organ or tissue transplantation.</p>				
<p>All services must be prior authorized by Advantica once Care1st has performed its evaluation. Covered services are limited to:</p>				
<p>- dental cleanings and treatment of periodontal disease</p>				
<p>- elimination of oral infections and treatment of oral disease</p>				
<p>- dental cleanings and treatment of periodontal disease</p>				
<p>- medically necessary extractions and simple restorations of silver amalgam and/or composite resin fillings, stainless steel & preformed crowns</p>				
<p>4. Cancer Cases - All services must be prior authorized by Advantica once Care1st has performed its evaluation. Covered services are limited to prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head.</p>				
<p>**WARRANTY LIMITS APPLY AS NOTED FOR: RESTORATIONS, CAST CROWNS, OTHER RESTORATIVE SERVICES, AND ENDODONTIC THERAPY. **</p>				
<p>Prior Authorization and Retro Claim Documentation Guidelines</p>				
<p>- To prior authorize or retrospectively review pre or post dental services for Transplant and Cancer cases, Advantica's UM Coordinator must initially review the Transplant list that is sent to Advantica monthly. If the member does not appear on the list, the UM Coordinator will contact the Health Plan's Coordinator to confirm if the patient's medical management/case management records confirm that a warranting payment consideration exists. If the Health Plan's records do not support the patient's medical necessity review of dental services, the member's primary care physician must provide member medical records demonstrating that criteria for transplantation exists.</p>				
<p>- For injury/trauma related services, the date of the injury, the events surrounding the injury, and a copy of the patient's chart must be included with either the prior authorization or the claims submission for an evaluation to be made.</p>				

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DIAGNOSTIC				
Clinical Oral Evaluations				
*D0120	Periodic oral evaluation - established patient			T
*D0140	Limited oral evaluation - problem focused	X	ER	
*D0150	Comprehensive oral evaluation - new or established patient			T
*D0160	Detailed & extensive oral evaluation - problem focused, by report			T
*D0171	Re- evaluation post- operative	X		
*D0180	Comprehensive periodontal evaluation - new or established patient			T
D0191	Assessment of a patient- Advanced Practitioner Hygiene Only Code	X	ER	
Radiographs/Diagnostic Imaging (Including Interpretation)				
*D0210	Extraoral - complete series (including bitewings)			T
*D0220	Intraoral - periapical first film	X	ER	
*D0230	Intraoral - periapical each additional film	X	ER	
*D0240	Intraoral - occlusal film	X		
*D0250	Extraoral - 2D projection radiographic image	X		
*D0251	Extraoral posterior dental radiographic image	X		
*D0270	Bitewing - single film		ER	T
*D0272	Bitewings - two films		ER	T
*D0273	Bitewings - three films		ER	T
*D0274	Bitewings - four films		ER	T
*D0277	Vertical bitewings - 7 to 8 films		ER	T
*D0320	Temporomandibular joint arthrogram, including injection	X		
*D0321	Other temporomandibular joint films, by report	X		
*D0330	Panoramic film	X	ER	
Tests and Examinations				
Oral Pathology Laboratory				
*D0502	Other oral pathology procedures, by report			T
*D0999	Unspecified diagnostic procedure, by report			T
PREVENTIVE				
Dental Prophylaxis				
*D1110	Prophylaxis - adult			T
Topical Fluoride Treatment (Office Procedure)				
D1208	Topical application of fluoride			T
RESTORATIVE				
RESTORATION WARRANTY IS ONCE PER 2 YEARS FOR SAME PROVIDER OR GROUP				
Amalgam Restorations (Including Polishing)				
*D2140	Amalgam - one surface, primary or permanent			T
*D2150	Amalgam - two surfaces, primary or permanent			T
*D2160	Amalgam - three surfaces, primary or permanent			T
*D2161	Amalgam - four or more surfaces, primary or permanent			T
Resin-based Composite Restoration - Direct				
*D2330	Resin-based composite - one surface, anterior		ER	T
*D2331	Resin-based composite - two surfaces, anterior		ER	T
*D2332	Resin-based composite - three surfaces, anterior		ER	T
*D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior		ER	T
*D2390	Resin-based composite crown, anterior		ER	T
*D2391	Resin-based composite - one surface, posterior			T
*D2392	Resin-based composite - two surfaces, posterior			T
*D2393	Resin-based composite - three surfaces, posterior			T
*D2394	Resin-based composite - four or more surfaces, posterior			T

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Crowns - Single Restorations				
CAST CROWN WARRANTY IS ONCE PER 5 YEARS FOR SAME PROVIDER OR GROUP				
D2740	Crown porcelain / ceramic		ER	
D2750	Crown porcelain fused to high noble metal		ER	
D2751	Crown porcelain fused to predominately base metal		ER	
D2752	Crown porcelain fused to noble metal		ER	
D2790	Crown full cast high noble metal		ER	
D2791	Crown full cast predominately base metal		ER	
D2792	Crown full cast noble metal		ER	
D2794	Crown titanium		ER	
Other Restorative Services				
WARRANTY FOR D2931, D2932, D2933 IS ONCE PER 3 YEARS FOR SAME PROVIDER OR GROUP				
*D2910	Recement inlay, onlay, or partial coverage restoration		ER	T
*D2915	Recement cast or prefabricated post & core		ER	T
*D2920	Recement crown		ER	T
*D2931	Prefabricated stainless steel crown - permanent tooth		ER	T
*D2932	Prefabricated resin crown		ER	T
D2933	Prefabricated stainless steel crown with resin window		ER	
*D2940	Protective restoration (Sedative filling)		ER	T
*D2950	Core buildup, including any pins when required		ER	T
*D2951	Pin retention - per tooth, in addition to restoration			T
*D2952	Post & core in addition to crown, indirectly fabricated		ER	T
*D2954	Prefabricated post & core in addition to crown		ER	T
*D2999	Unspecified restorative procedure, by report			T
Pulp Capping				
D3110	Pulp cap- direct		ER	
D3120	Pulp cap- indirect		ER	
Pulpotomy				
D3220	Therapeutic pulpotomy		ER	
*D3221	Pulpal debridement, primary & permanent teeth		ER	T
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)				
RETREATMENT IS NOT COVERED WITHIN 1 YEAR FROM INITIAL TREATMENT BY SAME PROVIDER OR GROUP				
*D3310	Endodontic therapy, anterior (excludes final restoration) Includes intraoperative films		ER	T
D3320	Endodontic therapy, premolar (excludes final restoration) Includes intraoperative films		ER	
D3330	Endodontic therapy, molar (excludes final restoration) Includes intraoperative films		ER	
D3331	Treatment of root canal obstruction		ER	
Endodontic Retreatment				
RETREATMENT IS NOT COVERED WITHIN 1 YEAR FROM INITIAL TREATMENT BY SAME PROVIDER OR GROUP				
*D3346	Retreatment of previous root canal therapy - anterior		ER	T
D3347	Retreatment of previous root canal therapy -premolar		ER	
D3348	Retreatment of previous root canal therapy - molar		ER	
Apicoectomy / Periradicular Services				
*D3410	Apicoectomy- anterior		ER	T
D3421	Apicoectomy- premolar- first root		ER	
D3425	Apicoectomy molar- first root		ER	
D3426	Apicoectomy- each additional root		ER	
*D3430	Retrograde filling - per root		ER	T
Other Endodontic Procedures				
*D3999	Unspecified endodontic procedure, by report			T

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PERIODONTICS				
Surgical Services (Including Usual Postoperative Care)				
*D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded space per quadrant			T
*D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded space per quadrant			T
*D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant			T
*D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant			T
*D4260	Osseous surgery, including flap entry & closure - four or more contiguous teeth or tooth bounded spaces per quadrant			T
*D4261	Osseous surgery, including flap entry & closure - one to three contiguous teeth or tooth bounded spaces per quadrant			T
Non-Surgical Periodontal Services				
*D4341	Periodontal scaling and root planing - four or more teeth per quadrant			T
*D4342	Periodontal scaling and root planing - one to three teeth per quadrant			T
*D4346	Scaling in the presence of moderate or severe gingival inflammation- full mouth, after the oral evaluation			
*D4355	Full mouth debridement to enable comprehensive evaluation & diagnosis on subsequent visit			T
Other Periodontal Services				
D4910	Periodontal maintenance			T
*D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)			T
*D4999	Unspecified periodontal procedure, by report			T
PROSTHODONTICS, FIXED				
Other Fixed Partial Denture Services				
*D6930	Recement fixed partial denture			T
ORAL AND MAXILLOFACIAL SURGERY				
Extractions (Includes local anesthesia, suturing if needed, and routine postoperative care)				
D7111	Extraction coronal remnants - primary tooth		ER	
*D7140	Extraction, erupted tooth or exposed root - (elevation and/or forceps removal)		ER	T
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.		ER	T
*D7220	Removal of impacted tooth - soft tissue		ER	T
*D7230	Removal of an impacted tooth - partially bony		ER	T
*D7240	Removal of impacted tooth - completely bony		ER	T
*D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		ER	T
*D7250	Surgical removal of residual tooth roots (cutting procedure)		ER	T
D7251	Coronectomy		ER	
Other Surgical Procedures				
*D7260	Oroantral fistula closure	X	ER	
*D7261	Primary closure of a sinus perforation	X	ER	
D7270	Tooth re-implantation		ER	
*D7285	Biopsy of oral tissue - hard (bone, tooth)	X	ER	
*D7286	Biopsy of oral tissue - soft	X	ER	
*D7292	Surgical placement: temporary anchorage device (screw retained plate) requiring surgical flap	X		
*D7293	Surgical placement: temporary anchorage device requiring surgical flap	X		
*D7294	Surgical placement: temporary anchorage device without surgical flap	X		
Alveoloplasty- Preparation of Ridge				
D7310	Alveoloplasty in conjunction with extractions 4 or more teeth per quad		ER	
D7311	Alveoloplasty in conjunction with extractions 1-3 teeth per quad		ER	
D7320	Alveoloplasty not in conjunction with extractions 4 or more teeth per quad		ER	
D7321	Alveoloplasty not in conjunction with extractions 1-3 teeth per quad		ER	
Surgical Excision of Soft Tissue Lesions				
*D7410	Excision of benign lesion up to 1.25 cm	X	ER	
*D7411	Excision of benign lesion greater than 1.25 cm	X	ER	
*D7412	Excision of benign lesion, complicated	X		
*D7413	Excision of malignant lesion up to 1.25 cm	X		
*D7414	Excision of malignant lesion greater than 1.25 cm	X		
*D7415	Excision of malignant lesion, complicated	X	ER	

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Surgical Excision of Intra-Osseous Lesions				
*D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	X	ER	
*D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	X	ER	
*D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	X	ER	
*D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	X	ER	
*D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	X	ER	
*D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	X	ER	
*D7465	Destruction of lesion(s) by physical or chemical method, by report	X	ER	
Excision of Bone Tissue				
*D7490	Radical resection of maxilla or mandible	X		
Surgical Incision				
*D7510	Incision and drainage of abscess - intraoral soft tissue	X	ER	
*D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	X	ER	
*D7520	Incision and drainage of abscess - extraoral soft tissue	X	ER	
*D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple facial spaces)	X	ER	
*D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	X	ER	
*D7540	Removal of reaction producing foreign bodies, musculoskeletal system	X	ER	
*D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	X	ER	
*D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	X	ER	
Treatment of Fractures - Simple				
*D7610	Maxilla - open reduction (teeth immobilized, if present)	X		
*D7620	Maxilla - closed reduction (teeth immobilized, if present)	X		
*D7630	Mandible - open reduction (teeth immobilized, if present)	X		
*D7640	Mandible - closed reduction (teeth immobilized, if present)	X		
*D7650	Malar and/or zygomatic arch - open reduction	X		
*D7660	Malar and/or zygomatic arch - closed reduction	X		
*D7670	Alveolus - closed reduction, may include stabilization of teeth	X		
*D7671	Alveolus - open reduction, may include stabilization of teeth	X		
*D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	X		
Treatment of Fractures - Compound				
*D7710	Maxilla - open reduction	X		
*D7720	Maxilla - closed reduction	X		
*D7730	Mandible - open reduction	X		
*D7740	Mandible - closed reduction	X		
*D7750	Malar and/or zygomatic arch - open reduction	X		
*D7760	Malar and or zygomatic arch - closed reduction	X		
*D7770	Alveolus - open reduction stabilization of teeth	X		
*D7771	Alveolus - closed reduction stabilization of teeth	X		
*D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	X		

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Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions				
*D7810	Open reduction of dislocation	X		
*D7820	Closed reduction of dislocation	X		
*D7830	Manipulation under anesthesia	X		
*D7840	Condylectomy	X		
*D7850	Surgical discectomy, with/without implant	X		
*D7852	Disc repair	X		
*D7854	Synovectomy	X		
*D7856	Myotomy	X		
*D7858	Joint reconstruction	X		
*D7860	Arthrotomy	X		
*D7865	Arthroplasty	X		
*D7870	Arthrocentesis	X		
*D7871	Non-arthroscopic lysis and lavage	X		
*D7872	Arthroscopy - diagnosis, with or without biopsy	X		
*D7873	Arthroscopy - surgical: lavage and lysis of adhesions	X		
*D7874	Arthroscopy - surgical: disc repositioning and stabilization	X		
*D7875	Arthroscopy - surgical: synovectomy	X		
*D7876	Arthroscopy - surgical: discectomy	X		
*D7877	Arthroscopy - surgical: debridement	X		
*D7880	Occlusal orthotic device, by report	X		
*D7899	Unspecified TMD therapy, by report	X		
Repair of Traumatic Wounds (Excludes closure of surgical incisions)				
*D7910	Suture of recent small wounds up to 5 cm	X		
Complicated Suturing (Reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)				
*D7911	Complicated suture - up to 5 cm	X		
*D7912	Complicated suture - greater than 5 cm	X		
Other Repair Procedures				
*D7920	Skin graft (identify defect covered, location and type of graft)	X		
*D7940	Osteoplasty - for orthognathic deformities	X		
*D7941	Osteotomy - mandibular rami	X		
*D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	X		
*D7944	Osteotomy - segmented or subapical	X		
*D7945	Osteotomy - body of mandible	X		
*D7946	LeFort I (maxilla - total)	X		
*D7947	LeFort I (maxilla - segmented)	X		
*D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	X		
*D7949	Lefort II or LeFort III - with bone graft	X		
*D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	X		
*D7951	Sinus augmentation with bone or bone substitutes	X		
*D7955	Repair of maxillofacial soft and/or hard tissue defect	X		
*D7970	Excision of hyperplastic tissue - per arch		ER	T
*D7971	Excision of pericoronary gingiva		ER	T
*D7972	Surgical reduction of fibrous tuberosity		ER	T
*D7979	Non- surgical sialolithotomy	X		
*D7980	Surgical sialolithotomy	X	ER	
*D7981	Excision of salivary gland, by report	X	ER	
*D7982	Sialodochoplasty	X	ER	
*D7983	Closure of salivary fistula	X	ER	
*D7990	Emergency tracheotomy	X		
*D7991	Coronoidectomy	X		
*D7995	Synthetic graft - mandible or facial bones, by report	X		
*D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	X		
*D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	X		
*D7998	Intraoral placement of a fixation device not in conjunction with a fracture	X		

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*D7999	Unspecified oral surgery procedure, by report	X	ER	
ADJUNCTIVE GENERAL PROCEDURES				
Anesthesia				
*D9222	Deep sedation/ general anesthesia - first 15 minutes	X	ER	
*D9223	Deep sedation/ general anesthesia - each subsequent 15 minute increment	X	ER	
*D9230	Inhalation of nitrous oxide/analgesia, anxiolysis. Not to be used in conjunction with D9248,D9220,D9221,D9241 & D9242	X	ER	
*D9239	Intravenous moderate conscious sedation/ analgesia - first 15 minutes	X	ER	
*D9243	Intravenous moderate conscious sedation/ analgesia - each subsequent 15 minutes- increment	X	ER	
*D9248	Non-intravenous (conscious) sedation. Not to be used in conjunction with D9230	X	ER	
Professional Consultation				
*D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician			T
Professional Visits				
*D9410	House/extended care facility call	X		
*D9420	Hospital or ambulatory surgical center call	X		
Drugs				
*D9610	Therapeutic parenteral drug, single administrations			T
Miscellaneous Services				
*D9930	Treatment of complications (post surgical) - unusual circumstances, by report			T
*D9951	Occlusal adjustment - limited			T

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