



POWERING HEALTHCARE FOR THE DIGITAL AGE



# Dental Provider Manual

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# Quick Reference Guide

## Provider Web Portal

Our user friendly Provider Web Portal features a full complement of resources.

Real - Time Eligibility

Claims – Submit & Status

Clinical Guidelines

Electronic Remittance Advice

Electronic Fund Transfer

Up-to-Date Provider Manual

Access the Provider Web Portal by clicking this link:

[pwp.sciondental.com](http://pwp.sciondental.com)



When You Need Us – We’ll Be There!

Contact us any time for assistance, training, or to arrange an onsite visit: Call Provider Services: **855-918-2256**, or email us at: [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com)

<b>Quick Contacts</b>	
<b>Corrected Claims mailing address</b>	Aetna Better Health of Kansas: Corrected Claims PO Box 541 Milwaukee WI 53201
<b>Grievances and Appeals</b>	Aetna Better Health of Kansas Attn: Appeals Department PO Box 81040 5801 Postal Road Cleveland, OH 44181
<b>Electronic Funds Transfer</b>	Email: <a href="mailto:providerservices@skygenusa.com">providerservices@skygenusa.com</a>
<b>Electronic Outreach Team</b>	Email: <a href="mailto:providerportal@skygenusa.com">providerportal@skygenusa.com</a>
<b>Contracting Portal</b>	<a href="http://pwp.sciondental.com">pwp.sciondental.com</a> (access code: KS)
<b>Credentialing Team</b>	Email: <a href="mailto:credentialing@skygenusa.com">credentialing@skygenusa.com</a>
<b>Fraud &amp; Abuse Hotline</b>	877-378-5292
<b>Provider Services</b>	Email: <a href="mailto:providerservices@skygenusa.com">providerservices@skygenusa.com</a>
<b>Provider Web Portal</b>	<a href="http://pwp.sciondental.com">pwp.sciondental.com</a>

<b>Quick Reference Information</b>	
<b>Member Eligibility</b>	To verify member eligibility: Log on to Provider Web Portal: <a href="http://pwp.sciondental.com">pwp.sciondental.com</a>
<b>Claims Submission</b>	The timely filing requirement is 180 calendar days, 365 calendar days for a corrected claim. Submit claims through these formats: <ul style="list-style-type: none"><li>• Provider Web Portal: <a href="http://pwp.sciondental.com">pwp.sciondental.com</a></li><li>• Electronic submission via clearinghouse – DentalXChange or Smart Data Solutions. Payer ID: SCION</li><li>• Electronic submission via KMAP Fiscal Agent (i.e., KanCare Front End Billing) HIPAA Compliant 837D file. Claims should include the member’s Medicaid ID (KMAP ID).</li><li>• Aetna Better Health of Kansas: Claims PO Box 359 Milwaukee, WI 53201</li></ul>

# Quick Reference Information

## Authorization Submission

Prior authorization determinations must be made within 14 days from the date SKYGEN USA receives the request. Retro Review Authorizations will be determined within 20 days of the received request. Expedited requests will be determined within 72 hours. Prior authorizations will be honored for 180 days from date they are determined. Submit authorizations in one of the following formats:

- Provider Web Portal: [pwp.sciondental.com](http://pwp.sciondental.com)
- Electronic submission clearinghouse, Payer ID: SCION
- Aetna Better Health of Kansas: Authorizations  
PO Box 1236  
Milwaukee, WI 53201

## Retro-Review Claims

Retro-Review claim submissions requires participating providers to submit documentation associated with certain dental services rendered as outlined in the benefit descriptions at the end of this manual. Submit Retro-Review claims in the following formats:

- Provider Web Portal: [pwp.sciondental.com](http://pwp.sciondental.com)
- Electronic submission clearinghouse, Payer ID: SCION
- Aetna Better Health of Kansas: Claims  
PO Box 359  
Milwaukee, WI 53201

All Retro-Review requests submitted should include the member's Medicaid ID. Retro-Review claims submitted with the Aetna Group ID will be rejected. Please also include the Provider NPI Number.

## Provider Reconsiderations Claims

To request reconsideration of a claims denial submit a written appeal to:

- Aetna Better Health of Kansas  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

Please note the (120 calendar days (an additional 3 calendar days is allowed for mailing time)) time limit from date of decision.

## Quick Reference Information

<b>Provider Appeals – Claims</b>	<p>To request reconsideration of an authorization denial submit a written appeal to:</p> <ul style="list-style-type: none"> <li>• Aetna Better Health of Kansas PO Box 81040 5801 Postal Road Cleveland, OH 44181</li> </ul> <p>Please note the (60 calendar days (an additional 3 calendar days is allowed for mailing time)) time limit from date of decision.</p>
<b>Member Appeals</b>	<p>Appeals must be filed within 60 calendar days (an additional 3 calendar days is allowed for mailing time) from the Notice of Action. To submit a written appeal on behalf of a member, write to:</p> <ul style="list-style-type: none"> <li>• Aetna Better Health of Kansas PO Box 81040 5801 Postal Road Cleveland, OH 44181</li> </ul>
<b>EFT (Direct Deposit) Enrollment</b>	<p>The EFT Authorization Agreement form is found online in the Provider Web Portal: <a href="http://pwp.sciondental.com">pwp.sciondental.com</a></p>
<b>Provider Web Portal</b>	<p>For training or help registering for or using the Provider Web Portal, contact the SKYGEN USA Electronic Outreach Team:</p> <ul style="list-style-type: none"> <li>• Email: <a href="mailto:providerportal@skygenusa.com">providerportal@skygenusa.com</a></li> </ul>
<b>Credentialing</b>	<p>Send credentialing and recredentialing applications and documents to SKYGEN USA by:</p> <ul style="list-style-type: none"> <li>• Email: <a href="mailto:credentialing@skygenusa.com">credentialing@skygenusa.com</a></li> </ul>
<b>Credentialing Appeals</b>	<p>To appeal a credentialing decision, send a request for a reconsideration review within 30 days of receiving an adverse recommendation.</p> <ul style="list-style-type: none"> <li>• Email: <a href="mailto:credentialing@skygenusa.com">credentialing@skygenusa.com</a></li> </ul>



# Welcome

*Welcome to the Aetna Better Health of Kansas provider network!* We are committed to providing our members the best possible care, keeping them healthy, stable, and independent - it's our reason for being here. We are pleased to welcome you to our team.

SKYGEN USA is a nationwide leader in managed benefits administration. Aetna Better Health of Kansas has chosen SKYGEN USA to administer dental benefits for members enrolled in the Aetna Better Health of Kansas Dental Plan.

Throughout your ongoing relationship with SKYGEN USA refer to this provider manual for quick answers and useful information, including how to contact us, how to submit claims and authorizations, and what benefits are offered to members.

- When you need answers, log on to [pwp.sciondental.com](http://pwp.sciondental.com)
- Send an email message to [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com), or call Provider Services **855-918-2256**.

SKYGEN USA retains the right to add to, delete from, and otherwise modify this provider manual. Contracted providers must acknowledge this provider manual and any other written materials provided by SKYGEN USA as proprietary and confidential.

This manual describes SKYGEN USA policies and procedures that govern our administration of dental benefits. SKYGEN USA makes every effort to maintain accurate information in this manual; however, we will not be held liable for any damages due to unintentional errors. If you discover an error, please report it to us by calling **855-918-2256**. If information in this manual differs from your Participating Agreement, the Participating Agreement takes precedence and shall control.

Scion Dental is now operating as SKYGEN USA. The SKYGEN USA Family of Companies – Scion Dental, Wonderbox Technologies, Vestica Healthcare, and Ocular Benefits – has transitioned from a family to a single organization united under the SKYGEN USA brand.

Providers will see SKYGEN USA branding (logos, websites, and collateral) during this transition. You may still see reference to Scion Dental ([pwp.sciondental.com](http://pwp.sciondental.com)) as we complete the transition.

We believe operating under one name, with one brand, strengthens our ability to deliver products and services to our customers. Being one integrated company positions us as a leading innovator of next-generation technology-enabled solutions that elevate the business of healthcare for the digital age, drive efficiencies and re-allocate more dollars for better care.

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# Member Rights & Responsibilities

## Member Rights

The Aetna Better Health of Kansas and SKYGEN USA are committed to the following core concepts in our approach to member care:

- Access to providers and services.
- Wellness Programs, which include member education and disease management initiatives. This includes the Early Periodic Screening Diagnostic Treatment (EPSDT) Program.
- Outreach Programs that educate members and give them the tools they need to make informed decisions about their dental care.
- Feedback that measures provider and member satisfaction.

We believe all members have the right to:

- Privacy, respectful treatment, and recognition of their dignity when receiving dental care.
- Participate fully with caregivers in making decisions about their health care.
- Be fully informed about the appropriate or medically necessary treatment options for any condition, regardless of the coverage or cost for the care discussed. For those children receiving EPSDT services, any limits on services may be exceeded when medically necessary.
- Members covered under EPSDT are entitled to receive any medically necessary service. If the service is medically necessary SKYGEN USA/Aetna will cover the cost of the service.
- Voice a complaint against Aetna Better Health of Kansas, SKYGEN USA, or any of its participating dental offices, or any of the care provided by these groups or people, when their performance has not met the member's expectations.
- Appeal any decisions related to patient care and treatment.
- Make recommendations regarding our member rights and responsibilities policies.
- Receive relevant information about the Aetna Better Health of Kansas Dental Plan, services provided, participating dentists and dental offices, as well as member rights and responsibilities.

## Member Responsibilities

Along with rights, members have important responsibilities, including:

- Becoming familiar with benefit plan coverage and rules.
- Giving dental providers complete and accurate information they need to provide care.
- Following treatment plans and instructions received from dental providers.
- Supporting the care given to other patients and behaving in a way that helps the clinic, dental office, and other dental locations run smoothly.
- Notifying Customer Service of any questions, concerns, problems, or suggestions.

## Provider Rights & Responsibilities

Aetna Better Health of Kansas and SKYGEN USA have established the following core concepts in our approach to a positive provider experience:

- Access to flexible participation options in provider networks.
- Outreach Programs that lower provider participation costs.
- Technology tools that increase efficiency and lower administrative costs.
- Feedback that measures provider and member satisfaction.

## Provider Rights

Enrolled participating providers have the right to:

- Communicate with patients about dental treatment options.
- Recommend a course of treatment to a member, even if the treatment is not a covered benefit or approved by the Aetna Better Health of Kansas Dental Plan and SKYGEN USA.
- File an appeal or complaint about the procedures of the Aetna Better Health of Kansas and SKYGEN USA.
- Supply accurate, relevant, and factual information to a member in conjunction with an appeal or complaint filed by the member.
- Object to policies, procedures, or decisions made by the Aetna Better Health of Kansas and SKYGEN USA.
- Be informed of the status of their credentialing or re-credentialing application, upon request.

## Provider Responsibilities

Participating Providers have the following responsibilities:

- If a recommended treatment plan is not covered (not approved by Aetna Better Health of Kansas/SKYGEN USA, the participating dentist, if intending to charge the member for the non-covered services, must notify and obtain agreement from the member in advance. (See Payment for Non-Covered Services).
- A provider may not bill both medical codes and dental codes for the same procedure.
- Providers must complete the Aetna Better Health of Kansas Provider Participation Agreement (along with all supporting documentation) and provide requested information for registration on the Provider Portal.
- Providers are expected to use electronic options for claim and authorization submission, claim reimbursement, and receipt of remittance advice statements including enrolling in the EFT Program. (See the Electronic Payments section in the manual for more details).

## Provider Bill of Rights

- To be treated with respect
- To be paid accurately
- To be paid on time

## Positive Provider Experience

Committed dentists are essential to the success of Aetna Better Health of Kansas. The Aetna Better Health of Kansas provider network is structured to give dentists the flexibility they need to participate in dental programs on their own terms. At SKYGEN USA, we are not only the benefits management partner for the Aetna Better Health Plan of Kansas, we also consider ourselves to be your partner in patient care.

At SKYGEN USA, we recognize the significant link between good dental care and overall patient health, and we advocate increasing provider funding while improving member education and outreach. We partner with thousands of providers across the country to deliver high-quality care to all members of the Aetna Better Health Plan of Kansas.

## Cultural Competency

Your office and staff should demonstrate behaviors and policies of cultural competency by:

- Assessing and documenting cultural and/or language barriers to member care.
- Seeking information from community resources to assist in servicing the needs of culturally and ethnically diverse members and families.
- Displaying pictures, posters, and other materials to reflect the cultures and ethnic backgrounds of members and families.
- Providing magazines and brochures in the waiting area that emphasize diversity.
- Understanding that folk and religious beliefs may influence how families respond to illness, disease, death, and their reaction and approach to children with special health needs.
- Accepting that the family unit can be defined differently by different cultures.
- Seeking bilingual staff or trained personnel to serve as interpreters, when possible.
- Understanding that a limited English proficiency in no way reflects intellect.

## Access to Flexible Participation Options

Aetna Better Health of Kansas invites all licensed dentists, regardless of their past commitment to government-sponsored dental programs, to participate in its provider network. Providers can choose their own level of participation for each of their practice locations.

Providers can choose to:

- Be listed in a directory and accept appointments for all new patients.
- Treat only emergencies or special needs cases on an individual basis.
- Access web-based applications and credentialing.

To make it easy to apply and be accepted into the program, we use our web portals and electronic documents to streamline the provider/clinic contracting and credentialing process.

## Recordkeeping Requirements

Dentists are required to maintain individual records, which fully disclose the type and extent of services provided to members in the Aetna Better Health of Kansas Medicaid Dental Plan. Providers must maintain and make these records available per state law, including details of all services rendered for each encounter date.

Member records must be kept in the dentist's office regardless of the actual place of service (dental office, long-term care facility, or hospital). Per state requirements, these records must be available for a minimum of seven years following the last date of service.

These records will include, but not be limited to, the following:

Member Identification and History

- Name, address, telephone number, birth date
- If the member is a minor, names of parents or guardians
- Documentation of any cultural or linguistic needs of the member
- Pertinent dental and medical history

Detailed clinical examination data to include, when applicable:

- Member's chief complaint
- Diagnosis
- Cavities
- Missing teeth (Periodontal charting, when necessary)
- Abnormalities

## Radiographs

- Preoperative, progressive, and postoperative radiographs retained in accordance with state law for a minimum of seven years following the last date of service (To accommodate possible retention for longer periods, contact professional liability insurance companies.)
- Number and type of radiographs entered on the member's record
- Postoperative radiographs, taken only when dentally necessary and meriting diagnostic value

The treatment plan with description of treatment rendered, including:

- Tooth number
- Surfaces involved
- Site and size of treatment area (lesion, laceration, fracture, etc.)
- Materials used
- Dates of services
- Description of treatment or services rendered at each visit with the name of the dentist or hygienist
- All medications
- Diagnostic laboratory and/or radiographic procedures ordered and the results
- Copy of the dental prosthetic work authorizations (prescriptions) and dental prosthetic laboratory receipts
- Explanation for any duplication of services within one year (Prosthetic services within seven and a half years)
- Reasons for discontinuation of services, and attempts to complete treatment
- Referral and consultation reports

# Provider Web Portal

Our Provider Web Portal offers quick access to easy-to-use self-service tools for managing daily administration tasks. The Provider Web Portal offers you many benefits including:

- Faster payment through streamlined claim submissions.
- Real-time member eligibility verification.
- Immediate access to member information, claim history, and payment records at any time, 24 hours a day, 7 days a week.
- Lower administrative and participation costs.

Get started! For help getting started with the Provider Web Portal, contact the Electronic Outreach Team: **844-275-8756**.

A web browser, Internet connection, and a valid User ID and password are required for online access. From the Provider Web Portal, providers and authorized office staff can log in for secure access anytime from anywhere and handle a variety of day-to-day tasks, including:

- Verify eligibility for multiple members simultaneously, and review individual patient treatment history.
- Set up office appointment rosters that automatically verify eligibility and fill in claim forms for online submission.
- Submit claims using pre-filled electronic forms and data entry shortcuts.
- Attach and securely send supporting documents, such as digital X-rays, EOBs, and treatment plans, for no extra charge.
- Generate a pricing estimate before submitting a claim for a quick indication of whether a service may be denied and a likely reason for denial.
- Check the real-time status of in-process claims and review historical payment records.
- Review provider clinical profiling data relative to your peers.
- Download and print a provider manual, remittance reports, and more.

Online help is available from every page of the Provider Web Portal, offering quick answers, animated videos, and step-by-step instructions.

## Provider Web Portal Registration

The Provider Web Portal was designed to help you keep your administrative costs low, give you immediate access to real-time information, and make it fast and easy to submit claims and authorizations. To register for our Provider Web Portal, visit [pwp.sciondental.com](http://pwp.sciondental.com) and click the provider login link. On the login page, click **Register Now**.

Register as a **Payee** so you have the option to view remittances and be paid electronically. Call the Electronic Outreach Team at **844-275-8756** to obtain your Payee ID.

As soon as you register, you can log in and start using the portal. Quick and easy online help is just a click away on every page in the portal.

RETURNING USERS

User Name

Password

LOGIN

Forgot your [User Name](#) or [Password](#)?

NEW USER

REGISTER NOW

If you don't find answers to your questions, or if you want personalized training for yourself or your office staff, call the SKYGEN USA Dental Electronic Outreach Team for assistance: **844- 275-8756**.



Main

## Select Entity

You can register for the portal as one of the following entities. Select the entity that best fits your role.

**Payee**  
 Register as a payee if you receive payment for adjudicated claims on behalf of one or more providers and/or locations. As a payee, you will have access to information for all of your associated providers and locations.

**Location**  
 Register as a location if you are administrative staff for an office or clinic location. As a location, you will have access to information for all of the providers associated with your physical location.

**Provider**  
 Register as a provider if you work with only your own patients. As a provider, you will have access to your own information.

## Payee Registration

### Identifying Information

Payee ID

Name

City

State

Zip

### Contact Information

First Name

Middle Name

Last Name

Email

### User Name, Password and PIN

User Name

1 alpha character.  
 1 numeric character.  
 1 special character (!, #, \$, %, ^ or ~).  
 Cannot contain username.  
 8 or more characters.

Password

Retype Password

Four Digit PIN

Confirm New PIN

As soon as you register, you can log in and start using the portal. Online help and how-to videos are available on the Provider Web Portal. If you don't find answers to your questions, or want personalized help or training email the Web Portal Team at: [providerportal@skygenusa.com](mailto:providerportal@skygenusa.com).

# Electronic Payments

## Electronic Funds Transfer (EFT)

SKYGEN USA makes claim payments via Electronic Funds Transfer (EFT). With EFT, we can pay claims faster and more efficiently because funds are deposited directly into payee bank accounts, eliminating the steps of printing and mailing paper checks.

To receive claims payments through the EFT Program:

- Complete the online form in the Provider Web portal: [pwp.sciondental.com](http://pwp.sciondental.com)

Allow 2-3 weeks for SKYGEN USA verification and for the EFT Program to be implemented after submitting the EFT form online via the Provider Web portal. Once you are enrolled in the EFT Program, your Remittance Reports will be posted online and made available from the Provider Web Portal as soon as your claims are paid.

Once you are enrolled in the EFT Program, notify SKYGEN USA of any changes to bank accounts, including changes in routing number or account number, or if you switch to a different bank. Use the EFT Authorization Agreement form to submit your changes. Allow up to three weeks for changes to be implemented after we receive your change request. SKYGEN USA is not responsible for delays in payment if we are not properly notified, in writing, of banking changes.

## Electronic Remittance Reports

When you enroll in the SKYGEN USA EFT Program, your Remittance Reports will be made available automatically from the Provider Web Portal. For help registering for the portal or accessing your Remittance Reports send an email message to Provider Services to request electronic remittances: [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com).

# Health Insurance Portability and Accountability Act (HIPAA)

As a health care provider, if you transmit any health information electronically, your office is required to comply with all aspects of the Health Insurance Portability and Accountability Act (HIPAA) regulations that have gone/will go into effect as indicated in the final publications of the various rules covered by HIPAA.

Aetna Better Health of Kansas and SKYGEN USA have implemented numerous operational policies and procedures to ensure we comply with all HIPAA Privacy Standards, and we intend to comply with all Administrative Simplification and Security Standards by their compliance dates. We also expect all providers in our networks to work cooperatively with us to ensure compliance with all HIPAA regulations.

The provider and Aetna Better Health of Kansas and SKYGEN USA agree to conduct their respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations.

When contacting Customer Services, providers will be asked to supply their Tax ID or NPI number. When calling regarding member inquiries, providers will be asked to supply specific member identification such as member ID, date of birth, name, and/or address.

As regulated by the Administrative Simplification Standards, you will note the benefit tables included in this provider manual reflect the most current coding standards (CDT-2019) recognized by the American Dental Association (ADA). Effective as of the date of this manual, Aetna Better Health of Kansas and SKYGEN USA require providers to submit all claims with the proper CDT codes listed in this manual. In addition, all paper claims must be submitted on the current ADA claim form. To request copies of Aetna Better Health of Kansas and SKYGEN USA HIPAA policies, call Customer Services at **855-918-2256** or send an email to [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com).

**To report a potential security issue, call our Hotline **844-809-9449****

## National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the adoption of a standard unique provider identifier for health care providers. An NPI number is required for all claims submitted to SKYGEN USA for payment. You must use your individual and billing NPI numbers. To apply for an NPI, do one of the following:

- Complete the application online at <https://nppes.cms.hhs.gov>.
- Download and complete a paper copy from <https://nppes.cms.hhs.gov>.
- Call **800-465-3203** to request an application.

# Utilization Management

## Community Practice Patterns

To ensure fair and appropriate reimbursement, SKYGEN USA has developed a philosophy of Utilization Management which recognizes the fact there exists, as in all health care services, a relationship between the dentist's treatment planning, treatment costs, and outcomes. The dynamics of these relationships, in any region, are reflected by community practice patterns of local dentists and their peers. With this in mind, SKYGEN USA Utilization Management is designed to ensure the fair and appropriate distribution of health care dollars as defined by the regionally based community practice patterns of local dentists and their peers.

All Utilization Management analysis, evaluations, and outcomes are related to these patterns. SKYGEN USA Utilization Management recognizes individual dentist variance within these patterns among a community of dentists and accounts for such variance. Specialty dentists are evaluated as a separate group and not with general dentists, since the types and nature of treatment may differ.

## Evaluation

SKYGEN USA Utilization Management evaluates claims submissions in such areas as:

- Diagnostic and preventive treatment
- Patient treatment planning and sequencing
- Types of treatment
- Treatment outcomes
- Treatment cost effectiveness

## Results

With the objective of ensuring fair and appropriate reimbursement to providers, SKYGEN USA Utilization Management helps identify providers whose treatment patterns show significant deviation from the normal practice patterns of the community of their peers (typically less than five percent of all dentists). SKYGEN USA is contractually obligated to report suspected fraud, waste, abuse, or misuse by members and participating dental providers to Aetna Better Health of Kansas.

## Non-Incentivization Policy

It is SKYGEN USA practice to ensure our contracted providers make treatment decisions based upon medical necessity for individual members. Providers are never offered, nor will they ever accept, any kind of financial incentives or any other encouragement to influence their treatment decisions. The SKYGEN USA Utilization Management Department bases their decisions only on appropriateness of care, service, and existence of coverage. SKYGEN USA does not specifically reward practitioners or other individuals for issuing denials of coverage or care. If financial incentives exist for Utilization Management decision makers, they do not include or encourage decisions which result in underutilization.

# Fraud, Waste, and Abuse

SKYGEN USA conducts our business operations in compliance with ethical standards, contractual obligations, and all applicable federal and state statutes, regulations, and rules. We are committed to detecting, reporting, and preventing potential fraud, waste, and abuse, and we look to our providers to assist us. We expect our dental partners to share this same commitment, conduct their businesses similarly, and report suspected noncompliance, fraud, waste or abuse.

Fraud, waste, and abuse are defined as:

**Fraud** is intentional deception or misrepresentation made by a person with knowledge the deception could result in some unauthorized benefit to themselves or some other person or entity. It includes any act which constitutes fraud under federal or state law.

**Waste** is the unintentional, thoughtless, or careless expenditure, consumption, mismanagement, use, or squandering of federal or state resources. Waste also includes incurring unnecessary costs as a result of inefficient or ineffective practices, systems, or controls.

**Abuse** is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and that result in the unnecessary cost to the government healthcare program or in reimbursement for services medically unnecessary or that fail to meet professionally recognized standards for health care. Abuse includes intentional infliction of physical harm, injury caused by negligent acts, or omissions, unreasonable confinement, sexual abuse, or sexual assault. Abuse also includes beneficiary practices that result in unnecessary costs to the healthcare program.

**Provider fraud** is any deception or misrepresentation committed intentionally, or through willful ignorance or reckless disregard, by a person or entity in order to receive benefits or funds to which they are not entitled. This may include deception by improper coding or other false statements by providers seeking reimbursement or false representations or other violations of federal health care program requirements, its associates, or contractors.

## **Reporting suspected fraud, waste, or abuse**

To report a suspected case of noncompliance, fraud, waste, or abuse, call the SKYGEN USA Fraud and Abuse hotline: **877-378-5292** or write to:

SKYGEN USA  
Attention: Fraud and Abuse  
10201 N Port Washington Rd  
Mequon, WI 53092

## Deficit Reduction Act: The False Claims Act

Section 6034 of the Deficit Reduction Act of 2005 signed into law in 2006 established the Medicaid Integrity Program in section 1936 of the Social Security Act. The legislation directed the Secretary of the United States Department of Health and Human Services (HHS) to establish a comprehensive plan to combat provider fraud, waste, and abuse in the Medicaid Program, beginning in 2006. The Comprehensive Medicaid Integrity Plan is issued for successive five-year periods.

Under the False Claims Act, those who knowingly submit or cause another person to submit false claims for payment of government funds are liable for up to three times the government's damages plus civil penalties of \$5,500 to \$11,000 for each false claim.

The False Claims Act allows private persons to bring a civil action against those who knowingly submit false claims. If there is a recovery in the case brought under the False Claims Act, the person bringing the suit may receive a percentage of the recovered funds.

For the party found responsible for the false claim, the government may exclude them from future participation in federal health care programs or impose additional obligations against the individual.

The False Claims Act is the most effective tool U.S. taxpayers have to recover the billions of dollars stolen through fraud every year. Billions of dollars in health care fraud have been exposed, largely through the efforts of whistleblowers acting under federal and state false claims acts.

For more information about the False Claims Act visit [www.TAF.org](http://www.TAF.org).

## Whistleblower Protection

The False Claims Act (FCA) provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. § 3730(h). Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. **SKYGEN USA Fraud and Abuse Hotline: 877-378-5292.**

# Eligibility & Member Services

Aetna Better Health of Kansas offers dental coverage for children and adults enrolled in the program. Aetna Better Health of Kansas determines member eligibility.

Aetna Better Health of Kansas includes the following plans:

- Kansas CHIP (Children Under Age 19)
- Kansas Medicaid (Adults and Children Under Age 20)

If your patients have questions about how to enroll in the Aetna Better Health of Kansas program, or if they have questions about loss of eligibility ask them to call the Managed Care Enrollment Center – **866-305-5147**.




## Member ID Card

Members receive the Aetna Better Health of Kansas Member ID cards from Aetna Better Health. Participating providers are responsible for verifying that members are eligible when services are rendered and for determining whether recipients have other health insurance.

Because it is possible for a member’s eligibility status to change at any time without notice, presenting a Member ID card does not guarantee a member’s eligibility, nor does it guarantee provider payment.

SKYGEN USA recommends each dental office make a photocopy of the member’s identification card each time treatment is provided. Please be aware the identification card is not dated and does not need to be returned to SKYGEN USA should a member lose eligibility.

## Sample Member ID Card

<p><b>Aetna Better Health® of Kansas Medicaid</b></p> <div style="text-align: right;">     </div> <p><b>Name</b> Last Name, First Name, MI  <b>Member ID#</b> 0000000000      <b>DOB</b> 00/00/0000      <b>Sex</b> X</p> <p><b>PCP</b> Last Name, First Name  <b>PCP Phone</b> 000-000-0000      <b>Effective Date</b> 00/00/0000</p> <p>.....</p> <p><b>RXBIN:</b> 610591    <b>RXPCN:</b> ADV    <b>RXGRP:</b> RX8849</p> <p>Pharmacist Use Only: 1-844-234-8268      </p> <p style="font-size: small;">THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.      MEKS</p>	<p><b>Aetna Better Health of Kansas</b>            9401 Indian Creek Parkway, Suite 1300, Overland Park, KS 66210</p> <p><b>Member Services:</b> 1-855-221-5656, (TTY 711)  <b>24-Hour Nurse Line:</b> 1-855-221-5656, (TTY 711)  <b>Vision Services:</b> 1-855-918-2259, (TTY 711)  <b>Dental Services:</b> 1-855-918-2257, (TTY 711)</p> <p><b>Prior authorization</b> is required for all inpatient admissions and selected outpatient services. To notify of an admission, please call <b>1-855-221-5656</b>.</p> <p>In case of an emergency go to the nearest emergency room or call 911. You don't need preapproval for emergency transportation or emergency care in the hospital.</p> <p><b>Send claims to:</b>      <b>Payer EDI:</b> 128KS            Aetna Better Health of Kansas            P.O. Box 61838            Phoenix, AZ 85082-1838</p> <p style="text-align: right; font-size: x-small;">KS1</p>
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## Verifying Member Eligibility

To verify member eligibility, you can:

- Log on to the Provider Web Portal: [pwp.sciodontal.com](http://pwp.sciodontal.com), click on the “Eligibility” tab and fill out the Member Information.
- The KMAP website provides information to Medicaid beneficiaries and providers including the most up-to-date Member eligibility, <https://www.kmap-state-ks.us/>.
- Call Interactive Voice Response (IVR) eligibility line: **855-918-2256**.
- Check member eligibility and benefits on the **date of service**.

The Provider Web Portal and IVR system are both available 24 hours a day, 7 days a week — giving you quick access to information without requiring you to wait for an available Customer Service Representative during business hours.

## Verifying Eligibility via IVR

Use our Interactive Voice Response system to verify eligibility for an unlimited number of patients. Call **855-918-2256**. Follow the prompts to identify yourself and the patient whose eligibility you are verifying.

Our system analyzes the information entered and verifies the patient’s eligibility. If the system cannot verify the member information, you will be transferred to a Customer Service Representative. You also have the option of transferring to a Customer Service Representative after completing eligibility checks, if you have other inquiries.

## Appointment Availability Standards

Aetna Better Health of Kansas Dental Program has established appointment time requirements to ensure patients receive dental services within a time period appropriate to their health condition. We expect dental providers to meet these appointment standards in order to:

- Ensure patients receive the care they need to protect their health.
- Maintain member satisfaction.
- Reduce unnecessary use of alternative services such as emergency room visits.

Dentists are expected to meet the following minimum standards for appointment availability:

- **Comprehensive assessment:** An initial, comprehensive assessment must be scheduled within 45 days of a patient’s enrollment.
- **Routine appointments:** Routine preventive care must be scheduled within 28 calendar days.
- **Urgent Services:** Urgent service must be available within 48 hours
- **Emergency services:** Emergency services must be available within 24 hours.

SKYGEN USA will educate providers about appointment standards, monitor the adequacy of the process, and take corrective action if required.



## Transportation Benefits

Aetna Better Health of Kansas covers all medically necessary ambulance transportation and all medically necessary non-emergency ambulance transportation. Members who need transportation assistance should contact Access2Care of Kansas at **866-252-5634**.

Non-emergency transportation is covered by the Medical Assistance Transportation Program (MATP). MATP is responsible for:

Non-emergency transportation to a medical service that is covered by the MATP Program. This includes transportation for urgent care appointments, transportation to another county to receive medical care as well as advice on locating a train, the bus and route information. Reimbursement is available for mileage, parking and tolls with valid receipts if the member used their own car or someone else's to get to the medical care provider.

## Missed Appointments

Enrolled providers are not allowed to charge members for missed appointments. If your office mails letters to members who miss appointments, the following language may be helpful to include:

- “We missed you when you did not come for your dental appointment on Month/Date. Regular checkups are needed to keep your teeth healthy.”
- “Please call to reschedule another appointment. Call us in advance if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help.”

Aetna Better Health of Kansas recommends contacting the member by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment.

The Centers for Medicare & Medicaid Services (CMS) interpret federal law to prohibit a provider from billing any Aetna Better Health of Kansas member for a missed appointment. In addition, your missed appointment policy for Aetna Better Health of Kansas enrolled patients cannot be stricter than your private or commercial patients. If an Aetna Better Health of Kansas member exceeds your office policy for missed appointments and you choose to discontinue seeing the patient, ask them to contact Aetna Better Health of Kansas for a referral to a new dentist.

## Payment for Non-Covered Services

Enrolled participating providers shall hold members, Aetna Better Health of Kansas and SKYGEN USA harmless for the payment of non-covered services except as provided in this paragraph. A provider may bill a member for non-covered services if the provider obtains an agreement from the member prior to rendering such service which indicates:

- The services to be provided.
- Aetna Better Health of Kansas or SKYGEN USA will not pay for or be liable for these services.
- Member will be financially liable for such services.

Providers must inform members in advance and in writing when the member is responsible for non-covered services.

# Retrospective Review, Prior Authorization & Documentation Requirements

## Prior Authorization for Treatment

Aetna Better Health of Kansas has specific utilization criteria, as well as a prior authorization review process, to manage the utilization of services. Whether prior authorization is required for a particular service, and whether supporting documentation is also required, is defined in this provider manual in Benefit Plan Details & Authorization Requirements.

Non-emergency services requiring prior authorization should not be started until the authorization request is reviewed and approved by a SKYGEN USA dental consultant. Non-emergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the member, Aetna Better Health of Kansas or SKYGEN USA.

Should a procedure need to be initiated to relieve pain and suffering in an emergency situation, you are to provide treatment to alleviate the patient's condition.

Submit requests for prior authorization online through the Provider Web Portal ([pwp.sciondental.com](http://pwp.sciondental.com)), electronically in a HIPAA-compliant data file. Any claims or authorizations submitted without the required documentation will be denied and must be resubmitted to obtain reimbursement.

SKYGEN USA will make a decision on a request for prior authorization within 14 calendar days from the date we receive the request, provided all information is complete.

SKYGEN USA will honor prior authorizations for 180 calendar days from the date they are determined. **An authorization does not guarantee payment.** The member must be eligible for benefits at the time services are provided.

SKYGEN USA reviewers and licensed dental consultants approve or deny authorization requests based on whether:

- The item or service is medically necessary.
- A less expensive service would adequately meet the member's needs.
- The proposed item or service conforms to commonly accepted standards in the dental community.

## Retrospective Review

Services that require retrospective review are outlined in the exhibit section at the end of this manual. Claims that require retrospective review need to be submitted with the appropriate documentation. Retro reviews are determined within 20 calendar days. Types of documentation required, not limited to, are:

- Radiographs (Pre-op, post-op or opposing arch x-rays as indicated in the exhibits)
- Narrative of medical necessity
- Perio charting

Any claims for retrospective review submitted without the required documents will be denied and must be resubmitted for reimbursement. The SKYGEN USA dental consultant reviews the documentation to ensure the services rendered meet the clinical criteria requirements as outlined in this manual. Once the clinical review is completed, the claim is either paid or denied within 30 calendar days for clean claims and notification will be sent to the provider via the provider remittance statement.

## Procedures Requiring Prior Authorization

SKYGEN USA must make a decision on a request for prior authorization within 14 calendar days from the date SKYGEN USA receives this request, provided all information is complete. If you indicate or we determine that following this time frame could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function, we will make an expedited authorization decision and provide notice of our decision within three calendar days.

If SKYGEN USA denies the approval for some or all of the services requested, SKYGEN USA will send the recipient a written notice of the reasons for the denial(s) and will tell the member he or she may appeal the decision. The requesting provider will also receive notice of the decision. SKYGEN USA has specific dental utilization criteria as well as a prior authorization and retrospective review process to manage the utilization of services. Consequently, SKYGEN USA's operational focus is on assuring compliance with its dental utilization criteria.

One method used on a limited basis to assure compliance is to require providers to supply specified documentation prior to authorizing payment for certain procedures. Services requiring prior authorization should not be started prior to the determination of coverage (approval or denial of the prior authorization) for nonemergency services. Nonemergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the member, the state of Kansas or any agents, and/or SKYGEN USA.

Prior authorizations will be honored for 180 days from the date they are issued. An approval does not guarantee payment. The member must be eligible at the time the services are provided. The provider should verify eligibility at the time of service. The basis for granting or denying approval shall be whether the item or service is medically necessary, whether a less expensive service would adequately meet the member's needs, and whether the proposed item or service conforms to commonly accepted standards in the dental community.

## Dental Surgery Services

Dental services that are to be performed outside your office, either in an outpatient department of a hospital or at an ASC, must be approved by SKYGEN USA to ensure the services meet the medical necessity criteria for services rendered in an outpatient facility (hospital or ASC).

## Appealing an Authorization Decision

If you have questions about a prior authorization decision or wish to speak to the dental reviewer, call Provider Services: **855-918-2256**. See the **Grievances & Appeals** section in this **manual** for information.

If SKYGEN USA denies approval for any requested service, the member will receive written notice of the reasons for each denial and will be notified of how to appeal the decision. The requesting provider will also receive notice of the decision.

To appeal an authorization decision, submit the appeal in writing along with any necessary documentation within 60 calendar days (an additional 3 calendar days for mailing time) of the original determination date to:

Aetna Better Health of Kansas  
Attn: Appeals Department  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

# Authorization Submission Procedures

SKYGEN USA accepts authorizations submitted in any of the following formats:

- Provider Web Portal, [pwp.sciondental.com](http://pwp.sciondental.com)
- Electronic submission via clearinghouse, Payer ID: **SCION**
- Paper submissions:  
Aetna Better Health of Kansas: Authorizations  
PO Box 1236  
Milwaukee, WI 53201

## Submitting Authorizations via Provider Web Portal

Providers may submit authorizations along with any required treatment documentation directly to SKYGEN USA through our Provider Web Portal: [pwp.sciondental.com](http://pwp.sciondental.com). Submitting authorizations via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility, pre-fill the authorization form with member information, and make data entry quick and easy.
- The online authorization process steps you through clinical guidelines, when applicable, giving you a quick indication of how your authorization request will be evaluated and whether it's likely to be approved. (Successfully completing a clinical guideline does not guarantee payment).
- The online authorization process indicates whether supporting documentation is required and allows you to attach and send documents as part of the authorization request—*for no charge*.
- Dental reviewers and consultants receive your authorization requests and supporting documentation as soon as you submit them online—which means you receive decisions faster.
- As soon as an authorization is determined, its status is instantly updated online and available for review. You don't have to wait for a letter to find out whether your authorization request is approved.

If you have questions about submitting authorizations online, attaching electronic documents, or accessing the Provider Web Portal, call the Electronic Outreach Team: **844-275-8756**.

## Submitting Authorizations via Clearinghouses

Providers may submit electronic claims and authorizations to SKYGEN USA directly via the DentalXChange or Smart Data Solutions clearinghouses. If you use a different clearinghouse, your software vendor can provide you with information you may need to ensure electronic files are forwarded to SKYGEN USA.

The SKYGEN USA Payer ID is **SCION**. By using this unique Payer ID with electronic files, DentalXChange and Smart Data Solutions can ensure that claims and authorizations are submitted successfully to SKYGEN USA.

## Submitting Authorizations via 837D File

If you can't submit claims and authorizations electronically through the Provider Web Portal or a clearinghouse, SKYGEN USA will work with you individually to receive electronic files submitted using the HIPAA-Compliant 837D transaction set format. To inquire about this option, call Provider Services: **855- 918-2256**.

## Attaching Electronic Documents

If you use the Provider Web Portal ([pwp.sciondental.com](http://pwp.sciondental.com)), you can quickly and easily send electronic documents as part of submitting a claim or authorization—**for no charge**. SKYGEN USA also accepts dental radiographs and other documents electronically via Fast Attach™ for authorization requests. For more information, visit [www.nea-fast.com](http://www.nea-fast.com) or call NEA (National Electronic Attachment, Inc.): **800-782-5150**.

## Submitting Authorizations on Paper Forms

To ensure timely processing of submitted authorizations, the following information must be included on the paper 2012 ADA Dental Claim Form:

- Member Name, Member Medicaid ID Number, Member Date of Birth
- Provider Name, Provider Location, Provider NPI
- Billing Location
- Payee Tax Identification Number (TIN)

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form: all quadrants, tooth numbers, and surfaces for dental codes that require identification (extractions, root canals, amalgams, and resin fillings). SKYGEN USA recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with codes AS through TS or 51 through 82.

Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is 1, then chart the supernumerary tooth as 51. Likewise, if the nearest tooth is A, chart the supernumerary tooth AS. Missing, incorrect, or illegible information could result in the authorization being returned to the submitting provider's office, causing a delay in determination. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned.

# Claim Submission Procedures

SKYGEN USA accepts claims submitted in any of the following formats:

- Provider Web Portal, [pwp.sciondental.com](http://pwp.sciondental.com)
- Electronic submission via clearinghouse, Payer ID: **SCION**
- Aetna Better Health of Kansas: Claims  
PO Box 359  
Milwaukee WI 53201

## ICD Code Requirement Reminders and Resources

In accordance with Kansas Department of Health and Environment (KDHE) policy, SKYGEN USA will be enforcing the HIPAA submission requirements for the 2012 or current ADA dental claim form.

- Diagnosis codes must be submitted with Oral and Maxillofacial Surgery CDT codes (D7000s) and Anesthesia CDT codes (D9200s).
- Claims billed without a valid ICD diagnosis code for each of these services will be denied. Diagnosis codes are available for download on the [CDC.gov website](http://www.cdc.gov).
- The ADA includes diagnosis code information in the *CDT Companion Guide* that is available for purchase through the ADA. Dental claims submitted with diagnosis codes will be subject to diagnosis validation editing.
- The clinical notes in the chart must support the diagnosis code(s) that you list on the claim form.

The provider must submit the qualifier in box 34, enter the diagnosis code(s) in box 34a and enter a diagnosis pointer in box 29a for each Oral and Maxillofacial Surgery and Anesthesia service line, and follow the instructions for completing the fields appropriately when submitting an ICD diagnosis code.

If a valid ICD Code is submitted but a diagnosis pointer is missing, your requested service will be denied.

- Claims that include ICD codes which are NOT required by SKYGEN, but are invalid (e.g., the diagnosis code is not appropriate for the procedure code) will be denied. Therefore, it is important to include valid ICD codes for the CDT codes.
- Electronic claim submissions through the SKYGEN USA Dental Provider Web Portal and selected clearinghouses are accepted. Electronic versions conform to 2012 ADA Claim Form fields. Links to current electronic options are:
  - SKYGEN Dental Provider Web Portal: <https://pwp.sciondental.com>
  - Change Healthcare: [www.changehealthcare.com](http://www.changehealthcare.com)
  - DentalXChange: [www.dentalxchange.com](http://www.dentalxchange.com)
  - Cognizant Trizetto: [www.cognizant.com](http://www.cognizant.com)

Please note that our representatives are not allowed to provide instructions on how to submit your claims with ICD requirements. We can provide you with information regarding resources available to your office.

## Submitting Claims via Provider Web Portal

Providers may submit claims directly to SKYGEN USA Dental through our Provider Web Portal: [pwp.sciondental.com](http://pwp.sciondental.com). Submitting claims via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility, pre-fill the claim form with member information, and make data entry quick and easy.
- The online process allows you to attach and send electronic documents as part of submitting a claim—*for no charge*.
- Before submitting a claim—or before rendering services—you can generate an online claim estimate to find out how much you are likely to be paid or whether your claim will be denied—and the reasons why.
- Claims enter our benefits administration system faster—which means you receive payment faster.
- As soon as a claim is paid, its status is instantly updated online, and a Remittance Report is available for review.

If you have questions about submitting claims online, attaching electronic documents, or accessing the Provider Web Portal, call the Electronic Outreach Team: **844-275-8756**.



## Submitting Claims via Clearinghouses

Providers may submit electronic claims and authorizations to SKYGEN USA directly via the DentalXChange or Smart Data Solutions clearinghouses. If you use a different clearinghouse, your software vendor can provide you with information you may need to ensure electronic files are forwarded to SKYGEN USA.

The SKYGEN USA Payer ID is **SCION**. By using this unique Payer ID with electronic files, DentalXChange and Smart Data Solutions can ensure that claims and authorizations are submitted successfully to SKYGEN USA.

## Submitting Claims on Paper Forms

To ensure timely processing of submitted claims, the following information must be included on the paper 2012 ADA Dental Claim Form:

- Member Name, Member Medicaid ID Number, Member Date of Birth
- Provider Name, Provider Location, Provider NPI
- Billing Location
- Payee Tax Identification Number (TIN)

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form: all quadrants, tooth numbers, and surfaces for dental codes that require identification (extractions, root canals, amalgams, and resin fillings). SKYGEN USA recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with codes AS through TS or 51 through 82. Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is 1, then chart the supernumerary tooth as 51. Likewise, if the nearest tooth is A, chart the supernumerary tooth as AS. Missing, incorrect, or illegible information could result in the claim being returned to the submitting provider's office, causing a delay in determination. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned.

## Coordination of Benefits (COB)

When Aetna Better Health of Kansas is the secondary insurance carrier, a copy of the primary carrier's Explanation of Benefits must be submitted with the claim. For electronic claim submissions, the payment made by the primary carrier must be indicated in the appropriate Coordination of Benefits (COB) field.

## **Kansas Claim Processing Rules for Other Health Insurance (OHI)**

All Kansas Providers must apply the following information when submitting claims for members who have active Primary Insurance, Third Party Liability (TPL) for the date of service (DOS) on the claim. The enhanced TPL process applies to Paper and Provider Web Portal claim submissions. EDI claims submission require Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) by the clearinghouses.

Kansas Medicaid Assistance Program (KMAP) has advised all claims submitted with Primary Insurance payment must be submitted with a CARC code for each service line unless the Primary Insurance did not make an adjustment to the service payment. SKYGEN USA follows KMAP TPL policy. All KMAP TPL billing requirements still apply.

- Please provide a copy of the original remittance advice (RA) or EOB that was received from the primary insurance (not KanCare), or other third party liability (TPL) documentation.
  - This information must clearly display the member name, the insurer name, dates of service, charges and TPL payment.
  - If you never received an RA or EOB from the primary insurance, then please include a brief explanation as to why an RA or EOB was not received (i.e., no response from the insurance company).
- The Primary Insurance must be billed PRIOR to billing Kansas Medicaid. Medicaid is to be the payer of last resort.
- Providers must include information about active primary TPL insurance coverage for members who participate in the Kansas Medicaid benefit plan when submitting a claim for the date of service.

### **When submitting a claim for members with active primary TPL insurance coverage:**

- The Explanation of Benefits (EOB) from the primary TPL insurance should list the CARC and/or RARC code for each adjusted service line.
- All COB payments and member responsibility must be documented in the appropriate fields for paper claim submissions.
- COB payment and member responsibility needs to be included in the appropriate loop or segment field for claims submitted via clearinghouse.
- The COB payment amounts from the primary dental insurance must be documented for each service line.

### **What to do if a claim is denied because a CARC or RARC code is not supplied for each payment adjustment:**

If a claim is denied because a CARC or RARC code is not supplied for each payment adjustment, providers will see a denial description of 'Please resubmit with valid CARC/RARC information'. KMAP has provided a document as a tool to submit CARC and/or RARC codes missing from the EOB. This document is available on the Provider Portal or through the link below:

- [KMAP CARC-RARC Document](#)
- A complete and current list of codes is available at the [Washington Publishing Company website](#).

### **What to do if a claim is denied when your records show the member does not have TPL insurance:**

If a claim is denied due to missing EOB information from the primary insurer and there is documentation of termed TPL, please complete the [TPL update form](#) and send it to the State of Kansas.

- Mail: PO Box 3571, Topeka, Kansas 66601
- Fax number: **785-274-5918**
- Email: [KSXIX-TPL-Request@dxc.com](mailto:KSXIX-TPL-Request@dxc.com)

SKYGEN USA includes the patient responsibility in the calculation of the reimbursement of claims with COB per the following processing rule: Discounts or write-off amounts are not considered.

- SKYGEN USA pays the lesser of either (Medicaid Allowed Amount minus previous payments) or the Patient Responsibility Amount. Aetna Better Health of Kansas will consider the claim paid in full and no further payment will be made on the claim.
- Reimbursement is calculated differently for Federally Qualified Health Center, Rural Health Center and Indian Health Center claims when a member's primary carrier has made payment. For these claims, SKYGEN USA pays the amount allowed by SKYGEN USA minus the other insurance payment.

## **Timely Filing Limits**

SKYGEN USA must receive claims requesting payment within 180 days from the date of service. Claims submitted more than 180 days from the date of service will be denied for "untimely filing." If a claim is denied for untimely filing, you may not bill the member. If Aetna Better Health of Kansas is not the primary carrier, the claim still must be received within 180 from process date on EOB.

## Corrected Claim Process

***When Should I Submit a Corrected Claim?*** A corrected claim should ONLY be submitted when an original claim or service was PAID based upon incorrect information. Corrected claims need to be submitted within 365 days of the date of service.

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

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

***What scenarios are subject to the Corrected Claim Process?*** A corrected claim should only be submitted if the original service(s) was PAID based on incorrect information. Some examples of correction(s) that need to be made to a prior PAID claim are:

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

***How do I submit a Corrected Claim?*** All corrected claims must be submitted on paper to the corrected claims PO Box for proper processing and include the following:

- Current version of the ADA form and all required information.
- The ADA form must be clearly noted "Corrected Claim"
- In the remarks field (Box 35) on the ADA form indicate the original paid encounter number and record all corrections you are requesting to be made. NOTE: If all information does not fit in Box 35, please attach an outline of corrections to the claim form and submit it to:

Aetna Better Health of Kansas: Corrected Claims  
PO Box 541  
Milwaukee WI 53201

## Resubmitting a Denied Claim

At this time the only method for a provider to submit a corrected claim to SKYGEN is via paper. To resubmit a claim that has been denied with additional information, follow the standard Claim Submission Procedures section of this provider manual. Timely filing limitations apply when a claim is resubmitted for reprocessing. Corrected claims need to be submitted within 365 days of the date of service.

## Receipt & Audit of Claims

To ensure timely, accurate payment to each participating provider, SKYGEN USA audits claims for completeness as they are received. This audit validates member eligibility, procedure codes, and provider identification information. A Dental Reimbursement Analyst reviews any claim conditions that would result in nonpayment. When potential problems are identified, your office may be asked to help resolve the issue. For questions about claims submission or remittances, call Provider Services: **855-918-2256**.

## Claims Adjudication & Payment

The SKYGEN USA Dental benefits administration software system imports claim and authorization data, evaluates and edits the data for completeness and correctness, analyzes the data for clinical appropriateness and coding correctness, audits against plan and benefit limits, calculates the appropriate payment amounts, and generates payments and remittance summaries. The system also evaluates and automatically matches claims and services that require prior authorizations and matches the claims and services to the appropriate member record for efficient and accurate claims processing.

As soon as the system prices and pays claims, checks and electronic payments are generated, and remittance summaries are posted and available for online review from the Provider Web Portal: ([pwp.sciondental.com](http://pwp.sciondental.com)). To appeal a reimbursement decision, submit the appeal in writing within 63 days of the decision date, along with any necessary documentation to:

Aetna Better Health of Kansas  
Attn: Appeals Department  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

# Grievances & Appeals

Aetna Better Health of Kansas and SKYGEN USA are committed to providing high-quality dental services to all members. As part of that commitment, we work to ensure all members and providers have every opportunity to exercise their rights to a fair and timely resolution to any grievances and appeals. Our procedures for handling and resolving grievances (complaints) and appeals are designed to:

- Ensure fair, just, and speedy resolutions by working cooperatively with providers and supplying any documentation related to grievances and/or appeals, upon request.
- Treat providers and members with dignity and respect at all levels of the grievances and appeals resolution process.
- Inform providers and members of their full rights as they relate to grievance and appeal resolutions, including their rights of appeal at each step in the process.
- Resolve grievances and appeals in a satisfactory and acceptable manner within the Aetna Better Health of Kansas and SKYGEN USA Dental protocol.
- Comply with all regulatory guidelines and policies with respect to grievances (complaints) and appeals.
- Efficiently monitor the resolution of grievances, to allow for tracking and identifying unacceptable patterns of care over time.

Differences sometimes arise between dental providers and insurers or their benefit administrators regarding prior authorization determinations and payment decisions. Since many of these issues result from misunderstanding of service coverage, processing policy, or payment levels, we encourage providers to contact us for explanations and education. For assistance, call Provider Services: **855-918-2256**. A designated Aetna Appeals Specialist is dedicated to the expedient, satisfactory resolution of both provider and member grievances and appeals.

## Making a Grievance

Aetna takes an active role assisting providers and members who have grievances. If you have a grievance, send a written grievance to:

Aetna Better Health of Kansas  
Attn: Appeals Department  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

You can also file a verbal grievance by calling Aetna Better Health at **855-221-5656**.

## Grievance Investigation & Resolution

Aetna investigates and resolves grievances within the following time frames:

- Expedited Member Grievance: within 72 hours of receipt
- Standard Member or Provider Grievance: within 30 days of receipt.

## Appeals Investigation & Resolution

Appeals are available to any member or provider who disagrees with a decision to deny services or payment for services. Appeals can also be requested by representatives who are authorized to appeal on behalf of a member, such as a lawyer, parent or guardian, dental provider, etc. SKYGEN USA provides both the member and the provider a copy of their appeal rights with each pre-or post-service denial.

## Submitting Provider Reconsiderations

A provider may request a claim reconsideration if they would like us to review the claim decision. Claim reconsideration is available to providers prior to submitting an appeal. Reconsideration requests must be submitted within 120 calendar days (an additional 3 calendar days is allowed for mailing time) from the date of the notice of the claim denial. Providers may submit reconsideration requests verbally by contacting the Aetna Better Health Provider Experience department at **855-221-5656 (TTY 711)**. Providers can submit a written reconsideration to:

Aetna Better Health of Kansas  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

Aetna Better Health will review your reconsideration request and provide a written response within 30 calendar days of receipt.

## Submitting Provider Appeals

Providers who disagree with claim payment decisions may submit a written appeal within 60 calendar days (an additional 3 calendar days for mailing time) of the original denial date. If a reconsideration was requested, providers have 60 calendar days (an additional 3 calendar days for mailing time) from the date of the reconsideration resolution letter to file an appeal. Send written appeals to:

Aetna Better Health of Kansas  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

## Submitting Member Appeals

A member may appeal any decision which denies or reduces services. Appeals are reviewed under our administrative appeal procedure. As a provider, you may file an authorization appeal on a member's behalf, with their written consent. Include your name and your clinic address, member's name and Member ID, reasons you disagree with the decision, and additional documentation that supports your appeal, such as x-rays, treatment plans, medical records, etc. Appeals regarding authorization determinations must be filed within 60 calendar days (an additional 3 calendar days for mailing time) of the authorization denial date. Send written member appeals to:

Aetna Better Health of Kansas  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

## Expedited Appeals

Members and Providers may ask for an expedited (fast) appeal if waiting 30 calendar days could put the member's life or health in danger. To ask for a fast appeal, call Aetna Better Health toll free at **855-221-5656 (TTY 711)**. You don't have to request a fast appeal in writing. If we expedite the appeal, we'll let you know our decision within 72 hours of receiving the expedited request. If we don't feel the appeal needs to be expedited, we'll:

- Call you right away
- Send you a letter within two calendar days letting you know we'll review your appeal within 30 calendar days

If you don't agree with our decision not to expedite the appeal, a grievance (complaint) may be filed with Aetna Better Health.

## State Fair Hearings

You or an authorized representative may file a state fair hearing if you don't agree with our appeal decision. You must file a state fair hearing within 120 calendar days of the date of the notice of the appeal decision. (An extra three calendar days is allowed for mailing time.)



# Provider Credentialing

High-quality dental providers are essential to the success of the Aetna Better Health of Kansas Dental Program, and even more importantly, essential to the health of members enrolled in its Medicaid benefit plans.

While the Aetna Better Health of Kansas Dental Program has an open recruitment strategy that encourages all providers to participate, all dentists seeking acceptance into the network must undergo a qualification process which includes a background check, licensing verification, and primary source verification of professional credentials.

As required by law, any dentist (DDS or DMD) who is interested in participating with the Aetna Better Health of Kansas Dental Program is invited to apply and submit a credentialing application for review by SKYGEN USA's Credentialing Committee. We do not differentiate or discriminate in the treatment of providers seeking credentialing on the basis of race, ethnicity, gender, age, national origin, or religion.

All dentists seeking acceptance into the network must enroll with KMAP and obtain their state Medicaid ID license. <https://www.kmap-state-ks.us/Public/Enrollment%20Application.asp>

Providers must be credentialed before participating in the Aetna Better Health of Kansas Dental Program network. Providers accepted into the network are recredentialed at least every 36 months.

## Credentialing Process

The SKYGEN USA credentialing process follows NCQA (National Committee for Quality Assurance) credentialing guidelines for dentistry. All credentialing applications must satisfy NCQA and/or URAC standards of credentialing as they apply to dental services. SKYGEN USA has the sole right to determine which dentists it accepts and continues to allow as participating providers in the Aetna Better Health of Kansas Dental Program network.

In reviewing an application, the Credentialing Committee may request further information from the applicant. The Credentialing Committee may postpone a decision pending the outcome of an investigation of the applicant by a hospital, licensing board, government agency, institution, or any other organization, or the Committee may recommend other actions it deems appropriate. SKYGEN USA notifies Aetna of all disciplinary actions that involve participating providers.

Any acceptance of an applicant is conditioned upon the applicant's execution of a participation agreement with Aetna Better Health of Kansas Dental Program. SKYGEN USA will not enroll any provider with an effective date prior to the date for which credentialing verification is complete. As a result, we can no longer backdate an enrollment effective date prior to completion of credentialing.

If you have questions about the credentialing process or need assistance, call the SKYGEN USA Credentialing team: **855-812-9211**.

## Submitting a Credentialing Application

To submit your credentialing application and required documents:

- Provider must enroll with the State's Medicaid program through KMAP and complete an application on there before SKYGEN USA may begin credentialing. KMAP's address is <https://www.kmap-state-ks.us/Public/homepage.asp>
- Once the Medicaid application is complete please provide SKYGEN USA with the provider's CAQH ID number to: [credentialing@skygenusa.com](mailto:credentialing@skygenusa.com); or
- Send email with attachments to: [credentialing@skygenusa.com](mailto:credentialing@skygenusa.com); or
- Send paper documents to:

Aetna Better Health of Kansas: Credentialing  
PO Box 2059  
Milwaukee WI 53201

## Recredentialing Process

Recredentialing is required at least every 36 months, per NCQA guidelines. Six months before you are due for recredentialing, SKYGEN USA will notify you of your upcoming recredentialing due date. Our notification letter will include instructions for how to complete the recredentialing process. If you have questions about recredentialing or need assistance, call the SKYGEN USA Credentialing team: **855-812-9211**.

## Appealing a Credentialing Decision

The SKYGEN USA Credentialing Committee has the discretion and authority to accept an application without restrictions. However, if the Credentialing Committee determines an application should be accepted with restriction or declined, the Committee recommends the appropriate action to the Executive Subcommittee for approval and offers the applicant an opportunity to request a reconsideration review or appeal the recommendation.

If the applicant accepts the opportunity for a reconsideration review, the Credentialing Committee reviews all original documents, as well as any additional information submitted for the reconsideration review. If an applicant appeals the Credentialing Committee's recommendation, a Peer Review Committee completes the review. SKYGEN USA retains ultimate responsibility for the credentialing process and final credentialing decisions.

To appeal a decision, send a written request for a reconsideration review within 30 days of receiving an adverse recommendation to:

Aetna Better Health of Kansas: Credentialing  
PO Box 2059  
Milwaukee WI 53201

# Clinical Criteria

## Medical Necessity

SKYGEN USA defines medical necessity as accepted healthcare services and supplies provided by healthcare entities appropriate to the evaluation and treatment of a disease, condition, illness, or injury and consistent with the applicable standard of care.

Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain, to restore form and function to the dentition, and to correct facial disfiguration or dysfunction.

Medical necessity is the reason why a test, a procedure, or an instruction is performed. Medical necessity is different for each person and changes as the individual changes. The dental team must provide consistent, methodical documentation of medical necessity for coding. Please note: For children receiving EPSDT services, any limits on services may be exceeded when medically necessary.

## Emergency Treatment

Should a procedure need to be initiated to relieve pain and suffering in an emergency situation, you are to provide treatment to alleviate the patient's condition. To receive reimbursement for emergency treatment, submit all required documentation along with the claim for services rendered. SKYGEN USA uses the same clinical criteria (and requires the same supporting documentation) for claims submitted after emergency treatment.

## Kansas Clinical Criteria for Retro-Review and Prior Authorization of Treatment and Emergency Treatment

Some procedures require retrospective review (after treatment is performed) or prior authorization (before initiating treatment). When requesting these procedures, please note the documentation requirements when sending the information to SKYGEN USA. The criteria SKYGEN USA dental reviewers will look for in order to approve the request is listed below.

When submitting for prior authorization / retrospective review of these procedures, please note the documentation requirements when sending in the information to SKYGEN USA. If there is any question that a procedure which is subject to retro-review may not meet criteria and may not be paid, you have the option of submitting the procedure for prior authorization first.

SKYGEN USA criteria utilized for medical necessity determination were developed from information collected from American Dental Association's Code Manuals, clinical articles and guidelines, as well as dental schools, practicing dentists, insurance companies, other dental related organizations, and local state or health plan requirements.

The criteria SKYGEN USA reviewers will look for in order to approve the request is listed below. Should the procedure need to be initiated under an emergency condition to relieve pain and suffering, you are to provide treatment to alleviate the patient's condition. However, to receive reimbursement for the treatment, SKYGEN USA will require the same criteria/documentation be provided (with the claim for payment) and the same criteria be met to receive payment for the treatment.

## **Clinical Criteria Descriptions**

### **Radiographs/Diagnostic Imaging**

- Documentation describes medical necessity

### **Other Temporomandibular Joint Films, by Report**

- Documentation describes medical necessity

### **Crowns/Onlays/Coping- Retro-Review**

- Minimum 50 percent bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT
- Anterior – 50 percent incisal edge/4+ surfaces involved
- Bicuspid – 1 cusp/3+ surfaces involved
- Molar – 2 cusps/4+ surfaces involved

### **Cast Posts and Cores/Prefabricated Post and Cores- Retro-Review**

- Minimum 50 percent bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT

### **Pulpotomy/Debridement/Pulp Therapy/Regeneration- Retro-Review**

- Documentation supports procedure

### **Root Canals- Retro-Review**

- Minimum 50 percent bone support
- No periodontal furcation
- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion/temp
- Closed apex

### **Treatment of Root Canal Obstruction- Retro-Review**

- Documentation supports procedure

### **Apexification- Retro-Review**

- Minimum 50 percent bone support
- Evidence of apical pathology/fistula
- Evidence of deep caries/restoration, fracture, near pulpal exposure with open apex
- Pain from percussion or temperature with open apex
- Fill X-ray with claim (final visit)

#### **Apicoectomy/Periradicular Services- Retro-Review**

- Minimum 50 percent bone support
- History of RCT
- Apical pathology
- No caries below bone level

#### **Gingivectomy or Gingivoplasty- Retro-Review**

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

#### **Anatomical Crown Exposure- Retro-Review**

- Documentation supports procedure, need to remove tissue/bone to provide anatomically correct gingival relationship

#### **Surgical Revision - Retro-Review**

- Documentation supports need to refine results of previous surgical procedure

#### **Scaling and Root Planning- Retro-Review**

- D4341
  - Four or more teeth in the quadrant
  - 5 mm or more pocketing on two or more teeth indicated on the perio charting
  - Presence of root surface calculus and/or noticeable loss of bone support on X-rays
- D4342
  - One to three teeth in the quadrant
  - 5 mm or more pocketing on one or more teeth indicated on the perio charting
  - Presence of root surface calculus and/or noticeable loss of bone support on X-rays

#### **Full Dentures- Retro-Review**

- Existing denture greater than 5 years old
- Remaining teeth do not have adequate bone support or are restorable

#### **Partial Dentures- Retro-Review**

- Replacing one or more anterior teeth
- Replacing two or more posterior teeth unilaterally (excluding third molars)
- Replacing three or more posterior teeth bilaterally (excluding third molars)
- Existing partial denture greater than 5 years old
- Remaining teeth have greater than 50 percent bone support and are restorable

#### **Unilateral Partial Denture- Retro-Review**

- Replacing one or more missing teeth in one quadrant
- Existing partial denture greater than 5 years old
- Remaining teeth have greater than 50 percent bone support and are restorable

### **Tissue Conditioning- Retro-Review**

- Date of service

### **Implant Removal, by Report- Retro-Review**

- Documentation describes medical necessity for surgical removal of an implant

### **Surgical Removal of Erupted Tooth- Retro-Review**

- Greater than 50 percent bone support
- Periapical pathology or furcation involvement
- Gross carious lesion or large existing restoration
- Curved or dilacerated root
- Elevation of flap and/or removal of bone and/or sectioning of tooth

### **Impacted Teeth (Asymptomatic Impactions will not be approved) - Retro-Review**

- Documentation describes pain, swelling, etc. around tooth (must be symptomatic) and documentation noted in the patient record
- Tooth impinges on the root of an adjacent tooth, is horizontal impacted, or shows a documented enlarged tooth follicle or potential cystic formation
- Documentation supports procedure for unusual surgical complications
- X-rays match type of impaction code described

### **Surgical Removal of Residual Tooth Roots- Retro-Review**

- Tooth root is completely covered by tissue on X-ray
- Documentation describes pain, swelling, etc. around tooth (must be symptomatic) and documentation noted in the patient record

### **Oroantral Fistula Closure/Sinus Perforation- Retro-Review**

- Due to extraction, oral infection or sinus infection
- Surgical Access of an Unerupted Tooth- Retro-Review
- Documentation supports impacted/unerupted tooth
- Tooth is beyond one year of normal eruption pattern

### **Biopsy- Retro-Review**

- Copy of pathology report with claim

### **Alveoloplasty without Extractions- Retro-Review**

- Necessary for fabrication of a prosthesis

### **Vestibuloplasty- Retro-Review**

- Documentation supports lack of ridge for denture placement

### **Excision of Bone Tissue- Retro-Review**

- Necessary for fabrication of a prosthesis

### **Maxillary Sinusotomy- Retro-Review**

- Documentation describes presence or description of root fracture of foreign body in maxillary antrum

### **Fractures – Simple/Compound- Retro-Review**

- Documentation describes accident, operative report and medical necessity

### **Reduction and Dislocation and Management of TMJ Dysfunctions- Retro-Review**

- Narrative, X-rays or photos support medical necessity for procedure

### **Skin Graft- Retro-Review**

- Documentation describes location and type of graft

### **Other Repair Procedures (Oral and Maxillofacial Surgery) - Retro-Review**

- Narrative, X-rays or photos support medical necessity for procedure

### **Frenulectomy- Retro-Review**

- Documentation describes tongue tied, diastema or tissue pull condition

### **Frenuloplasty- Retro-Review**

- Documentation indicates frenum will be repositioned instead of being excised

### **Excision of Pericoronal Gingiva- Retro-Review**

- Documentation shows tissue partially covers occlusal surface of crown
- Documented history of repeat infections

### **Regional/Trigeminal Division Block Anesthesia- Retro-Review**

- Documentation describes medical necessity for procedure beyond local anesthesia with claim

### **General Anesthesia/IV Sedation (Dental Office Setting) – One or more of the criteria below- Retro-Review**

- Extractions of impacted or unerupted cuspids or wisdom teeth or surgical exposure of unerupted cuspids
- Two or more extractions in two or more quadrants
- Four or more extractions in one quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation showing the patient is younger than 9 years old with extensive treatment (described)
- Documentation of failed local anesthesia and documentation noted in patient record
- Documentation of situational anxiety and documentation noted in patient record
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy or condition that would render patient noncompliant)

### **Inhalation of Nitrous Oxide/Analgesia- Retro-Review**

- Documentation describes medical necessity for procedure with claim

**Hospital Call- Retro-Review**

- Documentation of time spent and reason for hospital call

**Therapeutic Drug Injection- Retro-Review**

- Description of drugs (antibiotics, steroids, anti-inflammation or other therapeutic medication) and parental administration

**Behavior Management, by Report- Retro-Review**

- Documentation (treatment history) supports indication of no cooperative child under the age of 9 years
- Documentation supports indication of patient with a medical condition (cardiac, cerebral palsy, epilepsy, or other condition that would render the patient noncompliant)

**Unspecified Procedures, by Report- Retro-Review**

- Procedure cannot be adequately described by an existing code

**Orthodontics-Prior-Authorization**

For all orthodontic treatment listed below:

- History or a current condition of a severe orthodontic abnormality caused by a genetic deformity (such as cleft lip or cleft palate)
- Traumatic facial injury substantiated by a medical report (i.e., auto accident) resulting in serious health impairment (reconstructive jaw surgery, etc.)
- Fixed or removable appliance therapy
- Limited interceptive treatment
- Comprehensive

**Pre-orthodontic Treatment Visit (Ortho Records) -Prior-Authorization**

- Reimbursed only for denied treatment requests



# Covered Benefits

## KanCare Programs Description Plan Eligibility

Aetna Better Health KS CHIP (0-18)

Aetna Better Health KS Title 19 Medicaid Adult/Medicaid Child (0-20)

Aetna Better Health Physical Disability [PD] Waiver Program

Aetna Better Health KS Medicaid - Spenddown

Aetna Better Health KS HCBS Frail Elderly

## Medically Needy (Spenddown)

In some cases, the income of a family or individual exceeds the income standard to receive public assistance monies. However, their income is not sufficient to meet all medical expenses. The family group/individual is considered Medically Needy (MN), and then must incur a specified amount of medical expenses before they are eligible for Medicaid benefits. This process is referred to as spend-down.

SKYGEN USA does not make payment on the amount that is the beneficiary's responsibility until after they have met their spenddown amount. Providers can call SKYGEN USA Provider Services at **855-918-2256**, or check the KMAP website (<https://www.kmap-state-ks.us/>), to identify those beneficiaries with a spenddown obligation. Note: Do not reduce the claim charges or balance due by the spenddown amount. This reduction is made automatically during claim processing.

A full listing of covered services by benefit plan is outlined in the "Authorization Requirements and Benefit Plan Detail" section at the end of the manual. The "Authorization Requirements and Benefit Plan Details" provides you with:

- Complete listing of all covered codes
- Description of Retro Claim Review or Prior Authorization Requirement per code
- Listing of documentation required for Retro Claim Review and Prior Authorization submissions
- Age maximums per each code. Certain services are only covered to a certain age and the maximum age is listed in the Age Max column of the grid
- Additional information regarding coverage or limitations for a specific code

## Crisis Exception Process

Members in the Frail Elderly waiver are eligible for select oral health services above and beyond those dental services that are covered for all adult Medicaid members. These oral health services include accepted dental procedures, diagnostic, prophylactic, restorative care, allows for the purchase, adjustment, and repair of dentures, and anesthesia services provided in the dentist's office and billed by the dentist. The services do not include outpatient or inpatient facility care, orthodontic and implant services, or provision of oral health services for cosmetic services.

Please note that members in the HCBS Frail Elderly waiver are limited to their assessed level of service in regards to additional oral health services, as provided to Adult Title-19 Medicaid members. However, additional benefits can be provided subject to a crisis exception process.

In addition to the documentation required for the requested service, please include a narrative of medical necessity. The narrative should include at a minimum a documented assessment of the member's oral health and the below information:

- Did the member have a treatment plan in place prior to 1/1/2010? If yes, what treatment is left in progress?
- Does the member require emergency treatment to resolve an oral health issue that is life threatening?
- How will non-treatment of the oral health issue impact the member?

Active Infection

Soft tissue or bone that causes abscess  
Class 3 mobility – (non-restorable tooth)

Inflammation

Leading to infection (chronic) Hygienist treatment

Cavity

Infection possible (restore)  
Chipped tooth/broken tooth

In addition, does the member have:

- Diabetes (especially apply to questions 1 & 2).
- Doesn't have dentures- only 3 to 4 teeth, lack of ability to eat.
- A lack of infection but would rank above cavity/chipped tooth.
- Only has a few teeth left and will risk maintaining good nutrition. 6 teeth on top and 6 teeth on bottom could function depending on which teeth.
- Rate of inflammation to infection differs depending on specific circumstances.

Once the patient is determined to have a life-threatening condition, the dental consultant will review the clinical criteria for the requested services to determine if the requested service is in the best interest of the member.

## Code D9999

Dental procedure code D9999, clinical and caries risk assessment, toothbrush prophylaxis of a child ages 0-3 years and counseling to parents/primary caregiver, will be covered for FQHCs and all dental provider specialties when rendered by a Registered Dental Hygienist with an Extended Care Permit. Please indicate in the comments section of the ADA Claim Form, "ECP Risk Assessment 0-3 years of age."

## Orthodontic Services

Orthodontic services are limited to recipients whose disability and impairment to their physical development due to the following conditions:

- History or current condition of a severe orthodontic abnormality caused by a genetic deformity (such as cleft lip or cleft palate)
- Traumatic facial injury substantiated by a medical report (i.e. auto accident) resulting in serious health impairment (reconstructive surgery etc.)

## **Exclusions**

SKYGEN USA will not reimburse for:

- Treatment primarily for cosmetic purposes
- Expanders
- Crossbite
- Overcrowding of teeth
- Over bite / under bite (buck teeth)
- Displacement of jaw (TMJ)
- Missing teeth or too many teeth
- Teeth growing in the palate area
- Split phase treatment, with exception of cleft palate cases

For children receiving EPSDT services, any limits on services may be exceeded when medically necessary.

## **Facilities with Encounter Payments (FQHC/RHCs/IHS)**

All dental services performed by facilities which are reimbursed through encounter payments need to submit an encounter claim for each unique member visit. The encounter claim is processed to track utilization of HEDIS/EPSDT services. It is mandatory to submit encounter data per state and federal guidelines. Claims should be submitted with each individual service rendered. The services will be entered into SKYGEN USA's claims payment system for utilization tracking. The actual encounter payment will be paid on the first service line of your claim, which will match your encounter fee as provided by KanCare.

## **Services by an Extended Care Permit Hygienist (ECP)**

Effective May 26, 2014, dental services are reimbursable to a participating dental provider when performed by an Extended Care Permit Hygienist (ECP). The sponsoring dentist must give oral or written instruction for the ECP to provide these services.

If the sponsoring dentist gives the permission and the procedure(s) are consistent with those listed below they will be considered for payment based on the benefits and limitations of the current dental program covered codes. An ECP may be an employee of or contracted by a participating dental provider and must comply with all regulations of the current Kansas Dental Practice Act (KDPA). An ECP's sponsoring dentist or facility, Federally Qualified Health Clinic, Head Start or Local Health Department must be a participating provider.

The following is a list of ECP provided services but is not an exclusive list of all services that can be provided and reimbursed; per the KDPA Section 65-1456 (K) other duties as may be delegated verbally or in writing by the sponsoring dentist consistent with this act. If an additional code other than those listed below is provided by an ECP and the sponsoring dentist has given oral or written permission, the code will be considered for payment based on the benefits and limitations of the current dental program covered codes.

## **ECP I and ECP II**

D0210 Intraoral - complete series of radiographic images D0220 Intraoral - periapical first radiographic image

D0230 Intraoral - periapical each additional radiographic image D0240 Intraoral - occlusal radiographic image

D0250 Extraoral - first radiographic image

D0260 Extraoral - each additional radiographic image D0270 Bitewing - single radiographic image

D0272 Bitewing - two radiographic images D0273 Bitewing - three radiographic images D0274 Bitewing - four radiographic images

D0277 Vertical bitewings - 7 to 8 radiographic images D0330 Panoramic radiographic image

D0460 Pulp vitality tests D1110 Prophylaxis - adult D1120 Prophylaxis - child

D1206 Topical application of fluoride varnish D1208 Topical application of fluoride-child D1351 Sealant - per tooth

D4341 Periodontal scaling and root planing - four or more teeth per quadrant D4342 Periodontal scaling and root planing - one to three teeth per quadrant D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis D9410 House/extended care facility call

D9420 Hospital or ambulatory surgical center call

D9999 Unspecified procedure - by report (Caries risk assessment age 0-3)

And other duties as may be delegated verbally or in writing by the sponsoring dentists consistent with the KDPA.

## **ECP III all services listed previously for an ECP I and ECP II PLUS**

D2940 Protective restoration

D5410 Adjustment - complete denture - maxillary D5411 Adjustment - complete denture - mandibular D5421 Adjustment - partial denture - maxillary D5422 Adjustment - partial denture – mandibular D5850 Tissue conditioning -maxillary

D5851 Tissue conditioning – mandibular

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) primary teeth only

And other duties as may be delegated verbally or in writing by the sponsoring dentists consistent with the KDPA.

## Covered Benefits KanCare Programs Description

### Plan Eligibility:

Aetna Better Health KS CHIP (0-18)

Aetna Better Health KS Title 19 Medicaid Adult/Medicaid Child (0-20)

Aetna Better Health Physical Disability [PD] Waiver Program

Aetna Better Health KS Medicaid - Spenddown

Aetna Better Health KS HCBS Frail Elderly

Aetna Better Health - CHIP

Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/Review Req'd	Document Requirements
D0120	Periodic oral evaluation - established patient	0-18		1	6-Months	D0120 - D0170, except D0160	1	1-Day	No	N/A
D0140	Limited oral evaluation - problem focused	0-18				D0120 - D0170, except D0160	1	1-Day	No	N/A
D0145	Oral evaluation, patient under three	0-2		1	6-Months	D0120 - D0170, except D0160	1	1-Day	No	N/A
D0150	Comprehensive oral evaluation - new or established patient	0-18		1	1-Lifetime	D0120 - D0170, except D0160	1	1-Day	No	N/A
D0170	Re-evaluation - limited, problem focused	0-18		1	12- Months	D0120 - D0170, except D0160	1	1-Day	No	N/A
D0210	Intraoral - complete series of radiographic images	0-18		1	36-Months				No	N/A
D0220	Intraoral - periapical first radiographic image	0-18		1	1-Day				No	N/A
D0230	Intraoral - periapical each additional image	0-18							No	N/A
D0240	Intraoral - occlusal radiographic image	0-18							No	N/A
D0250	Extraoral - 2d projection radiographic image	0-18							No	N/A
D0251	Extra-oral posterior dental radiographic image	0-18							No	N/A
D0270	Bitewing - single radiographic image	0-18				Bitewings D0270-D0277	1	1-Day	No	N/A
D0272	Bitewings - two radiographic images	0-18				Bitewings D0270-D0277	1	1-Day	No	N/A
D0273	Bitewings - three radiographic images	0-18				Bitewings D0270-D0277	1	1-Day	No	N/A
D0274	Bitewings - four radiographic images	0-18				Bitewings D0270-D0277	1	1-Day	No	N/A
D0277	Vertical bitewings - 7 to 8 radiographic images	0-18				Bitewings D0270-D0277	1	1-Day	No	N/A
D0321	Other temporomandibular joint radiographic images, by report	0-18							No	N/A
D0322	Tomographic survey	0-18							No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D0330	Panoramic radiographic image	0-18		1	36-Months				No	N/A
D0460	Pulp vitality tests	0-18		3	1-Day				No	N/A
D1110	Prophylaxis - adult	13-18				D1110 - D1120	1	6-Months	No	N/A
D1120	Prophylaxis - child	0-12				D1110 - D1120	1	6-Months	No	N/A
D1206	Topical application of fluoride varnish	0-18		3	12-Months	KS Fluoride codes	3	12-Months	No	N/A
D1208	Topical application of fluoride	0-18		3	12-Months	KS Fluoride codes	3	12-Months	No	N/A
D1351	Sealant - per tooth	0-18	12,13,14,15,18,19,2,20,21,28,29,3,30,31,4,5	1	12- Months				No	N/A
D1510	Space maintainer - fixed - unilateral	0-18	Teeth 2-15, 18-31, and A-T	1	12- Months				No	N/A
D1516	Space maintainer - fixed - bilateral - maxillary	0-18	Teeth 2-15, 18-31, and A-T	1	12- Months				No	N/A
D1517	Space maintainer - fixed - bilateral - mandibular	0-18	Teeth 2-15, 18-31, and A-T	1	12- Months				No	N/A
D1526	Space maintainer - removable - bilateral – maxillary	0-18	Teeth 2-15, 18-31, and a-t	1	12- Months				No	N/A
D1527	Space maintainer - removable - bilateral – mandibular	0-18	Teeth 2-15, 18-31, and A-T	1	12- Months				No	N/A
D1550	Re-cement or re-bond space maintainer	0-18	Teeth 2-15, 18-31, and A-T						No	N/A
D1575	Distal shoe space maintainer - fixed	0-18	Teeth 2-15, 18-31, and A-T	1	12- Months				No	N/A
D2140	Amalgam - one surface, primary or permanent	0-18	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D2150	Amalgam - two surfaces, primary or permanent	0-18	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A
D2160	Amalgam - three surfaces, primary or permanent	0-18	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A
D2161	Amalgam - four or more surfaces, primary or permanent	0-18	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A
D2330	Resin-based composite - one surface, anterior	0-18	Anterior Teeth (Teeth 6 - 11,22 - 27, C - H, M - R)	1	12- Months				No	N/A
D2331	Resin-based composite - two surfaces, anterior	0-18	Anterior Teeth (Teeth 6 - 11,22 - 27, C - H, M - R)	1	12- Months				No	N/A
D2332	Resin-based composite - three surfaces, anterior	0-18	Anterior Teeth (Teeth 6 - 11,22 - 27, C - H, M - R)	1	12- Months				No	N/A
D2335	Resin-based composite - four or more surfaces or involving incisal angle	0-18	Anterior Teeth (Teeth 6 - 11,22 - 27, C - H, M - R)	1	12- Months				No	N/A
D2390	Resin-based composite crown, anterior	0-18	Anterior Teeth (Teeth 6 - 11,22 - 27, C - H, M - R)	1	12- Months				No	N/A



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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D2391	Resin-based composite - one surface, posterior	0-18	Posterior Teeth (1-5, 12- 21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A
D2392	Resin-based composite - two surfaces, posterior	0-18	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A
D2393	Resin-based composite - three surfaces, posterior	0-18	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A
D2394	Resin-based composite - four or more surfaces, posterior	0-18	Posterior Teeth (1-5, 12- 21, 28-32, A, B, I, J, K, L, S,T)	1	12- Months				No	N/A
D2710	Crown - resin-based composite (indirect)	0-18	10,11,22,23,24,25,26,27,6,7,8, 9	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2740	Crown - porcelain/ceramic	0-18	All Permanent Teeth (Teeth 1 Through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2751	Crown - porcelain fused to predominantly base metal	0-18	All Permanent Teeth (Teeth 1 Through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2752	Crown - porcelain fused to noble metal	0-18	All Permanent Teeth (Teeth 1 Through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2783	Crown - 3/4 porcelain/ceramic	0-18	All Permanent Teeth (Teeth 1 Through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D2791	Crown - full cast predominantly base metal	0-18	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2792	Crown - full cast noble metal	0-18	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D2920	Re-cement or re-bond crown	0-18	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,6,7,8,9						No	N/A
D2921	Reattachment of tooth fragment, incisal edge or cusp	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D2930	Prefabricated stainless steel crown - primary tooth	0-18	Primary Teeth (Teeth A through T)	1	24- Months				No	N/A
D2931	Prefabricated stainless steel crown - permanent tooth	0-18	All Permanent Teeth (Teeth 1 through 32)	1	24- Months				No	N/A
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	0-18	C,D,E,F,G,H,M,N,O,P,Q,R	1	24-Months				No	N/A
D2940	Protective restoration	0-18	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,6,7,8,9						No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D2951	Pin retention - per tooth, in addition to restoration	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D2954	Prefabricated post and core in addition to crown	0-18	All Teeth (Teeth 1 through 32, A through T)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2957	Each additional prefabricated post - same tooth	0-18	1,14,15,16,17,18,19,2,3,30,31,32	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D3110	Pulp cap - direct (excluding final restoration)	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/a
D3220	Therapeutic pulpotomy	0-18	All Teeth (Teeth 1 through 32, A through T)	1	1-Lifetime per Tooth				No	N/a
D3221	Pulpal debridement - primary and permanent teeth	0-18	All Teeth (Teeth 1 through 32, A through T)	1	1-Lifetime per Tooth				No	N/a
D3222	Partial pulpotomy for apexogenesis - permanent tooth	0-18	All Permanent Teeth (Teeth 1 through 32)	1	1-Lifetime per Tooth				Yes	Pre-operative x-rays (excluding bitewings) with claim
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0-18	Permanent Anterior (Teeth 6 - 11, 22 - 27)	1	1-Lifetime per Tooth				No	N/A
D3320	Endodontic therapy premolar tooth (excluding final restoration)	0-18	Bicuspid (Teeth 4, 5, 12, 13, 20, 21, 28, 29)	1	1-Lifetime per Tooth				No	N/A
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0-18	Permanent Molars (Teeth 1 - 3, 14 - 19, 30 - 32)	1	1-Lifetime per Tooth				No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth Review Req'd	Document Requirements
D3331	Treatment of root canal obstruction; non-surgical access	0-18	All Permanent Teeth (Teeth 1 Through 32)						Yes	Pre-operative x-rays (excluding bitewings) with claim
D3351	Apexification / recalcification - initial visit	0-18	All Permanent Teeth (Teeth 1 Through 32)						No	N/A
D3352	Apexification / recalcification - interim	0-18	All Permanent Teeth (Teeth 1 Through 32)						No	N/A
D3353	Apexification / recalcification - final visit	0-18	All Permanent Teeth (Teeth 1 Through 32)						No	N/A
D3410	Apicoectomy - anterior	0-18	Permanent Anterior (Teeth 6 - 11, 22 - 27)						No	N/A
D3421	Apicoectomy - premolar (first root)	0-18	Bicuspid (Teeth 4, 5, 12, 13, 20, 21, 28, 29)						No	N/A
D3425	Apicoectomy - molar (first root)	0-18	Permanent Molars (Teeth 1 - 3, 14 - 19, 30 - 32)						No	N/A
D3426	Apicoectomy - each additional root)	0-18	Permanent Posterior (Teeth 1 - 5, 12-21, 28-32)						No	N/A
D3427	Periradicular surgery without apicoectomy	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D3430	Retrograde filling - per root	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth	0-18	Quadrants (LI, Lr, Ur, UI)						Yes	Pre-op x-rays, perio chart, narrative of med nec with claim, photo (optional)
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth	0-18	Quadrants (LI, Lr, Ur, UI)						Yes	Pre-op x-rays, perio chart, narrative of med nec with claim, photo (optional)
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	0-18	Quadrants (LI, Lr, Ur, UI)						Yes	Pre-op x-rays with claim
D4231	Anatomical crown exposure - one to three teeth per quadrant	0-18	Quadrants (LI, Lr, Ur, UI)						Yes	Pre-op x-rays with claim
D4268	Surgical revision procedure, per tooth	0-18	All Permanent Teeth (Teeth 1through 32)						Yes	Pre-op x-rays with claim
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	0-18	Quadrants (LI, Lr, Ur, UI)	4	12- Months				Yes	Periodontal charting and pre-op x-rays with claim
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	0-18	Quadrants (LI, Lr, Ur, UI)	4	12- Months				Yes	Periodontal charting and pre-op x-rays with claim
D4346	Scaling in moderate or severe gingival inflammation	0-18		1	12- Months				Yes	Pre-op x-rays or diagnostic quality photos
D4355	Full mouth debridement	0-18		1	12-Months				No	N/a
D5110	Complete denture - maxillary	0-18		1	60-Months				Yes	Pre-op x-rays, treatment plan with claim
D5120	Complete denture - mandibular	0-18		1	60-Months				Yes	Pre-op x-rays, treatment plan with claim
D5211	Maxillary partial denture - resin base	0-18		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D5212	Mandibular partial denture - resin base	0-18		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5213	Maxillary partial denture - cast metal framework with resin denture bases	0-18		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5214	Mandibular partial denture - cast metal framework with resin denture bases	0-18		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5225	Maxillary partial denture - flexible base	0-18		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5226	Mandibular partial denture - flexible base	0-18		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5282	Removable unilateral partial denture - one piece cast metal - maxillary	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5283	Removable unilateral partial denture - one piece cast metal - mandibular	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5410	Adjust complete denture - maxillary	0-18							No	N/A
D5411	Adjust complete denture - mandibular	0-18							No	N/A
D5421	Adjust partial denture - maxillary	0-18							No	N/A
D5422	Adjust partial denture - mandibular	0-18							No	N/A
D5511	Repair broken complete denture base - mandibular	0-18							No	N/A
D5512	Repair broken complete denture base - maxillary	0-18							No	N/A
D5520	Replace missing or broken teeth - complete denture (each tooth)	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5611	Repair resin partial denture base - mandibular	0-18							No	N/A
D5612	Repair resin partial denture base - maxillary	0-18							No	N/A
D5621	Repair cast partial framework - mandibular	0-18							No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D5622	Repair cast partial framework - maxillary	0-18							No	N/A
D5630	Repair or replace broken retentive / clasping materials - per tooth	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5640	Replace broken teeth - per tooth	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5650	Add tooth to existing partial denture	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5660	Add clasp to existing partial denture - per tooth	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5670	Replace all teeth and acrylic on castmetal framework (maxillary)	0-18							No	N/A
D5671	Replace all teeth and acrylic on castmetal framework (mandibular)	0-18							No	N/A
D5750	Reline complete maxillary denture (laboratory)	0-18		1	24-Months				No	N/A
D5751	Reline complete mandibular denture (laboratory)	0-18		1	24-Months				No	N/A
D5760	Reline maxillary partial denture (laboratory)	0-18		1	24-Months				No	N/A
D5761	Reline mandibular partial denture (laboratory)	0-18		1	24-Months				No	N/A
D5850	Tissue conditioning, maxillary	0-18							No	N/A
D5851	Tissue conditioning, mandibular	0-18							No	N/A
D6081	Scaling and debridement	0-18	All Permanent Teeth (Teeth 1 through 32)	1	12- Months				Yes	Narrative of medical necessity
D6100	Implant removal, by report	15-18	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-op & post-op x-rays, narr of med nec with claim

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D6930	Re-cement or re-bond fixed partial denture	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D7140	Extraction, erupted tooth or exposed root	0-18	All Teeth (Teeth 1 through 32, A through T, Sn)	1	1-Lifetime per Tooth				No	N/A
D7210	Extraction, erupted tooth	0-18	All Teeth (Teeth 1 through 32, A through T, Sn)	1	1-Lifetime per Tooth				No	N/A
D7220	Removal of impacted tooth - soft tissue	0-18	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1-Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim



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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D7230	Removal of impacted tooth - partially bony	0-18	1,10,11,12,13, 14,15,16,17,18, 19,2,20,21,22,2 3,24,25,26,27,2 8,29,3,30,31,32 ,4,5,51,52,53,5 4,55,56,57,58, 59,6,60,61,62,6 3,64,65,66,67,6 8,69,7,70,71,72, 73,74,75,76,77, 78,79,8,80,81,8 2,9	1	1-Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim
D7240	Removal of impacted tooth - completely bony	0-18	1,10,11,12,13, 14,15,16,17,18, 19,2,20,21,22,2 3,24,25,26,27,2 8,29,3,30,31,32 ,4,5,51,52,53,5 4,55,56,57,58, 59,6,60,61,62,6 3,64,65,66,67,6 8,69,7,70,71,72, 73,74,75,76,77, 78,79,8,80,81,8 2,9	1	1-Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D7241	Removal of impacted tooth - completely bony, unusual surgical complications	0-18	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1-Lifetimeper Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim
D7250	Removal of residual tooth (cutting procedure)	0-18	All Teeth (Teeth 1 through 32, A through T, Sn)	1	1-Lifetime Per Tooth				No	N/A
D7260	Oroantral fistula closure	0-18		1					Yes	Narrative of medical necessity with claim
D7270	Reimplantation and / or stabilization of accidentally evulsed / displaced tooth	0-18	All Permanent Teeth (Teeth 1 through 32)	1					No	N/A
D7280	Exposure of an unerupted tooth	0-18	Teeth 2 - 15,18 - 31	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays, narr of med nec with claim
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	0-18							No	N/A
D7286	Incisional biopsy of oral tissue - soft	0-18							No	N/A
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth	0-18	Quadrants (LI, Lr, Ur, UI)						Yes	Pre-op x-rays, narr of med nec with claim
D7350	Vesibuloplasty - ridge extension (including soft tissue grafts)	0-18	Quadrants (LI, Lr, Ur, UI)						Yes	Pre-op x-rays, narr of med nec with claim
D7410	Excision Of Benign Lesion Up To 1.25cm	0-18							No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D7411	Excision of benign lesion greater than 1.25 cm	0-18							No	N/A
D7412	Excision of benign lesion, complicated	0-18							No	N/A
D7413	Excision of malignant lesion up to 1.25 cm	0-18							No	N/A
D7414	Excision of malignant lesion greater than 1.25 cm	0-18							No	N/A
D7415	Excision of malignant lesion, complicated	0-18							No	N/A
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	0-18							No	N/A
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	0-18							No	N/A
D7450	Removal of benign odontogenic cyst or tumor - dia up to 1.25 cm	0-18							No	N/A
D7451	Removal of benign odontogenic cyst or tumor - dia greater than 1.25 cm	0-18							No	N/A
D7460	Removal of benign nonodontogenic cyst or tumor - dia up to 1.25 cm	0-18							No	N/A
D7461	Removal of benign nonodontogenic cyst or tumor - dia greater than 1.25 cm	0-18							No	N/A
D7471	Removal of lateral exostosis (maxilla or mandible)	0-18	Arches (Ua,La)	1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim
D7472	Removal of torus palatinus	0-18		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim
D7473	Removal of torus mandibularis	0-18		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim
D7490	Radical resection of maxilla or mandible	0-18							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)
D7510	Incision and drainage of abscess - intraoral soft tissue	0-18							No	N/A
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	0-18							No	N/A
D7520	Incision and drainage of abscess - extraoral soft tissue	0-18							No	N/A
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated	0-18							No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D7530	Removal of foreign body from mucosa	0-18							No	N/A
D7540	Removal of reaction producing foreign bodies	0-18							No	N/A
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	0-18	Quadrants (LI, Lr, Ur, UI)						No	N/A
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	0-18							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)
D7610	Maxilla - open reduction (teeth immobilized, if present)	0-18							No	N/A
D7620	Maxilla - closed reduction (teeth immobilized, if present)	0-18							No	N/A
D7630	Mandible - open reduction (teeth immobilized, if present)	0-18							No	N/A
D7640	Mandible - closed reduction (teeth immobilized, if present)	0-18							No	N/A
D7650	Malar and/or zygomatic arch – open reduction	0-18							No	N/A
D7660	Malar and/or zygomatic arch - closed reduction	0-18							No	N/A
D7670	Alveolus - closed reduction, may include stabilization of teeth	0-18							No	N/A
D7680	Facial bones - complicated reduction with fixation and multiple surgical	0-18							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7710	Maxilla - open reduction	0-18							No	N/A
D7720	Maxilla - closed reduction	0-18							No	N/A
D7730	Mandible - open reduction	0-18							No	N/A
D7740	Mandible - closed reduction	0-18							No	N/A
D7750	Malar and/or zygomatic arch – open reduction	0-18							No	N/A
D7760	Malar and/or zygomatic arch – closed reduction	0-18							No	N/A
D7770	Alveolus - Open Reduction Stabilization of Teeth	0-18							No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D7780	Facial bones - complicated reduction with fixation and multiple approaches	0-18							No	N/A
D7820	Closed reduction of dislocation	0-18							No	N/A
D7860	Arthrotomy	0-18							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7865	Arthroplasty	0-18							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7910	Suture of Recent Small Wounds Up To 5 cm	0-18							No	N/A
D7911	Complicated suture - up to 5 cm	0-18							No	N/A
D7912	Complicated suture - greater than 5 cm	0-18							No	N/A
D7920	Skin graft (identify defect covered, location and type of graft)	0-18							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7955	Repair of maxillofacial soft and/or hard tissue defect	0-18							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7960	Frenulectomy - also known as frenectomy or frenotomy – separate procedure	0-18		1	1-Lifetime				No	N/A
D7963	Frenuloplasty	0-18							No	N/A
D7971	Excision of pericoronal gingiva	0-18	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D7979	Non-surgical sialolithotomy	0-18							No	N/A
D7980	Surgical sialolithotomy	0-18							No	N/A
D7981	Excision of salivary gland, by report	0-18							No	N/A
D7982	Sialodochoplasty	0-18							No	N/A
D7983	Closure of salivary fistula	0-18							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)
D7990	Emergency tracheotomy	0-18							No	N/A

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D8010	Limited orthodontic treatment of the primary dentition	0-18							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8020	Limited orthodontic treatment of the transitional dentition	0-18							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8050	Interceptive orthodontic treatment of the primary dentition	0-18							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8060	Interceptive orthodontic treatment of the transitional dentition	0-18							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8070	Comprehensive orthodontic treatment of the transitional dentition	0-18							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8080	Comprehensive orthodontic treatment of the adolescent dentition	0-18							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8210	Removable appliance therapy	0-18							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8220	Fixed appliance therapy	0-18							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8999	Unspecified orthodontic procedure, by report	0-18							Yes	Description of procedure and narrative of medical necessity
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	0-18							Yes	Narrative of medical necessity with claim.
D9212	Trigeminal division block anesthesia	0-18							Yes	Narrative of medical necessity with claim
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	0-999		1	12- Months	D9219	1	1- Lifetime	No	Narrative of the evaluation shall be maintained in the member record

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Code	Description	Age	Sub-Codes	Code Limit	Period Length	Code-Set	Code-Set Limit	Period	Auth/Review Req'd	Document Requirements
D9222	Deep sedation / general anesthesia - first 15 minutes	0-18							Yes	Narrative of medical necessity and name of original treating dentist
D9223	Deep sedation / general anesthesia - each subsequent 15 minute increment	0-18							Yes	Narrative of medical necessity and treatment plan with claim
D9230	Inhalation of nitrous/analgesia, anxiolysis	0-18							No	N/A
D9239	Intravenous moderate (conscious) sedation / analgesia - first 15 minutes	0-18							Yes	Narrative of medical necessity and treatment plan with claim
D9243	Intravenous moderate (conscious) sedation / analgesia - each subsequent 15 minute	0-18							Yes	Narrative of medical necessity and treatment plan with claim
D9310	Consultation - diagnostic service provided by dentist or physician	0-18		1	12-Months				No	N/A
D9311	Consultation with a medical health care professional	0-18		1	12- Months				No	N/A
D9410	House / extended care facility call	0-18							No	N/A
D9420	Hospital or ambulatory surgical center call	0-18							No	N/A
D9610	Therapeutic parenteral drug, single administration	0-18							No	N/A
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	0-18							Yes	Description and dosage of drug shall be maintained in beneficiary records. Narrative of medical necessity submitted with claim.
D9920	Behavior management, by report	0-18							Yes	Narrative of medical necessity with claim
D9999	Unspecified adjunctive procedure, by report	0-999							Yes	Description of procedure and narrative of medical necessity with claim

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D0120	Periodic oral evaluation - established patient	0-999		1	6- Months	D0120 -D0170, except D0160	1	1-Day	No	N/A	No
D0140	Limited oral evaluation - problem focused	0-999				D0120 -D0170, except D0160	1	1-Day	No	N/A	No
D0145	Oral evaluation, patient under three	0-2		1	6- Months	D0120 -D0170, except D0160	1	1-Day	No	N/A	No
D0150	Comprehensive oral evaluation - new or established patient	0-999		1	1-Lifetime	D0120 -D0170, except D0160	1	1-Day	No	N/A	No
D0170	Re-evaluation - limited, problem focused	0-999		1	12- Months	D0120 -D0170, except D0160	1	1-Day	No	N/A	No
D0210	Intraoral - complete series of radiographic images	0-999		1	36-Months				No	N/A	No
D0220	Intraoral - periapical first radiographic image	0-999		1	1-Day				No	N/A	No
D0230	Intraoral - periapical each additional image	0-999							No	N/A	No
D0240	Intraoral - occlusal radiographic image	0-999							No	N/A	No
D0250	Extraoral - 2d projection radiographic image	0-999							No	N/A	No
D0251	Extra-oral posterior dental radiographic image	0-999							No	N/A	No
D0270	Bitewing - single radiographic image	0-999				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0272	Bitewings - two radiographic images	0-999				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0273	Bitewings - three radiographic images	0-999				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0274	Bitewings - four radiographic images	0-999				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0277	Vertical bitewings - 7 to 8 radiographic images	0-20				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0321	Other temporomandibular joint radiographic images, by report	0-20							No	N/A	No



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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D0322	Tomographic survey	0-20							No	N/A	No
D0330	Panoramic radiographic image	0-999		1	36-Months				No	N/A	No
D0460	Pulp vitality tests	0-20		3	1-Day				No	N/A	No
D1110	Prophylaxis - adult	13-999				D1110 - D1120	1	6-Months	No	N/A	No
D1120	Prophylaxis - child	0-12				D1110 - D1120	1	6-Months	No	N/A	No
D1206	Topical application of fluoride varnish	0-20		3	12- Months	KS Fluoride Codes	3	1-Accum Year	No	N/A	No
D1208	Topical application of fluoride	0-20		3	12- Months	KS Fluoride Codes	3	1-Accum Year	No	N/A	No
D1351	Sealant - per tooth	0-20	12,13,14,15,18,19,2,20,21,28,29,3,30,31,4,5	1	12- Months				No	N/A	No
D1354	Interim caries arresting medicament application (silver diamine fluoride)	21-999		2	12 Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D1510	Space maintainer - fixed - unilateral	0-20	Teeth 2-15,18-31, and AT	1	12- Months				No	N/A	No
D1516	Space maintainer - fixed - bilateral - maxillary	0-18	Teeth 2-15,18-31, and AT	1	12- Months				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D1517	Space maintainer - fixed - bilateral - mandibular	0-18	Teeth 2-15, 18-31, and AT	1	12- Months				No	N/A	No
D1526	Space maintainer - removable - bilateral - maxillary	0-18	Teeth 2-15, 18-31, and AT	1	12- Months				No	N/A	No
D1527	Space maintainer - removable - bilateral - mandibular	0-18	Teeth 2-15, 18-31, and AT	1	12- Months				No	N/A	No
D1550	Re-cement or re-bond space maintainer	0-20	Teeth 2-15, 18-31, and AT						No	N/A	No
D1575	Distal shoe space maintainer - fixed	0-20	Teeth 2-15, 18-31, and AT	1	12- Months				No	N/A	No
D2140	Amalgam - one surface, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	No
D2140	Amalgam - one surface, primary or permanent	21-9990	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services
D2150	Amalgam - two surfaces, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D2150	Amalgam - two surfaces, primary or permanent	21-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2160	Amalgam - three surfaces, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	No
D2160	Amalgam - three surfaces, primary or permanent	21-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2161	Amalgam - four or more surfaces, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	No
D2161	Amalgam - four or more surfaces, primary or permanent	21-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D2330	Resin-based composite - one surface, anterior	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No
D2330	Resin-based composite - one surface, anterior	21-999	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2331	Resin-based composite - two surfaces, anterior	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No
D2331	Resin-based composite - two surfaces, anterior	21-999	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2332	Resin-based composite - three surfaces, anterior	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D2332	Resin-based composite - three surfaces, anterior	21-999	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2335	Resin-based composite - four or more surfaces or involving incisal angle	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No
D2335	Resin-based composite - four or more surfaces or involving incisal angle	21-999	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2390	Resin-based composite crown, anterior	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No
D2391	Resin-based composite - one surface, posterior	0-20	Posterior Teeth (1- 5,12-21, 28- 32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D2391	Resin-based composite - one surface, posterior	21-999	Posterior Teeth (1-5,12-21, 28-32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2392	Resin-based composite - two surfaces, posterior	0-20	Posterior Teeth (1-5,12-21, 28-32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	No
D2392	Resin-based composite - two surfaces, posterior	21-999	Posterior Teeth (1-5,12-21, 28-32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2393	Resin-based composite - three surfaces, posterior	0-20	Posterior Teeth (1-5,12-21, 28-32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	No
D2393	Resin-based composite - three surfaces, posterior	21-999	Posterior Teeth (1-5,12-21, 28-32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D2394	Resin-based composite - four or more surfaces, posterior	0-20	Posterior Teeth (1-5, 12-21, 28-32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	No
D2394	Resin-based composite - four or more surfaces, posterior	0-20	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2710	Crown - resin-based composite (indirect)	0-20	10,11,22,23,24,25,26,27,6,7,8,9	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-raywith claim	No
D2740	Crown - porcelain/ceramic	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2751	Crown - porcelain fused to predominantly base metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2752	Crown - porcelain fused to noble metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2783	Crown - 3/4 porcelain/ceramic	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D2791	Crown - full cast predominantly base metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2792	Crown - full cast noble metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D2920	Re-cement or re-bond crown	0-20	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,6,7,8,9						No	N/A	No
D2921	Reattachment of tooth fragment, incisal edge or cusp	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D2930	Prefabricated stainless steel crown - primary tooth	0-20	Primary Teeth (Teeth A through T)	1	24- Months				No	N/A	No
D2931	Prefabricated stainless steel crown - permanent tooth	0-20	All Permanent Teeth (Teeth 1 through 32)	1	24- Months				No	N/A	No



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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	0-20	C,D,E,F,G,H ,M,N,O,P, Q,R	1	24- Months				No	N/A	No
D2940	Protective restoration	0-20	1,10,11,12,1 3,14,15,16,1 7,18,19,2,20 ,21,22,23,24 ,25,26,27,28 ,29,3,30,31, 32,4,5,6,7,8, 9						No	N/A	No
D2951	Pin retention - per tooth, in addition to restoration	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D2954	Prefabricated post and core in addition to crown	0-20	All Teeth (Teeth 1 through 32, A through T)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2957	Each additional prefabricated post - same tooth	0-20	1,14,15,16,1 7,18,19,2,3, 30,31,32	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D3110	Pulp cap - direct (excluding final restoration)	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D3220	Therapeutic pulpotomy	0-20	All Teeth (Teeth 1 through 32, A through T)	1	1- Lifetime per Tooth				No	N/A	No
D3221	Pulpal debridement - primary and permanent teeth	0-20	All Teeth (Teeth 1 through 32, A through T)	1	1- Lifetime per Tooth				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D3222	Partial pulpotomy for apexogenesis - permanent tooth	0-20	All Permanent Teeth (Teeth 1 through 32)	1	1- Lifetime per Tooth				Yes	Pre-operative x-rays (excluding bitewings) with claim	No
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0-20	Permanent Anterior (Teeth 6 -11, 22 - 27)	1	1- Lifetime per Tooth				No	N/A	No
D3320	Endodontic therapy premolar tooth (excluding final restoration)	0-20	Bicuspid (Teeth 4, 5,12, 13, 20,21, 28, 29)	1	1- Lifetime per Tooth				No	N/A	No
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0-20	Permanent Molars (Teeth 1 - 3, 14 - 19, 30 -32)	1	1- Lifetime per Tooth				No	N/A	No
D3331	Treatment of root canal obstruction; non-surgical access	0-20	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-operative x-rays (excluding bitewings) with claim	No
D3351	Apexification / recalcification - initial visit	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D3352	Apexification / recalcification - interim	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D3353	Apexification / recalcification - final visit	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D3410	Apicoectomy - anterior	0-20	Permanent Anterior (Teeth 6 -11, 22 - 27)						No	N/A	No
D3421	Apicoectomy - premolar (first root)	0-20	Bicuspid (Teeth 4, 5,12, 13, 20,21, 28, 29)						No	N/A	No
D3425	Apicoectomy - molar (first root)	0-20	Permanent Molars (Teeth 1 - 3, 14 - 19, 30 -32)						No	N/A	No
D3426	Apicoectomy - each additional root)	0-20	Permanent Posterior (Teeth 1 - 5,12 - 21, 28 - 32)						No	N/A	No
D3427	Periradicular surgery without apicoectomy	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D3430	Retrograde filling - per root	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, perio chart, narrative of med necessity with claim, photo (optional)	No
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, perio chart, narrative of med necessity with claim, photo (optional)	No
D4230	Anatomical crown exposure – four or more contiguous teeth per quadrant	0-20	Quadrants(LL, LR, UR, UL)						Yes	Pre-op x-rays with claim	No

**Aetna Better Health Med Title 19 Child and Adult**

Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D4231	Anatomical crown exposure - one to three teeth per quadrant	0-20	Quadrants (LL, LR,UR, UL)						Yes	Pre-op x-rays with claim	No
D4268	Surgical revision procedure, per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-op x-rays with claim	No
D4341	Periodontal scaling and root planing - four or more teeth perquadrant	0-20	Quadrants (LL, LR, UR, UL)	4	12- Months				Yes	Periodontal charting and Pre-op x-rays with claim	No
D4342	Periodontal scaling and root planing - one to three teeth perquadrant	0-20	Quadrants (LL, LR,UR, UL)	4	12- Months				Yes	Periodontal charting and Pre-op x-rays with claim	No
D4346	Scaling in moderate or severe gingival inflammation	0-20		1	12-Months				Yes	Pre-op x-rays or diagnostic quality photos	No
D4355	Full mouth debridement	0-20		1	12-Months				No	N/A	No
D5110	Complete denture - maxillary	0-20		1	60-Months				Yes	Pre-op x-rays, treatment plan with claim	No
D5120	Complete denture - mandibular	0-20		1	60-Months				Yes	Pre-op x-rays, treatment plan with claim	No
D5211	Maxillary partial denture - resin base	0-20		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	No
D5212	Mandibular partial denture - resin base	0-20		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	No
D5213	Maxillary partial denture - cast metal framework with resin denture bases	0-20		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	No
D5214	Mandibular partial denture - castmetal framework with resin denture bases	0-20		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	No
D5225	Maxillary partial denture - flexible base	0-20		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D5226	Mandibular partial denture - flexible base	0-20		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	No
D5282	Removable Unilateral Partial Denture- One Piece Cast Metal - maxillary	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	No
D5283	Removable Unilateral Partial Denture- One Piece Cast Metal - mandibular	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	No
D5410	Adjust complete denture - maxillary	0-20							No	N/A	No
D5411	Adjust complete denture -mandibular	0-20							No	N/A	No
D5421	Adjust partial denture - maxillary	0-20							No	N/A	No
D5422	Adjust partial denture - mandibular	0-20							No	N/A	No
D5511	Repair broken complete denture base - mandibular	0-20							No	N/A	No
D5512	Repair broken complete denture base - maxillary	0-20							No	N/A	No
D5520	Replace missing or broken teeth - complete denture (each tooth)	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5611	Repair resin partial denture base - mandibular	0-20							No	N/A	No
D5612	Repair resin partial denture base - maxillary	0-20							No	N/A	No
D5621	Repair cast partial framework - mandibular	0-20							No	N/A	No
D5622	Repair cast partial framework - maxillary	0-20							No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D5630	Repair or replace broken retentive/ clasp materials - per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5640	Replace broken teeth - per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5650	Add tooth to existing partial denture	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5660	Add clasp to existing partial denture - per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	0-20							No	N/A	No
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	0-20							No	N/A	No
D5750	Reline complete maxillary denture (laboratory)	0-20		1	24-Months				No	N/A	No
D5751	Reline complete mandibular denture (laboratory)	0-20		1	24-Months				No	N/A	No
D5760	Reline maxillary partial denture (laboratory)	0-20		1	24-Months				No	N/A	No
D5761	Reline mandibular partial denture (laboratory)	0-20		1	24-Months				No	N/A	No
D5850	Tissue conditioning, maxillary	0-20							No	N/A	No
D5851	Tissue conditioning, mandibular	0-20							No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D6081	Scaling and debridement	0-20	All Permanent Teeth (Teeth 1 through 32)	1	12- Months				Yes	Narrative of medical necessity	No
D6100	Implant removal, by report	15-999	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D6930	Re-cement or re-bond fixed partial denture	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D7140	Extraction, erupted tooth or exposed root	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	1	1- Lifetime per Tooth				No	N/A	No
D7210	Extraction, erupted tooth	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	1	1- Lifetime per Tooth				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D7220	Removal of impacted tooth - soft tissue	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1- Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim	No
D7230	Removal of impacted tooth - partially bony	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1- Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim	No



**Aetna Better Health Med Title 19 Child and Adult**

Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D7240	Removal of impacted tooth - completely bony	0-999	1,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,4,5,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1- Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim	No
D7241	Removal of impacted tooth - completely bony, unusual surgical complications	0-999	1,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,4,5,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1- Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim	No
D7250	Removal of residual tooth (cutting procedure)	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	1	1- Lifetime per Tooth				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D7260	Oroantral fistula closure	0-999		1					Yes	Narrative of medical necessity with claim	No
D7270	Reimplantation and / or stabilization of accidentally evulsed / displaced tooth	0-20	All Permanent Teeth (Teeth 1 through 32)	1					No	N/A	No
D7280	Exposure of an unerupted tooth	0-20	Teeth 2 -15, 18 - 31	1	1- Lifetime per Tooth				Yes	Pre-op x-rays, narr of med nec with claim	No
D7285	Incisional biopsy of oral tissue -hard (bone, tooth)	0-999							No	N/A	No
D7286	Incisional biopsy of oral tissue -soft	0-999							No	N/A	No
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, narr of med nec with claim	No
D7350	Vesibuloplasty - ridge extension (including soft tissue grafts)	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, narr of med nec with claim	No
D7410	Excision of benign lesion up to 1.25 cm	0-999							No	N/A	No
D7411	Excision of benign lesion greater than 1.25 cm	0-999		1	1-Day				No	N/A	No
D7412	Excision of benign lesion, complicated	0-999		1	1-Day				No	N/A	No
D7413	Excision of malignant lesion up to 1.25 cm	0-999							No	N/A	No
D7414	Excision of malignant lesion greater than 1.25 cm	0-999							No	N/A	No
D7415	Excision of malignant lesion, complicated	0-999							No	N/A	No
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	0-999							No	N/A	No
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	0-999							No	N/A	No
D7450	Removal of benign odontogenic cyst or tumor - dia up to 1.25 cm	0-999							No	N/A	No

**Aetna Better Health Med Title 19 Child and Adult**

Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D7451	Removal of benign odontogenic cyst or tumor - dia greater than 1.25 cm	0-999							No	N/A	No
D7460	Removal of benign non odontogenic cyst or tumor - dia up to 1.25 cm	0-999							No	N/A	No
D7461	Removal of benign non odontogenic cyst or tumor - dia greater than 1.25 cm	0-999							No	N/A	No
D7471	Removal of lateral exostosis (maxilla or mandible)	0-999	Arches (UA,LA)	1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim	No
D7472	Removal of torus palatinus	0-999		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim	No
D7473	Removal of torus mandibularis	0-999		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim	No
D7490	Radical resection of maxilla or mandible	0-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)	No
D7510	Incision and drainage of abscess - intraoral soft tissue	0-999							No	N/A	No
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	0-999							No	N/A	No
D7520	Incision and drainage of abscess - extraoral soft tissue	0-999							No	N/A	No
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated	0-999							No	N/A	No
D7530	Removal of foreign body from mucosa	0-999							No	N/A	No
D7540	Removal of reaction producing foreign bodies	0-999							No	N/A	No
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	0-999	Quadrants (LL, LR,UR, UL)						No	N/A	No
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	0-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D7610	Maxilla - open reduction (teeth immobilized, if present)	0-999							No	N/A	No
D7620	Maxilla - closed reduction (teeth immobilized, if present)	0-999							No	N/A	No
D7630	Mandible - open reduction (teeth immobilized, if present)	0-999							No	N/A	No
D7640	Mandible - closed reduction (teeth immobilized, if present)	0-999							No	N/A	No
D7650	Malar and/or zygomatic arch – open reduction	0-999							No	N/A	No
D7660	Malar and/or zygomatic arch - closed reduction	0-999							No	N/A	No
D7670	Alveolus - closed reduction, may include stabilization of teeth	0-999							No	N/A	No
D7680	Facial bones – complicated reduction with fixation and multiple surgical	0-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7710	Maxilla - open reduction	0-999							No	N/A	No
D7720	Maxilla - closed reduction	0-999							No	N/A	No
D7730	Mandible - open reduction	0-999							No	N/A	No
D7740	Mandible - closed reduction	0-999							No	N/A	No
D7750	Malar and/or zygomatic arch – open reduction	0-999							No	N/A	No
D7760	Malar and/or zygomatic arch - closed reduction	0-999							No	N/A	No
D7770	Alveolus - open reduction stabilization of teeth	0-999							No	N/A	No
D7780	Facial bones – complicated reduction with fixation and multiple approaches	0-999							No	N/A	No
D7820	Closed reduction of dislocation	0-999							No	N/A	No
D7860	Arthrotomy	0-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7865	Arthroplasty	0-20							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7910	Suture of recent small wounds up to 5 cm	0-999							No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D7911	Complicated suture - up to 5 cm	0-999							No	N/A	No
D7912	Complicated suture - greater than 5 cm	0-999							No	N/A	No
D7920	Skin graft (identify defect covered, location and type of graft)	0-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7955	Repair of maxillofacial soft and / or hard tissue defect	0-20							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure	0-999		1	1- Lifetime				No	N/A	No
D7963	Frenuloplasty	0-999							No	N/A	No
D7971	Excision of pericoronal gingiva	0-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D7979	Non-surgical sialolithotomy	0-999							No	N/A	No
D7980	Surgical sialolithotomy	0-999							No	N/A	No
D7981	Excision of salivary gland, byreport	0-999							No	N/A	No
D7982	Sialodochoplasty	0-999							No	N/A	No
D7983	Closure of salivary fistula	0-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)	No
D7990	Emergency tracheotomy	0-999							No	N/A	No
D8010	Limited orthodontic treatment of the primary dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8020	Limited orthodontic treatment of the transitional dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8050	Interceptive orthodontic treatment of the primary dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D8060	Interceptive orthodontic treatment of the transitional dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8070	Comprehensive orthodontic treatment of the transitional dentition	0-20							Yes	Pan and / or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8080	Comprehensive orthodontic treatment of the adolescent dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8210	Removable appliance therapy	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8220	Fixed appliance therapy	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8999	Unspecified orthodontic procedure, by report	0-20							Yes	Description of procedure and narrative of medical necessity	No
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	0-20							Yes	Narrative of medical necessity with claim	No
D9212	Trigeminal division block anesthesia	0-999							Yes	Narrative of medical necessity with claim	No
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	0-999		1	12- Months	D9219	1	1- Lifetime	No	Narrative of the evaluation shall be maintained in the member's record.	No
D9222	Deep sedation/general anesthesia - first 15 minutes	0-999							Yes	Narrative of medical necessity and name of original treating dentist	No
D9223	Deep sedation / general anesthesia each subsequent 15 minute increment	0-999							Yes	Narrative of medical necessity and treatment plan with claim	No
D9230	Inhalation of nitrous / analgesia,anxiolysis	0-999							No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Added? (\$500 total per year)
D9239	Intravenous moderate (conscious) sedation / analgesia - first 15 minutes	0-999							Yes	Narrative of medical necessity and treatment plan with claim	No
D9243	Intravenous moderate (conscious) sedation / analgesia – each subsequent 15 minute	0-999							Yes	Narrative of medical necessity and treatment plan with claim	No
D9310	Consultation - diagnostic service provided by dentist or physician	0-999		1	12-Months				No	N/A	No
D9311	Consultation with a medical healthcare professional	0-999		1	12-Months				No	N/A	No
D9410	House / extended care facility call	0-999							No	N/A	No
D9420	Hospital or ambulatory surgical center call	0-999							No	N/A	No
D9610	Therapeutic parenteral drug, single a	0-999							No	N/A	No
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	0-20							Yes	Description and dosage of drug shall be maintained in beneficiary records. Narrative of medical necessity submitted with claim.	No
D9920	Behavior management, by report	0-20							Yes	Narrative of medical necessity with claim	No
D9999	Unspecified adjunctive procedure, by	0-20							Yes	Description of procedure and narrative of medical necessity with claim	No

Aetna Better Health Physical Disability [PD] Waiver Program

Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D0120	Periodic oral evaluation - established patient	0-999		1	6- Months	D0120 - D0170, except D0160	1	1-Day	No	N/A	No
D0140	Limited oral evaluation - problem focused	0-999				D0120 - D0170, except D0160	1	1-Day	No	N/A	No
D0145	Oral evaluation, patient under three	0-2		1	6- Months	D0120 - D0170, except D0160	1	1-Day	No	N/A	No
D0150	Comprehensive oral evaluation - new or established patient	0-999		1	1-Lifetime	D0120 - D0170, except D0160	1	1-Day	No	N/A	No
D0170	Re-evaluation - limited, problem focused	0-999		1	12 - Months	D0120 - D0170, except D0160	1	1-Day	No	N/A	No
D0210	Intraoral - complete series of radiographic images	0-999		1	36-Months				No	N/A	No
D0220	Intraoral - periapical first radiographic image	0-999		1	1-Day				No	N/A	No
D0230	Intraoral - periapical each additional image	0-999							No	N/A	No
D0240	Intraoral - occlusal radiographic image	0-999							No	N/A	No
D0250	Extraoral - 2d projection radiographic image	0-999							No	N/A	No
D0251	Extra-oral posterior dental radiographic image	0-999							No	N/A	No
D0270	Bitewing - single radiographic image	0-999				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0272	Bitewings - two radiographic images	0-999				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0273	Bitewings - three radiographic images	0-999				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0274	Bitewings - four radiographic images	0-999				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0277	Vertical bitewings - 7 to 8 radiographic images	0-20				Bitewings D0270-D0277	1	1-Day	No	N/A	No
D0321	Other temporomandibular joint radiographic images, by report	0-20							No	N/A	No



**Aetna Better Health Physical Disability [PD] Waiver Program**

Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D0322	Tomographic survey	0-20							No	N/A	No
D0330	Panoramic radiographic image	0-999		1	36-Months				No	N/A	No
D0460	Pulp vitality tests	0-20		3	1-Day				No	N/A	No
D1110	Prophylaxis - adult	13-999				D1110 - D1120	1	6-Months	No	N/A	No
D1120	Prophylaxis - child	0-12				D1110 - D1120	1	6-Months	No	N/A	No
D1206	Topical application of fluoride varnish	0-20		3	12- Months	KS Fluoride Codes	3	1- Accum Year	No	N/A	No
D1208	Topical application of fluoride	0-20		3	12- Months	KS Fluoride Codes	3	1- Accum Year	No	N/A	No
D1351	Sealant - per tooth	0-20	12,13,14,15,18,19,2,20,21,28,29,3,30,31,4,5	1	12- Months				No	N/A	No
D1354	Interim caries arresting medicament application (silver diamine fluoride)	21-999		2	12 Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D1510	Space maintainer - fixed - unilateral	0-20	Teeth 2-15,18-31,and A T	1	12- Months				No	N/A	No
D1516	Space maintainer - fixed - bilateral – maxillary	0-18	Teeth 2-15,18-31,and A T	1	12- Months				No	N/A	No

**Aetna Better Health Physical Disability [PD] Waiver Program**

Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D1517	Space maintainer - fixed - bilateral – mandibular	0-18	Teeth 2-15, 18-31, and A T	1	12- Months				No	N/A	No
D1526	Space maintainer - removable - bilateral – maxillary	0-18	Teeth 2-15, 18-31, and A T	1	12- Months				No	N/A	No
D1527	Space maintainer - removable - bilateral – mandibular	0-18	Teeth 2-15, 18-31, and A T	1	12- Months				No	N/A	No
D1550	Re-cement or re-bond space maintainer	0-20	Teeth 2-15, 18-31, and A T						No	N/A	No
D1575	Distal shoe space maintainer - fixed	0-20	Teeth 2-15, 18-31, and A T	1	12- Months				No	N/A	No
D2140	Amalgam - one surface, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	No
D2140	Amalgam - one surface, primary or permanent	21-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2150	Amalgam - two surfaces, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D2150	Amalgam - two surfaces, primary or permanent	21-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2160	Amalgam - three surfaces, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	No
D2160	Amalgam - three surfaces, primary or permanent	21-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2161	Amalgam - four or more surfaces, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	No
D2161	Amalgam - four or more surfaces, primary or permanent	21-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D2330	Resin-based composite - one surface, anterior	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No
D2330	Resin-based composite - one surface, anterior	21-999	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2331	Resin-based composite - two surfaces, anterior	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No
D2331	Resin-based composite - two surfaces, anterior	21-999	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2332	Resin-based composite - three surfaces, anterior	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D2332	Resin-based composite - three surfaces, anterior	21-999	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2335	Resin-based composite - four or more surfaces or involving incisal angle	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No
D2335	Resin-based composite - four or more surfaces or involving incisal angle	21-999	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2390	Resin-based composite crown, anterior	0-20	Anterior Teeth (Teeth 6 -11, 22 - 27,C - H, M - R)	1	12- Months				No	N/A	No
D2391	Resin-based composite - one surface, posterior	0-20	Posterior Teeth (1-5,12-21, 28-32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D2391	Resin-based composite - one surface, posterior	21-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2392	Resin-based composite - two surfaces, posterior	0-20	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A	No
D2392	Resin-based composite - two surfaces, posterior	21-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A	Yes -- members 21+ have 500 annual benefit for all value added services.
D2393	Resin-based composite - three surfaces, posterior	0-20	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A	No
D2393	Resin-based composite - three surfaces, posterior	21-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D2394	Resin-based composite - four or more surfaces, posterior	0-20	Posterior Teeth (1-5,12-21, 28-32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	No
D2394	Resin-based composite - four or more surfaces, posterior	21-999	Posterior Teeth (1-5,12-21, 28-32, A, B, I,J, K, L, S, T)	1	12- Months				No	N/A	Yes -- members 21+ have \$500 annual benefit for all value added services.
D2710	Crown - resin-based composite (indirect)	0-20	10,11,22,23,24, 25,26,27,6,7,8,9	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2740	Crown - porcelain/ceramic	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2751	Crown - porcelain fused to predominantly base metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2752	Crown - porcelain fused to noble metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2783	Crown - 3/4 porcelain/ceramic	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D2791	Crown - full cast predominantly base metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2792	Crown - full cast noble metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D2920	Re-cement or re-bond crown	0-20	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,6,7,8,9						No	N/A	No
D2921	Reattachment of tooth fragment, incisal edge or cusp	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D2930	Prefabricated stainless steel crown - primary tooth	0-20	Primary Teeth (Teeth A through T)	1	24- Months				No	N/A	No
D2931	Prefabricated stainless steel crown - permanent tooth	0-20	All Permanent Teeth (Teeth 1 through 32)	1	24- Months				No	N/A	No



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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	0-20	C,D,E,F,G,H,M,N,O,P, Q,R	1	24- Months				No	N/A	No
D2940	Protective restoration	0-20	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,6,7,8,9						No	N/A	No
D2951	Pin retention - per tooth, in addition to restoration	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D2954	Prefabricated post and core in addition to crown	0-20	All Teeth (Teeth 1 through 32, A through T)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D2957	Each additional prefabricated post - same tooth	0-20	1,14,15,16,17,18,19,2,3,30,31,32	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim	No
D3110	Pulp cap - direct (excluding final restoration)	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D3220	Therapeutic pulpotomy	0-20	All Teeth (Teeth 1 through 32, A through T)	1	1- Lifetime per Tooth				No	N/A	No
D3221	Pulpal debridement - primary and permanent teeth	0-20	All Teeth (Teeth 1 through 32, A through T)	1	1- Lifetime per Tooth				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D3222	Partial pulpotomy for apexogenesis - permanent tooth	0-20	All Permanent Teeth (Teeth 1 through 32)	1	1- Lifetime per Tooth				Yes	Pre-operative x-rays (excluding bitewings) with claim	No
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0-20	Permanent Anterior (Teeth 6 -11, 22 - 27)	1	1- Lifetime per Tooth				No	N/A	No
D3320	Endodontic therapy premolar tooth (excluding final restoration)	0-20	Bicuspid (Teeth 4, 5, 12, 13, 20,21, 28, 29)	1	1- Lifetime per Tooth				No	N/A	No
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0-20	Permanent Molars (Teeth 1 - 3, 14 - 19, 30 -32)	1	1- Lifetime per Tooth				No	N/A	No
D3331	Treatment of root canal obstruction; non-surgical access	0-20	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-operative x-rays (excluding bitewings) with claim	No
D3351	Apexification / recalcification - initial visit	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D3352	Apexification / recalcification - interim	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D3353	Apexification / recalcification - final visit	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D3410	Apicoectomy - anterior	0-20	Permanent Anterior (Teeth 6 -11, 22 - 27)						No	N/A	No
D3421	Apicoectomy - premolar (first root)	0-20	Bicuspids (Teeth 4, 5,12, 13, 20,21, 28, 29)						No	N/A	No
D3425	Apicoectomy - molar (first root)	0-20	Permanent Molars (Teeth 1 - 3,14 - 19, 30 -32)						No	N/A	No
D3426	Apicoectomy - each additional root)	0-20	Permanent Posterior (Teeth 1 - 5,12 - 21, 28 - 32)						No	N/A	No
D3427	Periradicular surgery without apicoectomy	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D3430	Retrograde filling - per root	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, perio chart, narrative of med necessity with claim, photo (optional)	No
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, perio chart, narrative of med necessity with claim, photo (optional)	No
D4230	Anatomical crown exposure – four or more contiguous teeth per quadrant	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays with claim	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D4231	Anatomical crown exposure - one to three teeth per quadrant	0-20	Quadrants (LL, LR,UR, UL)						Yes	Pre-op x-rays with claim	No
D4268	Surgical revision procedure, per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-op x-rays with claim	No
D4341	Periodontal scaling and root planing - four or more teeth perquadrant	0-20	Quadrants (LL, LR,UR, UL)	4	12- Months				Yes	Periodontal charting and Pre-op x-rays with claim	No
D4342	Periodontal scaling and root planing - one to three teeth perquadrant	0-20	Quadrants (LL, LR,UR, UL)	4	12- Months				Yes	Periodontal charting and Pre-op x-rays with claim	No
D4346	Scaling in moderate or severe gingival inflammation	0-20		1	12-Months				Yes	Pre-op x-rays or diagnostic quality photos	No
D4355	Full mouth debridement	0-20		1	12-Months				No	N/A	No
D5110	Complete denture - maxillary	0-999		1	60-Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays, treatment plan with claim	Denture 5-year \$2500 vab
D5120	Complete denture - mandibular	0-999		1	60-Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays, treatment plan with claim	Denture 5-year \$2500 vab
D5211	Maxillary partial denture - resin base	0-999		1	60- Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	Denture 5-year \$2500 vab
D5212	Mandibular partial denture - resin base	0-999		1	60- Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	Denture 5-year \$2500 vab
D5213	Maxillary partial denture - cast metal framework with resin denture bases	0-999		1	60- Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	Denture 5-year \$2500 vab
D5214	Mandibular partial denture – cast metal framework with resin denture bases	0-999		1	60- Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	Denture 5-year \$2500 vab
D5225	Maxillary partial denture - flexible base	0-999		1	60- Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	Denture 5-year \$2500 vab

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D5226	Mandibular partial denture - flexible base	0-999		1	60- Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	Denture 5-year \$2500 vab
D5282	Removable unilateral partial denture-one piece cast metal - maxillary	0-999		1	60- Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	Denture 5-year \$2500 vab
D5283	Removable unilateral partial denture-one piece cast metal - mandibular	0-999		1	60- Months	Aetna KS Mandibular Removeables		5 Floating Years	Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim	Denture 5-year \$2500 vab
D5284	Removable unilateral partial denture - one piece flexible base	0 - 999	Quadrants (LL, LR, UR, UL)			Aetna KS Mandibular Removeables	1	5	Yes	Pre-op x-rays, treatment plan with claim	Denture 5-year \$2500 vab
D5286	Removable unilateral partial denture - one piece resin	0-999	Quadrants (LL, LR, UR, UL)			Aetna KS Mandibular Removeables	1	5	Yes	Pre-op x-rays, treatment plan with claim	Denture 5-year \$2500 vab
D5410	Adjust complete denture - maxillary	0-20							No	N/A	No
D5411	Adjust complete denture -mandibular	0-20							No	N/A	No
D5421	Adjust partial denture - maxillary	0-20							No	N/A	No
D5422	Adjust partial denture - mandibular	0-20							No	N/A	No
D5511	Repair broken complete denture base - mandibular	0-20							No	N/A	No
D5512	Repair broken complete denture base - maxillary	0-20							No	N/A	No
D5520	Replace missing or broken teeth - complete denture (each tooth)	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5611	Repair resin partial denture base - mandibular	0-20							No	N/A	No
D5612	Repair resin partial denture base - maxillary	0-20							No	N/A	No
D5621	Repair cast partial framework - mandibular	0-20							No	N/A	No
D5622	Repair cast partial framework - maxillary	0-20							No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D5630	Repair or replace broken retentive/ clasp materials - per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5640	Replace broken teeth - per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5650	Add tooth to existing partial denture	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5660	Add clasp to existing partial denture - per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	0-20							No	N/A	No
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	0-20							No	N/A	No
D5750	Reline complete maxillary denture (laboratory)	0-20		1	24-Months				No	N/A	No
D5751	Reline complete mandibular denture (laboratory)	0-20		1	24-Months				No	N/A	No
D5760	Reline maxillary partial denture (laboratory)	0-20		1	24-Months				No	N/A	No
D5761	Reline mandibular partial denture (laboratory)	0-20		1	24-Months				No	N/A	No
D5850	Tissue conditioning, maxillary	0-20							No	N/A	No
D5851	Tissue conditioning, mandibular	0-20							No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D6081	Scaling and debridement	0-20	All Permanent Teeth (Teeth 1 through 32)	1	12- Months				Yes	Narrative of medical necessity	No
D6100	Implant removal, by report	15-999	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D6930	Re-cement or re-bond fixed partial denture	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D7140	Extraction, erupted tooth or exposed root	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	1	1- Lifetime per Tooth				No	N/A	No
D7210	Extraction, erupted tooth	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	1	1- Lifetime per Tooth				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D7220	Removal of impacted tooth - soft tissue	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1- Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim	No
D7230	Removal of impacted tooth - partially bony	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1- Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim	No



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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D7240	Removal of impacted tooth - completely bony	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1- Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim	No
D7241	Removal of impacted tooth - completely bony, unusual surgical complications	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1- Lifetime per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim	No
D7250	Removal of residual tooth (cutting procedure)	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	1	1- Lifetime per Tooth				No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D7260	Oroantral fistula closure	0-999		1					Yes	Narrative of medical necessity with claim	No
D7270	Reimplantation and / or stabilization of accidentally evulsed / displaced tooth	0-20	All Permanent Teeth (Teeth 1 through 32)	1					No	N/A	No
D7280	Exposure of an unerupted tooth	0-20	Teeth 2 -15, 18 - 31	1	1- Lifetime per Tooth				Yes	Pre-op x-rays, narr of med nec with claim	No
D7285	Incisional biopsy of oral tissue -hard (bone, tooth)	0-999							No	N/A	No
D7286	Incisional biopsy of oral tissue -soft	0-999							No	N/A	No
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, narr of med nec with claim	No
D7350	Vesibuloplasty - ridge extension (including soft tissue grafts)	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, narr of med nec with claim	No
D7410	Excision of benign lesion up to 1.25 cm	0-999							No	N/A	No
D7411	Excision of benign lesion greater than 1.25 cm	0-999		1	1-Day				No	N/A	No
D7412	Excision of benign lesion, complicated	0-999		1	1-Day				No	N/A	No
D7413	Excision of malignant lesion up to 1.25 cm	0-999							No	N/A	No
D7414	Excision of malignant lesion greater than 1.25 cm	0-999							No	N/A	No
D7415	Excision of malignant lesion, complicated	0-999							No	N/A	No
D7440	Excision of malignant tumor -lesion diameter up to 1.25 cm	0-999							No	N/A	No
D7441	Excision of malignant tumor - lesion diameter greater than 1.25cm	0-999							No	N/A	No
D7450	Removal of benign odontogenic cyst or tumor - dia up to 1.25 cm	0-999							No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D7451	Removal of benign odontogenic cyst or tumor - dia greater than 1.25 cm	0-999							No	N/A	No
D7460	Removal of benign nonodontogenic cyst or tumor - dia up to 1.25 cm	0-999							No	N/A	No
D7461	Removal of benign nonodontogenic cyst or tumor - dia greater than 1.25 cm	0-999							No	N/A	No
D7471	Removal of lateral exostosis (maxilla or mandible)	0-999	Arches (UA,LA)	1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim	No
D7472	Removal of torus palatinus	0-999		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim	No
D7473	Removal of torus mandibularis	0-999		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim	No
D7490	Radical resection of maxilla or mandible	0-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)	No
D7510	Incision and drainage of abscess - intraoral soft tissue	0-999							No	N/A	No
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	0-999							No	N/A	No
D7520	Incision and drainage of abscess - extraoral soft tissue	0-999							No	N/A	No
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated	0-999							No	N/A	No
D7530	Removal of foreign body from mucosa	0-999							No	N/A	No
D7540	Removal of reaction producing foreign bodies	0-999							No	N/A	No
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	0-999	Quadrants (LL, LR,UR, UL)						No	N/A	No
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	0-999							Yes	Narrative of medical necessity with claim, x- rays or photos (optional)	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D7610	Maxilla - open reduction (teeth immobilized, if present)	0-999							No	N/A	No
D7620	Maxilla - closed reduction (teeth immobilized, if present)	0-999							No	N/A	No
D7630	Mandible - open reduction (teeth immobilized, if present)	0-999							No	N/A	No
D7640	Mandible - closed reduction (teeth immobilized, if present)	0-999							No	N/A	No
D7650	Malar and/or zygomatic arch – open reduction	0-999							No	N/A	No
D7660	Malar and/or zygomatic arch -closed reduction	0-999							No	N/A	No
D7670	Alveolus - closed reduction, may include stabilization of teeth	0-999							No	N/A	No
D7680	Facial bones – complicated reduction with fixation and multiple surgical	0-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7710	Maxilla - open reduction	0-999							No	N/A	No
D7720	Maxilla - closed reduction	0-999							No	N/A	No
D7730	Mandible - open reduction	0-999							No	N/A	No
D7740	Mandible - closed reduction	0-999							No	N/A	No
D7750	Malar and/or zygomatic arch – open reduction	0-999							No	N/A	No
D7760	Malar and/or zygomatic arch -closed reduction	0-999							No	N/A	No
D7770	Alveolus - open reduction stabilization of teeth	0-999							No	N/A	No
D7780	Facial bones – complicated reduction with fixation and multiple approaches	0-999							No	N/A	No
D7820	Closed reduction of dislocation	0-999							No	N/A	No
D7860	Arthrotomy	0-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7865	Arthroplasty	0-20							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7910	Suture of recent small wounds up to 5 cm	0-999							No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code- set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D7911	Complicated suture - up to 5 cm	0-999							No	N/A	No
D7912	Complicated suture - greater than 5 cm	0-999							No	N/A	No
D7920	Skin graft (identify defect covered, location and type of graft)	0-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7955	Repair of maxillofacial soft and/or hard tissue defect	0-20							Yes	Pre-op & post-op x-rays, narr of med nec with claim	No
D7960	Frenulectomy - also known as frenectomy or frenotomy -separate procedure	0-999		1	1- Lifetime				No	N/A	No
D7963	Frenuloplasty	0-999							No	N/A	No
D7971	Excision of pericoronal gingiva	0-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A	No
D7979	Non-surgical sialolithotomy	0-999							No	N/A	No
D7980	Surgical sialolithotomy	0-999							No	N/A	No
D7981	Excision of salivary gland, byreport	0-999							No	N/A	No
D7982	Sialodochoplasty	0-999							No	N/A	No
D7983	Closure of salivary fistula	0-999							Yes	Narrative of medical necessity with claim, x- rays or photos (optional)	No
D7990	Emergency tracheotomy	0-999							No	N/A	No
D8010	Limited orthodontic treatment of the primary dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8020	Limited orthodontic treatment of the transitional dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8050	Interceptive orthodontic treatment of the primary dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D8060	Interceptive orthodontic treatment of the transitional dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8070	Comprehensive orthodontic treatment of the transitional dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8080	Comprehensive orthodontic treatment of the adolescent dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8210	Removable appliance therapy	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8220	Fixed appliance therapy	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan	No
D8999	Unspecified orthodontic procedure, by report	0-20							Yes	Description of procedure and narrative of medical necessity	No
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	0-20							Yes	Narrative of medical necessity with claim	No
D9212	Trigeminal division block anesthesia	0-999							Yes	Narrative of medical necessity with claim	No
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	0-999		1	12-Months	D9219	1	1- Lifetime	No	Narrative of the evaluation shall be maintained in the member's record.	No
D9222	Deep sedation / general anesthesia - first 15 minutes	0-999							Yes	Narrative of Medical Necessity and Name of Original Treating Dentist	No
D9223	Deep sedation / general anesthesia each subsequent 15 minute increment	0-999							Yes	Narrative of medical necessity and treatment plan with claim	No
D9230	Inhalation of nitrous/analgesia,anxiolysis	0-999							No	N/A	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements	Adult Value Add Benefit?
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	0-999							Yes	Narrative of medical necessity and treatment plan with claim	No
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute	0-999							Yes	Narrative of medical necessity and treatment plan with claim	No
D9310	Consultation - diagnostic service provided by dentist or physician	0-999		1	12-Months				No	N/A	No
D9311	Consultation with a medical healthcare professional	0-999		1	12-Months				No	N/A	No
D9410	House/extended care facility call	0-999							No	N/A	No
D9420	Hospital or ambulatory surgical center call	0-999							No	N/A	No
D9610	Therapeutic parenteral drug, single a	0-999							No	N/A	No
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	0-20							Yes	Description and dosage of drug shall be maintained in beneficiary records. Narrative of medical necessity submitted with claim.	No
D9920	Behavior management, by report	0-20							Yes	Narrative of medical necessity with claim	No
D9999	Unspecified adjunctive procedure, by report	0-20							Yes	Description of procedure and narrative of medical necessity with claim	No

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D0120	Periodic oral evaluation - established patient	0-999		1	6-Months	D0120 -D0170, except D0160	1	1-DAY	No	N/A
D0140	Limited oral evaluation - problem focused	0-999				D0120 -D0170, except D0160	1	1-DAY	No	N/A
D0145	Oral evaluation, patient under three	0-2		1	6-Months	D0120 -D0170, except D0160	1	1-DAY	No	N/A
D0150	Comprehensive oral evaluation - new or established patient	0-999		1	1-Lifetime	D0120 -D0170, except D0160	1	1-DAY	No	N/A
D0170	Re-evaluation - limited, problem focused	0-999		1	12-Months	D0120 -D0170, except D0160	1	1-DAY	No	N/A
D0210	Intraoral - complete series of radiographic images	0-999		1	36-Months				No	N/A
D0220	Intraoral - periapical first radiographic image	0-999		1	1-Day				No	N/A
D0230	Intraoral - periapical each additional image	0-999							No	N/A
D0240	Intraoral - occlusal radiographic image	0-999							No	N/A
D0250	Extraoral - 2d projection radiographic image	0-999							No	N/A
D0251	Extra-oral posterior dental radiographic image	0-20							No	N/A
D0270	Bitewing - single radiographic image	0-999				Bitewings D0270-D0277	1	1-DAY	No	N/A
D0272	Bitewings - two radiographic images	0-999				Bitewings D0270-D0277	1	1-DAY	No	N/A
D0273	Bitewings - three radiographic images	0-999				Bitewings D0270-D0277	1	1-DAY	No	N/A
D0274	Bitewings - four radiographic images	0-999				Bitewings D0270-D0277	1	1-DAY	No	N/A
D0277	Vertical bitewings - 7 to 8 radiographic images	0-20				Bitewings D0270-D0277	1	1-DAY	No	N/A
D0321	Other temporomandibular joint radiographic images, by report	0-20							No	N/A



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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D0322	Tomographic survey	0-20							No	N/A
D0330	Panoramic radiographic image	0-999		1	36-Months				No	N/A
D0460	Pulp vitality tests	0-20		3	1-Day				No	N/A
D1110	Prophylaxis - adult	13-999				D1110 - D1120	1	6-Months	No	N/A
D1120	Prophylaxis - child	0-12				D1110 - D1120	1	6- Months	No	N/A
D1206	Topical application of fluoride varnish	0-20		3	12-Months	KS Fluoride Codes	3	1- Accum year	No	N/A
D1208	Topical application of fluoride	0-20		3	12-Months	KS Fluoride Codes	3	1- Accum Year	No	N/A
D1351	Sealant - per tooth	0-20	12,13,14,15,18,19,2,20,21,28,29,3,30,31,4,5	1	12-Months				No	N/A
D1510	Space maintainer - fixed - unilateral	0-20	Teeth 2-15, 18-31,and A-T	1	12-Months				No	N/A
D1516	Space maintainer - fixed - bilateral - maxillary	0-18	Teeth 2-15, 18-31,and A-T	1	12-Months				No	N/A
D1517	Space maintainer - fixed - bilateral - mandibular	0-18	Teeth 2-15, 18-31,and A-T	1	12-Months				No	N/A
D1526	Space maintainer - removable - bilateral - maxillary	0-18	Teeth 2-15, 18-31,and A-T	1	12-Months				No	N/A
D1527	Space maintainer - removable - bilateral - mandibular	0-18	Teeth 2-15, 18-31,and A-T	1	12-Months				No	N/A
D1550	Re-cement or re-bond space maintainer	0-20	Teeth 2-15, 18-31,and A-T						No	N/A
D1575	Distal shoe space maintainer - fixed	0-20	Teeth 2-15, 18-31,and A-T	1	12-Months				No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D2140	Amalgam - one surface, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12-Months				No	N/A
D2150	Amalgam - two surfaces, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12-Months				No	N/A
D2160	Amalgam - three surfaces, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12-Months				No	N/A
D2161	Amalgam - four or more surfaces, primary or permanent	0-20	All Teeth (Teeth 1 through 32, A through T)	1	12-Months				No	N/A
D2330	Resin-based composite - one surface, anterior	0-20	Anterior Teeth (Teeth 6 - 11, 22 -27, C - H, M - R)	1	12-Months				No	N/A
D2331	Resin-based composite - two surfaces, anterior	0-20	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	1	12-Months				No	N/A
D2332	Resin-based composite - three surfaces, anterior	0-20	Anterior Teeth (Teeth 6 - 11, 22 -27, C - H, M - R)	1	12-Months				No	N/A
D2335	Resin-based composite - four or more surfaces or involving incisalangle	0-20	Anterior Teeth (Teeth 6 - 11, 22 -27, C - H, M - R)	1	12-Months				No	N/A
D2390	Resin-based composite crown, anterior	0-20	Anterior Teeth (Teeth 6 - 11, 22 -27, C - H, M - R)	1	12-Months				No	N/A
D2391	Resin-based composite - one surface, posterior	0-20	Posterior Teeth (1-5, 12-21, 28-32, A,B, I, J, K, L, S, T)	1	12-Months				No	N/A
D2392	Resin-based composite - two surfaces, posterior	0-20	Posterior Teeth (1-5, 12-21, 28-32, A,B, I, J, K, L, S, T)	1	12-Months				No	N/A
D2393	Resin-based composite - three surfaces, posterior	0-20	Posterior Teeth (1-5, 12-21, 28-32, A,B, I, J, K, L, S, T)	1	12-Months				No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D2394	Resin-based composite - four or more surfaces, posterior	0-20	Posterior Teeth (1-5, 12-21, 28-32, A,B, I, J, K, L, S, T)	1	12-Months				No	N/A
D2710	Crown - resin-based composite (indirect)	0-20	10,11,22,23,24,25,26,27,6,7,8,9	1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2740	Crown - porcelain/ceramic	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2751	Crown - porcelain fused to predominantly base metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2752	Crown - porcelain fused to noble metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2783	Crown - 3/4 porcelain/ceramic	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2791	Crown - full cast predominantly base metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2792	Crown - full cast noble metal	0-20	All Permanent Teeth (Teeth 1 through 32)	1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D2920	Re-cement or re-bond crown	0-20	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,6,7,8,9						No	N/A
D2921	Reattachment of tooth fragment, incisal edge or cusp	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D2930	Prefabricated stainless steel crown - primary tooth	0-20	Primary Teeth (Teeth A through T)	1	24-Months				No	N/A
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	0-20	C,D,E,F,G,H,M,N, O,P,Q,R	1	24-Months				No	N/A
D2940	Protective restoration	0-20	1,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,4,5,6,7,8,9						No	N/A
D2951	Pin retention - per tooth, in addition to restoration	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D2954	Prefabricated post and core in addition to crown	0-20	All Teeth (Teeth 1 through 32, A through T)	1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2957	Each additional prefabricated post - same tooth	0-20	1,14,15,16,17,18,19,2,3,30,31,32	1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D3110	Pulp cap - direct (excluding final restoration)	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D3220	Therapeutic pulpotomy	0-20	All Teeth (Teeth 1 through 32, A through T)	1	1-Lifetime Per Tooth				No	N/A
D3221	Pulpal debridement - primary and permanent teeth	0-20	All Teeth (Teeth 1 through 32, A through T)	1	1-Lifetime Per Tooth				No	N/A
D3222	Partial pulpotomy for apexogenesis - permanent tooth	0-20	All Permanent Teeth (Teeth 1 through 32)	1	1-Lifetime Per Tooth				Yes	Pre-operative x-rays (excluding bitewings) with claim
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0-20	Permanent Anterior (Teeth 6 - 11, 22 - 27)	1	1-Lifetime Per Tooth				No	N/A
D3320	Endodontic therapy premolar tooth (excluding final restoration)	0-20	Bicuspid (Teeth 4, 5, 12, 13, 20,21, 28, 29)	1	1-Lifetime Per Tooth				No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D3425	Apicoectomy - molar (first root)	0-20	Permanent Molars (Teeth 1 - 3, 14 - 19, 30 - 32)						No	N/A
D3426	Apicoectomy - each additional root	0-20	Permanent Posterior (Teeth 15, 12 - 21, 28 - 32)						No	N/A
D3427	Periradicular surgery without apicoectomy	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D3430	Retrograde filling - per root	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, perio chart, narrative of med necessity with claim, photo (optional)
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, perio chart, narrative of med necessity with claim, photo (optional)
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays with claim
D4231	Anatomical crown exposure – one to three teeth per quadrant	0-20	Quadrants (LL,LR, UR, UL)						Yes	Pre-op x-rays with claim
D4268	Surgical revision procedure, per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-op x-rays with claim
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	0-20	Quadrants (LL, LR, UR, UL)	4	12-Months				Yes	Periodontal charting and Pre-op x-rays with claim
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	0-20	Quadrants (LL, LR, UR, UL)	4	12-Months				Yes	Periodontal charting and Pre-op x-rays with claim
D4346	Scaling in moderate or severe gingival inflammation	0-20		1	12-Months				Yes	Pre-op x-rays or diagnostic quality photos
D4355	Full mouth debridement	0-20		1	12-Months				No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code - set	Code - set Limit	Period	Auth/ Review Req'd	Document Requirements
D5110	Complete denture - maxillary	0-20		1	60-Months				Yes	Pre-op x-rays, treatment plan with claim
D5120	Complete denture - mandibular	0-20		1	60-Months				Yes	Pre-op x-rays, treatment plan with claim
D5211	Maxillary partial denture - resin base	0-20		1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5212	Mandibular partial denture - resin base	0-20		1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5213	Maxillary partial denture – cast metal framework with resin denture bases	0-20		1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5214	Mandibular partial denture – cast metal framework with resin denture bases	0-20		1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5225	Maxillary partial denture - flexible base	0-20		1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5226	Mandibular partial denture - flexible base	0-20		1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5282	Removable unilateral partial denture- one piece cast metal - maxillary	65-999		1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5283	Removable unilateral partial denture- one piece cast metal - mandibular	65-999		1	60-Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5410	Adjust complete denture - maxillary	0-20							No	N/A
D5411	Adjust complete denture -mandibular	0-20							No	N/A
D5421	Adjust partial denture - maxillary	0-20							No	N/A
D5422	Adjust partial denture - mandibular	0-20							No	N/A
D5511	Repair broken complete denture base - mandibular	0-20							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D5512	Repair broken complete denture base - maxillary	0-20							No	N/A
D5520	Replace missing or broken teeth - complete denture (each tooth)	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5611	Repair resin partial denture base - mandibular	0-20							No	N/A
D5612	Repair resin partial denture base - maxillary	0-20							No	N/A
D5621	Repair cast partial framework - mandibular	0-20							No	N/A
D5622	Repair cast partial framework - maxillary	0-20							No	N/A
D5630	Repair or replace broken retentive/ clasp materials - per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5640	Replace broken teeth - per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5650	Add tooth to existing partial denture	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5660	Add clasp to existing partial denture - per tooth	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	0-20							No	N/A
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	0-20							No	N/A
D5750	Reline complete maxillary denture (laboratory)	0-20		1	24-Months				No	N/A
D5751	Reline complete mandibular denture (laboratory)	0-20		1	24-Months				No	N/A
D5760	Reline maxillary partial denture (laboratory)	0-20		1	24-Months				No	N/A
D5761	Reline mandibular partial denture (laboratory)	0-20		1	24-Months				No	N/A
D5850	Tissue conditioning, maxillary	0-20							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D5851	Tissue conditioning, mandibular	0-20							No	N/A
D6081	Scaling and debridement	0-20	All Permanent Teeth (Teeth 1 through 32)	1	12- Months				Yes	Narrative of medical necessity
D6100	Implant removal, by report	15-999	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-op & post-op x-rays, narr of med nec with claim
D6930	Re-cement or re-bond fixed partial denture	0-20	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D7140	Extraction, erupted tooth or exposed root	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	1	1-Lifetime Per Tooth				No	N/A
D7210	Extraction, erupted tooth	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	1	1-Lifetime Per Tooth				No	N/A
D7220	Removal of impacted tooth - soft tissue	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim



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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7230	Removal of impacted tooth - partially bony	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim
D7240	Removal of impacted tooth - completely bony	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim
D7241	Removal of impacted tooth - completely bony, unusual surgical complications	0-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim
D7250	Removal of residual tooth (cutting procedure)	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	1	1-Lifetime Per Tooth				No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7260	Oroantral fistula closure	0-999		1					Yes	Narrative of medical necessity with claim
D7270	Reimplantation and/or stabilization of accidentally evulsed / displaced tooth	0-20	All Permanent Teeth (Teeth 1 through 32)	1					No	N/A
D7280	Exposure of an unerupted tooth	0-20	Teeth 2 - 15, 18 - 31	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays, narr of med nec with claim
D7285	Incisional biopsy of oral tissue -hard (bone, tooth)	0-999							No	N/A
D7286	Incisional biopsy of oral tissue - soft	0-999							No	N/A
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth	0-20	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, narr of med nec with claim
D7350	Vesibuloplasty - ridge extension (including soft tissue grafts)	0-20	Quadrants (LL,LR, UR, UL)						Yes	Pre-op x-rays, narr of med nec with claim
D7410	Excision of benign lesion up to 1.25 cm	0-999							No	N/A
D7411	Excision of benign lesion greater than 1.25 cm	0-999		1	1-Day				No	N/A
D7412	Excision of benign lesion, complicated	0-999		1	1-Day				No	N/A
D7413	Excision of malignant lesion up to 1.25 cm	0-999							No	N/A
D7414	Excision of malignant lesion greater than 1.25 cm	0-999							No	N/A
D7415	Excision of malignant lesion, complicated	0-999							No	N/A
D7440	Excision of malignant tumor -lesion diameter up to 1.25 cm	0-999							No	N/A
D7441	Excision of malignant tumor - lesion diameter greater than 1.25cm	0-999							No	N/A
D7450	Removal of benign odontogenic cyst or tumor - dia up to 1.25 cm	0-999							No	N/A
D7451	Removal of benign odontogenic cyst or tumor - dia greater than 1.25 cm	0-999							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7460	Removal of benign non odontogenic cyst or tumor - dia up to 1.25 cm	0-999							No	N/A
D7461	Removal of benign non odontogenic cyst or tumor - dia greater than 1.25 cm	0-999							No	N/A
D7471	Removal of lateral exostosis (maxilla or mandible)	0-999	Arches (UA, LA)	1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim
D7472	Removal of torus palatinus	0-999		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim
D7473	Removal of torus mandibularis	0-999		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim
D7490	Radical resection of maxilla or mandible	0-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)
D7510	Incision and drainage of abscess - intraoral soft tissue	0-999							No	N/A
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	0-999							No	N/A
D7520	Incision and drainage of abscess - extraoral soft tissue	0-999							No	N/A
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated	0-999							No	N/A
D7530	Removal of foreign body from mucosa	0-999							No	N/A
D7540	Removal of reaction producing foreign bodies	0-999							No	N/A
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	0-999	Quadrants (LL, LR, UR, UL)						No	N/A
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	0-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)
D7610	Maxilla - open reduction (teeth immobilized, if present)	0-999							No	N/A
D7620	Maxilla - closed reduction (teeth immobilized, if present)	0-999							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7630	Mandible - open reduction (teeth immobilized, if present)	0-999							No	N/A
D7640	Mandible - closed reduction (teeth immobilized, if present)	0-999							No	N/A
D7650	Malar and/or zygomatic arch -open reduction	0-999							No	N/A
D7660	Malar and/or zygomatic arch -closed reduction	0-999							No	N/A
D7670	Alveolus - closed reduction, may include stabilization of teeth	0-999							No	N/A
D7680	Facial bones - complicated reduction with fixation and multiple surgical	0-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7710	Maxilla - open reduction	0-999							No	N/A
D7720	Maxilla - closed reduction	0-999							No	N/A
D7730	Mandible - open reduction	0-999							No	N/A
D7740	Mandible - closed reduction	21-999							No	N/A
D7750	Malar and/or zygomatic arch -open reduction	0-999							No	N/A
D7760	Malar and/or zygomatic arch -closed reduction	0-999							No	N/A
D7770	Alveolus - open reduction stabilization of teeth	0-999							No	N/A
D7780	Facial bones – complicated reduction with fixation and multiple approaches	0-999							No	N/A
D7820	Closed reduction of dislocation	0-999							No	N/A
D7860	Arthrotomy	0-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7865	Arthroplasty	0-20							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7910	Suture of recent small wounds up to 5 cm	0-999							No	N/A
D7911	Complicated suture - up to 5 cm	0-999							No	N/A
D7912	Complicated suture - greater than 5 cm	0-999							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7920	Skin graft (identify defect covered, location and type of graft)	0-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7955	Repair of maxillofacial soft and/or hard tissue defect	0-20							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure	0-999		1	1-Lifetime				No	N/A
D7963	Frenuloplasty	0-999							No	N/A
D7971	Excision of pericoronal gingiva	0-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D7980	Surgical sialolithotomy	0-999							No	N/A
D7981	Excision of salivary gland, by report	0-999							No	N/A
D7982	Sialodochoplasty	0-999							No	N/A
D7983	Closure of salivary fistula	0-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)
D7990	Emergency tracheotomy	0-999							No	N/A
D8010	Limited orthodontic treatment of the primary dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8020	Limited orthodontic treatment of the transitional dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8050	Interceptive orthodontic treatment of the primary dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8060	Interceptive orthodontic treatment of the transitional dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8070	Comprehensive orthodontic treatment of the transitional dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D8080	Comprehensive orthodontic treatment of the adolescent dentition	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8210	Removable appliance therapy	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8220	Fixed appliance therapy	0-20							Yes	Pan and/or cephalometric x-ray, diag quality photos, narr of med nec / trm plan
D8999	Unspecified orthodontic procedure, by report	0-20							Yes	Description of procedure and narrative of medical necessity
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	0-20							Yes	Narrative of medical necessity with claim
D9212	Trigeminal division block anesthesia	0-999							Yes	Narrative of medical necessity with claim
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	0-999		1	12-Months	D9219	1	1 Lifetime	No	Narrative of the evaluation shall be maintained in the member's record
D9222	Deep sedation/general anesthesia - first 15 minutes	0-20							Yes	Narrative of Medical Necessity and Name of Original Treating Dentist
D9223	Deep sedation / general anesthesia each subsequent 15 minute increment	0-20							Yes	Narrative of medical necessity and treatment plan with claim
D9230	Inhalation of nitrous/analgesia, anxiolysis	0-999							No	N/A
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	0-20							Yes	Narrative of medical necessity and treatment plan with claim
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute	0-20							Yes	Narrative of medical necessity and treatment plan with claim
D9310	Consultation - diagnostic service provided by dentist or physician	0-999		1	12-Months				No	N/A
D9311	Consultation with a medical healthcare professional	0-999		1	12-Months				No	N/A
D9410	House/extended care facility call	0-999							No	N/A
D9420	Hospital or ambulatory surgical center call	0-999							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period Length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D9610	Therapeutic parenteral drug, single administration	0-999							No	N/A
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites								Yes	Description of dosage of drug shall be maintained in beneficiary records. Narrative of medical necessity submitted with claim.
D9920	Behavior management, by report	0-20							Yes	Narrative of medical necessity with claim
D9999	Unspecified adjunctive procedure, by report	0-20							Yes	Description of procedure and narrative of medical necessity with claim

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D0120	Periodic oral evaluation - established patient	65-999		1	6-Months	D0120 - D0170, except D0160	1	1-Day	No	N/A
D0140	Limited oral evaluation - problem focused	65-999				D0120 - D0170, except D0160	1	1-Day	No	N/A
D0150	Comprehensive oral evaluation - new or established patient	65-999		1	1-Lifetime	D0120 - D0170, except D0160	1	1-Day	No	One comprehensive exam per consumer, per provider or provider billing group per lifetime. Only one exam (D0120, D0145, or D0150) every six months per consumer, per provider or provider billing group.
D0170	Re-evaluation - limited, problem focused	65-999		1	12- Months	D0120 -D0170, except D0160	1	1-Day	No	N/A
D0210	Intraoral - complete series of radiographic images	65-999		1	36-Months				No	N/A
D0220	Intraoral - periapical first radiographic image	65-999		1	1-Day				No	N/A
D0230	Intraoral - periapical each additional image	65-999							No	N/A
D0240	Intraoral - occlusal radiographic image	65-999							No	N/A
D0250	Extraoral - 2d projection radiographic image	65-999							No	N/A
D0251	Extra-oral posterior dental radiographic image	65-999							No	N/A
D0270	Bitewing - single radio graphic image	65-999				Bitewings D0270-D0277	1	1-Day	No	N/A
D0272	Bitewings - two radiographic images	65-999				Bitewings D0270-D0277	1	1-Day	No	N/A
D0273	Bitewings - three radiographic images	65-999				Bitewings D0270-D0277	1	1-Day	No	N/A
D0274	Bitewings - four radiographic images	65-999				Bitewings D0270-D0277	1	1-DAY	No	N/A
D0277	Vertical bitewings - 7 to 8 radiographic images	65-999				Bitewings D0270-D0277	1	1-DAY	No	N/A
D0321	Other temporomandibular joint radiographic images, by report	65-999							No	N/A



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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D0330	Panoramic radiographic image	65-999		1	36-Months				No	N/A
D0460	Pulp vitality tests	65-999		3	1-Day				No	N/A
D1110	Prophylaxis - adult	65-999		1	6-Months				No	N/A
D2140	Amalgam - one surface, primary or permanent	65-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A
D2150	Amalgam - two surfaces, primary or permanent	65-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A
D2160	Amalgam - three surfaces, primary or permanent	65-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A
D2161	Amalgam - four or more surfaces, primary or permanent	65-999	All Teeth (Teeth 1 through 32, A through T)	1	12- Months				No	N/A
D2330	Resin-based composite - one surface, anterior	65-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	1	12- Months				No	N/A
D2331	Resin-based composite - two surfaces, anterior	65-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	1	12- Months				No	N/A
D2332	Resin-based composite - three surfaces, anterior	65-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	1	12- Months				No	N/A
D2335	Resin-based composite - four or more surfaces or involving incisal angle	65-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	1	12- Months				No	N/A
D2390	Resin-based composite crown, anterior	65-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	1	12- Months				No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D2391	Resin-based composite - one surface, posterior	65-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A
D2392	Resin-based composite - two surfaces, posterior	65-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A
D2393	Resin-based composite - three surfaces, posterior	65-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A
D2394	Resin-based composite - four or more surfaces, posterior	65-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	1	12- Months				No	N/A
D2710	Crown - resin-based composite (indirect)	65-999	10,11,22,23,24,25, 26,27,6,7,8,9	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2740	Crown - porcelain/ceramic	65-999	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2751	Crown - porcelain fused to predominantly base metal	65-999	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2752	Crown - porcelain fused to noble metal	65-999	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2783	Crown - 3/4 porcelain/ceramic	65-999	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2791	Crown - full cast predominantly base metal	65-999	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2792	Crown - full cast noble metal	65-999	All Permanent Teeth (Teeth 1 through 32)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D2920	Re-cement or re-bond crown	65-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,6,7,8,9						No	N/A
D2921	Reattachment of tooth fragment, incisal edge or cusp	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D2930	Prefabricated stainless steel crown - primary tooth	65-999	Primary Teeth (Teeth A through T)	1	24- Months				No	N/A
D2931	Prefabricated stainless steel crown - permanent tooth	65-999	All Permanent Teeth (Teeth 1 through 32)	1	24- Months				No	N/A
D2940	Protective restoration	65-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,6,7,8,9						No	N/A
D2951	Pin retention - per tooth, in addition to restoration	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D2954	Prefabricated post and core in addition to crown	65-999	All Teeth (Teeth 1 through 32, A through T)	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D2957	Each additional prefabricated post - same tooth	65-999	1,14,15,16,17,18,19,2,3,30,31,32	1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, fill x-ray with claim
D3110	Pulp cap - direct (excluding final restoration)	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D3220	Therapeutic pulpotomy	65-999	All Teeth (Teeth 1 through 32, A through T)	1	1-Lifetime Per Tooth				No	N/A
D3221	Pulpal debridement - primary and permanent teeth	65-999	All Teeth (Teeth 1 through 32, A through T)	1	1-Lifetime Per Tooth				No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D3222	Partial pulpotomy for apexogenesis - permanent tooth	65-999	All Permanent Teeth (Teeth 1 through 32)	1	1-Lifetime Per Tooth				Yes	Pre-operative x-rays (excluding bitewings) with claim
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	65-999	Permanent Anterior (Teeth 6 - 11, 22 - 27)	1	1-Lifetime Per Tooth				No	N/A
D3320	Endodontic therapy premolar tooth (excluding final restoration)	65-999	Bicuspids (Teeth 4, 5, 12, 13, 20,21, 28, 29)	1	1-Lifetime Per Tooth				No	N/A
D3330	Endodontic therapy, molar tooth (excluding final restoration)	65-999	Permanent Molars (Teeth 1 - 3, 14 - 19, 30 - 32)	1	1-Lifetime Per Tooth				No	N/A
D3331	Treatment of root canal obstruction; non-surgical access	65-999	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-operative x-rays (excluding bitewings) with claim
D3351	Apexification / recalcification - initial visit	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D3352	Apexification / recalcification - interim	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D3353	Apexification / recalcification - final visit	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D3410	Apicoectomy - anterior	65-999	Permanent Anterior (Teeth 6 - 11, 22 - 27)						No	N/A
D3421	Apicoectomy - premolar (first root)	65-999	Bicuspids (Teeth 4, 5, 12, 13, 20,21, 28, 29)						No	N/A
D3425	Apicoectomy - molar (first root)	65-999	Permanent Molars (Teeth 1 - 3, 14 - 19, 30 - 32)						No	N/A
D3426	Apicoectomy - each additional root)	65-999	Permanent Posterior (Teeth 1 - 5, 12 - 21, 28 - 32)						No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D3427	Periradicular surgery without apicoectomy	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D3430	Retrograde filling - per root	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth	65-999	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, perio chart, narrative of med necessity with claim, photo (optional)
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth	65-999	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, perio chart, narrative of med necessity with claim, photo (optional)
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	65-999	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays with claim
D4231	Anatomical crown exposure - one to three teeth per quadrant	65-999	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays with claim
D4268	Surgical revision procedure, per tooth	65-999	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-op x-rays with claim
D4341	Periodontal scaling and rootplaning - four or more teeth per quadrant	65-999	Quadrants (LL, LR, UR, UL)	4	12- Months				Yes	Periodontal charting and Pre-op x-rays with claim
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	65-999	Quadrants (LL, LR, UR, UL)	4	12- Months				Yes	Periodontal charting and Pre-op x-rays with claim
D4346	Scaling in moderate or severe gingival inflammation	65-999		1	12-Months				Yes	Pre-op x-rays or diagnostic quality photos
D4355	Full mouth debridement	65-999		1	12-Months				No	N/A
D5110	Complete denture - maxillary	65-999		1	60-Months				Yes	Pre-op x-rays, treatment plan with claim
D5120	Complete denture - mandibular	65-999		1	60-Months				Yes	Pre-op x-rays, treatment plan with claim
D5211	Maxillary partial denture - resin base	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D5212	Mandibular partial denture - resin base	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5213	Maxillary partial denture - cast metal framework with resin denture bases	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5214	Mandibular partial denture – cast metal framework with resin denture bases	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5225	Maxillary partial denture - flexible base	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5226	Mandibular partial denture - flexible base	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5282	Removable unilateral partial denture - one piece cast metal - maxillary	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5283	Removable unilateral partial denture - one piece cast metal - mandibular	65-999		1	60- Months				Yes	Pre-op x-rays of adj and opposing teeth, trmt plan with claim
D5410	Adjust complete denture -maxillary	65-999							No	N/A
D5411	Adjust complete denture - mandibular	65-999							No	N/A
D5421	Adjust partial denture - maxillary	65-999							No	N/A
D5422	Adjust partial denture -mandibular	65-999							No	N/A
D5511	Repair broken complete denture base - mandibular	65-999							No	N/A
D5512	Repair broken complete denture base - maxillary	65-999							No	N/A
D5520	Replace missing or broken teeth-complete denture (each tooth)	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5611	Repair resin partial denture base-mandibular	65-999							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D5612	Repair resin partial denture base-maxillary	65-999							No	N/A
D5621	Repair cast partial framework - mandibular	65-999							No	N/A
D5622	Repair cast partial framework - maxillary	65-999							No	N/A
D5630	Repair or replace broken retentive / clasping materials -per tooth	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5640	Replace broken teeth - per tooth	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5650	Add tooth to existing partial denture	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5660	Add clasp to existing partial denture - per tooth	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	65-999							No	N/A
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	65-999							No	N/A
D5730	Reline complete maxillary denture (chairside)	65-999		1	24-Months				No	N/A
D5731	Reline complete mandibular denture (chairside)	65-999		1	24-Months				No	N/A
D5750	Reline complete maxillary denture (laboratory)	65-999		1	24-Months				No	N/A
D5751	Reline complete mandibular denture (laboratory)	65-999		1	24-Months				No	N/A
D5760	Reline maxillary partial denture (laboratory)	65-999		1	24-Months				No	N/A
D5761	Reline mandibular partial denture (laboratory)	65-999		1	24-Months				No	N/A
D5850	Tissue conditioning, maxillary	65-999							No	N/A
D5851	Tissue conditioning, mandibular	65-999							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D6081	Scaling and debridement	65-999	All Permanent Teeth (Teeth 1 through 32)	1	12- months				Yes	Narrative of medical necessity
D6100	Implant removal, by report	65-999	All Permanent Teeth (Teeth 1 through 32)						Yes	Pre-op & post-op x-rays, narr of med nec with claim
D6930	Re-cement or re-bond fixed partial denture	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D7140	Extraction, erupted tooth or exposed root	65-999	All Teeth (Teeth 1 through 32, Athrough T, SN)	1	1-Lifetime Per Tooth				No	N/A
D7210	Extraction, erupted tooth	65-999	All Teeth (Teeth 1 through 32, Athrough T, SN)	1	1-Lifetime Per Tooth				No	N/A
D7220	Removal of impacted tooth - soft tissue	65-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim
D7230	Removal of impacted tooth - partially bony	65-999	1,10,11,12,13,14,15,16,17,18,19,2,20,21,22,23,24,25,26,27,28,29,3,30,31,32,4,5,51,52,53,54,55,56,57,58,59,6,60,61,62,63,64,65,66,67,68,69,7,70,71,72,73,74,75,76,77,78,79,8,80,81,82,9	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim



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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7240	Removal of impacted tooth - completely bony	65-999	1, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 2, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 3, 30, 31, 32, 4, 5, 51, 52, 53, 54, 55, 56, 57, 58, 59, 6, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 7, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 8, 80, 81, 82, 9	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim
D7241	Removal of impacted tooth - completely bony, unusual surgical complications	0-999	1, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 2, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 3, 30, 31, 32, 4, 5, 51, 52, 53, 54, 55, 56, 57, 58, 59, 6, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 7, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 8, 80, 81, 82, 9	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays (excluding bitewings) and narr of med nec with claim
D7250	Removal of residual tooth (cutting procedure)	65-999	All Teeth (Teeth 1 through 32, Athrough T, SN)	1	1-Lifetime Per Tooth				No	N/A
D7260	Oroantral fistula closure	65-999		1					Yes	Narrative of medical necessity with claim
D7270	Reimplantation and/or stabilization of accidentally evulsed / displaced tooth	65-999	All Permanent Teeth (Teeth 1 through 32)	1					No	N/A
D7280	Exposure of an unerupted tooth	65-999	Teeth 2 - 15, 18 - 31	1	1-Lifetime Per Tooth				Yes	Pre-op x-rays, narr of med nec with claim
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	65-999							No	N/A
D7286	Incisional biopsy of oral tissue - soft	65-999							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7310	Alveoloplasty in conjunction with extractions - four or more teeth	65-999	Quadrants (LL, LR, UR, UL)						No	N/A
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth	65-999	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, narr of med nec with claim
D7350	Vesibuloplasty - ridge extension (including soft tissue grafts)	65-999	Quadrants (LL, LR, UR, UL)						Yes	Pre-op x-rays, narr of med nec with claim
D7410	Excision of benign lesion up to 1.25 cm	65-999							No	N/A
D7411	Excision of benign lesion greater than 1.25 cm	65-999							No	N/A
D7412	Excision of benign lesion, complicated	65-999							No	N/A
D7413	Excision of malignant lesion up to 1.25 cm	65-999							No	N/A
D7414	Excision of malignant lesion greater than 1.25 cm	65-999							No	N/A
D7415	Excision of malignant lesion, complicated	65-999							No	N/A
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	65-999							No	N/A
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	65-999							No	N/A
D7450	Removal of benign odontogenic cyst or tumor - dia up to 1.25 cm	65-999							No	N/A
D7451	Removal of benign odontogenic cyst or tumor - dia greater than 1.25 cm	65-999							No	N/A
D7460	Removal of benign nonodontogenic cyst or tumor - dia up to 1.25 cm	65-999							No	N/A
D7461	Removal of benign nonodontogenic cyst or tumor - dia greater than 1.25 cm	65-999							No	N/A
D7471	Removal of lateral exostosis (maxilla or mandible)	65-999	Arches (UA, LA)	1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7472	Removal of torus palatinus	65-999		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim
D7473	Removal of torus mandibularis	65-999		1	1-Lifetime				Yes	Pre-op x-rays, narr of med nec with claim
D7490	Radical resection of maxilla or mandible	65-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)
D7510	Incision and drainage of abscess-intraoral soft tissue	65-999							No	N/A
D7511	Incision and drainage of abscess-intraoral soft tissue - complicated	65-999							No	N/A
D7520	Incision and drainage of abscess-extraoral soft tissue	65-999							No	N/A
D7521	Incision and drainage of abscess-extraoral soft tissue - complicated	65-999							No	N/A
D7530	Removal of foreign body from mucosa	65-999							No	N/A
D7540	Removal of reaction producing foreign bodies	65-999							No	N/A
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	65-999	Quadrants (LL, LR, UR, UL)						No	N/A
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	65-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)
D7610	Maxilla - open reduction (teeth immobilized, if present)	65-999							No	N/A
D7620	Maxilla - closed reduction (teeth immobilized, if present)	65-999							No	N/A
D7630	Mandible - open reduction (teeth immobilized, if present)	65-999							No	N/A
D7640	Mandible - closed reduction (teeth immobilized, if present)	65-999							No	N/A
D7650	Malar and/or zygomatic arch - open reduction	65-999							No	N/A
D7660	Malar and/or zygomatic arch - closed reduction	65-999							No	N/A

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7670	Alveolus - closed reduction, may include stabilization of teeth	65-999							No	N/A
D7680	Facial bones - complicated reduction with fixation and multiple surgical	65-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7710	Maxilla - open reduction	65-999							No	N/A
D7720	Maxilla - closed reduction	65-999							No	N/A
D7730	Mandible - open reduction	65-999							No	N/A
D7740	Mandible - closed reduction	65-999							No	N/A
D7750	Malar and/or zygomatic arch - open reduction	65-999							No	N/A
D7760	Malar and/or zygomatic arch - closed reduction	65-999							No	N/A
D7770	Alveolus - open reduction stabilization of teeth	65-999							No	N/A
D7780	Facial bones – complicated reduction with fixation and multiple approaches	65-999							No	N/A
D7820	Closed reduction of dislocation	65-999							No	N/A
D7860	Arthrotomy	65-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7865	Arthroplasty	65-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7910	Suture of recent small wounds up to 5 cm	65-999							No	N/A
D7911	Complicated suture - up to 5 cm	65-999							No	N/A
D7912	Complicated suture – greater than 5 cm	65-999							No	N/A
D7920	Skin graft (identify defect covered, location and type of graft)	65-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim
D7955	Repair of maxillofacial soft and/or hard tissue defect	65-999							Yes	Pre-op & post-op x-rays, narr of med nec with claim

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure	65-999		1	1-Lifetime				No	N/A
D7963	Frenuloplasty	65-999							No	N/A
D7971	Excision of pericoronal gingiva	65-999	All Permanent Teeth (Teeth 1 through 32)						No	N/A
D7979	Non-surgical sialolithotomy	65-999							No	N/A
D7980	Surgical sialolithotomy	65-999							No	N/A
D7981	Excision of salivary gland, by report	65-999							No	N/A
D7982	Sialodochoplasty	65-999							No	N/A
D7983	Closure of salivary fistula	65-999							Yes	Narrative of medical necessity with claim, x-rays or photos (optional)
D7990	Emergency tracheotomy	65-999							No	N/A
D9212	Trigeminal division block anesthesia	65-999							Yes	Narrative of medical necessity with claim
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	0-999		1	1-Lifetime	D9219	1	1-Lifetime	No	Narrative of the evaluation shall be maintained in the member's records.
D9222	Deep sedation/general anesthesia - first 15 minutes	65-999							Yes	Narrative of Medical Necessity and Name of Original Treating Dentist
D9223	Deep sedation / general anesthesia - each subsequent 15 minute increment	65-999							Yes	Narrative of medical necessity and treatment plan with claim
D9230	Inhalation of nitrous/analgesia, anxiolysis	65-999							No	N/A
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	65-999							Yes	Narrative of medical necessity and treatment plan with claim
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute	65-999							Yes	Narrative of medical necessity and treatment plan with claim

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Code	Description	Age	Sub-codes	Code Limit	Period length	Code-set	Code-set Limit	Period	Auth/ Review Req'd	Document Requirements
D9310	Consultation - diagnostic service provided by dentist or physician	65-999		1	12- Months				No	N/A
D9311	Consultation with a medical healthcare professional	65-999		1	12-Months				No	N/A
D9410	House/extended care facility call	65-999							No	N/A
D9420	Hospital or ambulatory surgical center call	65-999							No	N/A
D9610	Therapeutic parenteral drug, single administration	65-999							No	N/A
D9920	Behavior management, by report	65-999							Yes	Narrative of medical necessity with claim
D9999	Unspecified adjunctive procedure, by report	65-999							Yes	Description of procedure and narrative of medical necessity with claim