

# Dentist Handbook

Delta Dental of South Dakota dentist handbook with  
2020 CDT national processing policies



These national processing policies reflect data code set requirements set forth under the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related regulations. It is the policy of Delta Dental to comply with all such requirements as well as to require all Delta Dental member companies and their participating dentists to comply with such requirements. Consistent with HIPAA, Delta Dental exercises its right to determine benefits in accordance with applicable policies and plan documents. In determining benefits, Delta Dental adheres to the following national processing policies, except to the extent prohibited under applicable law or specific group and individual contract provisions (described below). Claim submissions shall not be manipulated so as to inflate the charges or otherwise attempt to circumvent the policies or applicable law. Delta Dental member companies shall ensure that their application of these processing policies is consistent with their contractual obligations to groups and individuals.

### General Policies

General policies (GP) related to each category of procedure codes precede the category code listing. Policies for specific procedure codes are listed in each category after the codes and nomenclature.

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

For the purposes of this manual, the following definitions apply:

Allowance:	The amount of Delta Dental's payment for the procedure benefitted.
Approved Amount:	The total fee a participating dentist agrees to accept as payment in full for a procedure. It includes both the Delta Dental allowance and the patient responsibility. Participating dentists agree not to collect from the patient any difference between the approved amount and their actual fee for the procedure.
Denied/Deny	If the benefit for a procedure or service is denied, the procedure or service is not a benefit of the patient's coverage and the approved amount is collectable from the patient. Specific group/individual contract provisions take precedence over processing policies. It is recommended that the dental office contact the appropriate member company for the group/individual account to determine the specific benefits, limitations and exclusions.

Not billable to the patient: If the fee for a procedure or service is not billable to the patient, it is not benefitted by Delta Dental or collectable from the patient by a participating dentist.

Alternative Benefit: In cases where alternative methods of treatment exist, benefits are provided for the least costly, professionally acceptable treatment. This determination is not to recommend which treatment should be provided. It is a determination of benefits under terms of the patient's coverage. The dentist and patient should decide the course of treatment. If the treatment rendered is other than the one benefitted, the difference between Delta Dental's allowance and the approved amount for the actual treatment rendered is collectable from the patient.

In Conjunction With: In conjunction with means as part of another procedure or course of treatment including, but not limited to, being rendered on the same day.

Processed as: When a procedure is processed as a different procedure, participating dentists agree to accept all the limitations, processing policies, and approved amounts that apply to the procedure Delta Dental benefits.

All services provided to Delta Dental members are subject to the following general policies:

- Documentation of extraordinary circumstances can be submitted for review by report.
- Individual consideration may be given if additional supporting documentation is provided (e.g. diagnostic quality radiographs, clinical notes, charting, etc.)
- Fees for completion of claim forms and submission of documentation to Delta Dental to enable benefit determination are not benefits. They are not collectable from the patient by a participating dentist.
- Infection control and OSHA compliance are included in the fee for the dental services provided. Separate fees are disallowed and not collectable separately from the patient by a participating dentist.
- Multistage procedures are reported and benefitted upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays and inlays is the cementation date of the final restoration regardless of the type of cement utilized. The completion date for endodontic treatment is the date the canals are permanently filled.
- Charges for procedures determined not to be necessary or not meeting generally accepted standards of care may be denied or disallowed. Many of the processing policies that follow, describe payment procedures that are based on the

timing and sequence of inter-related procedures. However, the timing and sequencing of treatment is the responsibility of the dentist rendering care and should always be determined by the treating dentist based on the patient's needs.

- When a procedure is by report and subject to coverage under medical, it should be submitted to the patient's medical carrier first. When submitting to Delta Dental, a copy of the explanation of payment or payment voucher from the medical carrier should be included with the claim, plus a narrative describing the procedure performed, reasons for performing the procedure, pathology report if appropriate, and any other information deemed pertinent. In the absence of such information, Delta Dental will not benefit the procedure.
- The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist, and is not generally used when conventional methods are adequate.
- Additional supporting documentation may be requested in order to make a benefit determination
- Narratives as documentation are not considered legal entities nor are they contemporaneous in nature. The patient record/clinical notes are considered a legal document and are contemporaneous. The only acceptable legal written documentation for utilization review are the contemporaneous treatment notes.
- For payment purposes, local anesthesia is an integral part of the procedure being performed and additional fees are disallowed.



## D0100 - D0999 DIAGNOSTIC

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

### A. D0100 - D0199 CLINICAL ORAL EVALUATIONS

**General Policy** - Clinical oral evaluations frequency limitations are established by group/individual contract.

**General Policy** - The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy** - D0120, D0150 and D0180 include evaluation of all hard and soft tissue of the oral cavity including periodontal charting and oral cancer evaluation.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D0120	Periodic oral evaluation - established patient	An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.	<ul style="list-style-type: none"> <li>a. Frequency limitations for evaluations are established by group/individual contract.</li> <li>b. Fees for consultation, diagnosis and routine treatment planning are not billable to the patient as components of the oral evaluation by the same dentist/dental office completing the evaluation.</li> </ul>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0140</b>	Limited oral evaluation - problem focused	An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.	The frequency limitation for evaluations is established by group/individual contract.
<b>D0145</b>	Oral evaluation for patient under three years of age and counseling with primary care giver	Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.	<p>a. The frequency limitation for evaluations is established by group/individual contract.</p> <p>b. D0145 includes any caries susceptibility tests (D0425) or oral hygiene instructions (D1330) on the same date of service. When performed on the same date as D0145, any fees for D0425 and D1330 are not billable to the patient.</p> <p>c. For patients under the age of three, any other comprehensive evaluation code submitted (D0150, D0160, D0180) is payable as D0145. Any fees in excess of D0145 are not billable to the patient.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0150</b>	Comprehensive oral evaluation - new or established patient	Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.	<p>a. Comprehensive oral evaluation is benefited for the first encounter with the dentist/dental office and subsequent submissions by the same dentist/dental office are benefited as periodic oral evaluations (D0120).</p> <p>b. If the patient has not received any dental services for three years from the same dentist/dental office, a comprehensive evaluation may be benefited.</p> <p>c. Fees for consultation, diagnosis and routine treatment planning are not billable to the patient as components of the oral evaluation by the same dentist/dental office completing the evaluation.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0160</b>	Detailed and extensive oral evaluation - problem focused, by report	A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.	<p>a. Benefits for D0160 are determined by group/individual contract.</p> <p>b. Benefit once per dentist/dental office.</p>
<b>D0170</b>	Re-evaluation - limited, problem focused (established patient, not post-operative visit)	Assessing the status of a previously existing condition. For example: - a traumatic injury where no treatment was rendered but patient needs follow-up monitoring; - evaluation for undiagnosed continuing pain; - soft tissue lesion requiring follow-up evaluation.	a. The fees for re-evaluation are not billable to the patient in conjunction with another procedure by the same dentist/dental office.
<b>D0171</b>	Re-evaluation - post-operative office visit	None	a. Procedures include all necessary post-operative care and re-evaluations and are not billable to the patient when submitted by the same dentist/dental office who performed the original procedure.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0180</b>	Comprehensive periodontal evaluation - new or established patient	This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation	<p>a. Frequency limitations are determined by group/individual contract.</p> <p>b. If a D0180 is submitted with a D4910 on the same date of service by the same dentist/dental office it is benefited as a D0120 and the difference in the approved amount between the D0120 and the D0180 is not billable to the patient.</p> <p>c. D0180 should not be reported in addition to a comprehensive oral evaluation (D0150) by the same dentist/dental office in the same treatment series.</p>
<b>B. D0190-D0191 PRE-DIAGNOSTICS SERVICES</b> <b>General Policy</b> - Benefits are determined by group/individual contract. Fees for pre-diagnostic services are not billable to the patient when reported on the same date of service as another evaluation procedure (D0120 – D0150).			
<b>D0190</b>	Screening of a patient	A screening (includes state or federally mandated screenings) to determine an individual's need to be seen by a dentist for diagnosis.	a. When reported in conjunction with an evaluation (D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180), the fees for screenings are not billable to the patient as integral to the evaluation.
<b>D0191</b>	Assessment of a patient	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.	a. When reported in conjunction with an evaluation (D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180), the fees for assessments are not billable to the patient as integral to the evaluation.

	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
TYPE OF ENCOUNTER	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
New Patient* being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall Patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 6-18 month intervals		Not applicable
Recall Patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe	Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals		Not applicable
Recall Patient* with periodontal disease		Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.			Not applicable
Patient (New and Recall) for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars		Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships.
Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions			

## C. D0200 - D0399 DIAGNOSTIC IMAGING

**General Policy** - Unless stated in the policy, the benefits for diagnostic imaging are determined by group/individual contract

**General Policy** - Diagnostic services must be necessary and appropriate relative to an individual dental patient's disease risk and clinical condition. If the necessity and appropriateness for diagnostic radiographic imaging is not evident from the information submitted, or the images have been acquired before such a determination is made, fees for radiographic imaging are not billable to the patient.

**General Policy** - Fees for duplication (copying) of diagnostic images for insurance purposes are not billable to the patient.

**General Policy** - Images must be of diagnostic quality; properly oriented if submitted for documentation purposes, and with the date of exposure and a patient identifier indicated on all images. If an image is not of diagnostic quality, then the fee for the image is not billable to the patient.

**General Policy** - When image capture only procedures are submitted with capture and interpretation procedures, the fee for the image capture only procedure is not billable to the patient.

**General Policy** - When interpretation of a diagnostic image procedure (D0391) is submitted with the capture and interpretation procedures, the fee for the interpretation of a diagnostic image (D0391) is not billable to the patient.

**General Policy** - Limit two bitewing images for patients under age 10. A D0273 or D0274 submitted for a patient under age 10 will be benefited as D0272 and any fees in excess of the approved amount for D0272 is not billable to the patient.

## D. IMAGE CAPTURE WITH INTERPRETATION

**General Policy** - D0210- D0371 include image capture and interpretation. The fee for interpretation of a diagnostic image by a practitioner not associated with the capture of the image is benefitted according to group/individual contract. In all other instances, interpretation is not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0210</b>	Intra-oral complete series of radiographic images	A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.	<p>a. Benefits for intra-oral complete series of radiographic images are limited to once every five years.</p> <p>b. When bitewings are processed as part of an intraoral complete series, a separate benefit for bitewings will not be allowed if the full mouth frequency limitation has been met within the benefit period.</p> <p>c. The fee for any additional radiographs submitted with an intraoral-complete series are considered part of the full mouth series for payment and benefit purposes. Any fee in excess of a full mouth series is not billable to the patient.</p> <p>d. When benefits are requested for D0330 in conjunction with full mouth series (D0210) by the same dentist/dental office, fees for the D0330 are not billable to the patient as a component of the D0210 on the same date of service.</p> <p>e. In the absence of contract language for bitewing frequency limitation, bitewings of any type are not billable to the patient within 12 months of an intraoral-complete series.</p>
<b>D0220</b>	Intraoral – periapical-first radiographic image	None	None



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0230</b>	Intraoral – periapical each additional radiographic image	None	<p>a. Individually listed intraoral radiographic images by the same dentist/dental office are considered a complete series if the fee for individual radiographic images equals or exceeds the fee for a complete series done on the same date of service. Any fee in excess of the fee for a full mouth series (D0210) is not billable to the patient.</p> <p>b. Routine working and final treatment radiographic images taken for endodontic therapy by the same dentist/dental office are considered a component of the complete treatment procedure and separate fees are not billable to the patient on the same date of service.</p>
<b>D0240</b>	Intraoral-occlusal radiographic image	None	None
<b>D0250</b>	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	These images include, but not limited to: Lateral Skull; Posterior-Anterior Skull; Submentovertex, Waters, Reverse Towns; Oblique Mandibular Body; Lateral Ramus	Benefits for extra-oral – 2D projection radiographic images created using a stationary radiation source, and detector are denied unless covered by group/individual contract.
<b>D0251</b>	extra-oral posterior dental radiographic image	Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image.	Benefits for extra-oral posterior dental radiographic image are denied unless covered by group/individual contract.
<b>General Policy –</b> In the absence of contract language for bitewing frequency limitations, bitewings of any type are not billable to the patient within 12 months of a full mouth series.			
<b>D0270</b>	Bitewings-single radiographic images	None	None
<b>D0272</b>	Bitewings-two radiographic images	None	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0273</b>	Bitewings-three radiographic images	None	None
<b>D0274</b>	Bitewings-four radiographic images	None	None
<b>D0277</b>	Vertical Bitewings - 7 to 8 radiographic images	This does not constitute a full mouth intraoral radiographic series.	<p>a. Vertical bitewings are considered bitewings for benefit purposes. If the fee for the vertical bitewings is equal to or exceeds the fee for full mouth series, it would be considered a full mouth series for payment benefit purposes and frequency limitations. Any fee in excess of the fee for full mouth series (D0210) is not billable to the patient on the same date of service.</p> <p>b. If the fee for the bitewing and occlusal radiographic images is equal to or exceeds the fee for a full mouth series, it would be considered a full mouth series for payment benefit purposes and frequency limitations. Any fee in excess of the fee for the full mouth series is not billable to the patient.</p> <p>c. The fee for any type of bitewings submitted with a full mouth series are considered part of the full mouth series (D0210) for payment and benefit purposes. Any fee in excess of a full mouth series is not billable to the patient on the same date of service.</p>
<b>D0310</b>	Sialography	None	None
<b>D0320</b>	Temporomandibular arthrogram including injection	None	None
<b>D0322</b>	Tomographic survey	None	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0330</b>	Panoramic radiographic image	None	<p>a. Benefits for panoramic radiographic image are limited to once every five years.</p> <p>b. A panoramic radiographic image, with or without supplemental radiographic images (such as periapicals, bitewings and/or occlusal), is considered a complete series for frequency limitations and any fee in excess of the fee allowed for D0210 is not billable to the patient.</p> <p>c. Benefits for subsequent panoramic radiographs taken within the contractual frequency limitation for a full mouth series are denied.</p> <p>d. A panoramic film is a benefit for individuals ages 6 and older.</p>
<b>D0340</b>	2D Cephalometric radiographic image - - acquisition, measurement and analysis	Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry.	<p>a. Cephalometric radiographic image is a benefit only in conjunction with orthodontic benefits.</p> <p>b. Benefits for a cephalometric radiographic image not taken in conjunction with orthodontic treatment are denied.</p>
<b>D0350</b>	2D oral/facial photographic image obtained intra-orally or extra-orally	None	<p>a. Benefits for 2D oral/facial images may be paid once per case as orthodontic records.</p> <p>b. Benefits for 2D oral/facial images for other procedures are considered elective and therefore are denied.</p>
<b>D0351</b>	3D photographic image	This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure	3D photographic images are denied as a specialized procedure.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0364</b>	Cone beam CT capture and interpretation with limited field of view less than one whole jaw	None	<p>a. Cone Beam CT capture and interpretation of view restricted to less than one whole jaw is denied.</p> <p>b. When submitted in conjunction with the capture only procedure D0380, the fee for D0380 is not billable to the patient.</p> <p>c. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient.</p>
<b>D0366</b>	Cone beam CT capture and interpretation with field of view one full dental arch – maxilla with or without cranium	None	<p>a. Cone beam CT capture and interpretation with field of view one full dental arch – maxilla with or without cranium is denied.</p> <p>b. When submitted in conjunction with the capture only procedure D0382, the fee for D0382 is not billable to the patient.</p> <p>c. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient.</p>
<b>D0367</b>	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium	None	<p>a. Cone beam CT capture and interpretation with field of view of both jaws with or without cranium is denied.</p> <p>b. When submitted in conjunction with the capture only procedure D0383, the fee for D0383 is not billable to the patient.</p> <p>c. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0368</b>	Cone beam CT capture and interpretation for TMJ series including two or more exposures	None	<p>a. Cone beam CT capture and interpretation for TMJ series including two or more exposures is denied.</p> <p>b. When submitted in conjunction with the capture only procedure D0384, the fee for D0384 is not billable to the patient.</p> <p>c. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient.</p>
<b>D0370</b>	Maxillofacial ultrasound, capture and interpretation	None	<p>a. Maxillofacial ultrasound capture interpretation is denied.</p> <p>b. When submitted in conjunction with the capture only procedure D0386, the fee for D0386 is not billable to the patient.</p> <p>c. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient.</p>
<b>D0371</b>	Sialoendoscopy -capture and interpretation	None	Sialoendoscopy -capture and interpretation is denied.
<b>E. IMAGE CAPTURE ONLY</b>			
<b>D0380</b>	Cone beam CT image capture with limited field of view – less than one whole jaw	None	<p>a. Cone beam CT image capture with limited field of view – less than one whole jaw is denied.</p> <p>b. When submitted in conjunction with the capture and interpretation procedure D0364, the fee for D0380 is not billable to the patient.</p> <p>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is benefited as D0364 and the fees for D0380 and D0391 are not billable to the patient.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0381</b>	Cone beam CT image capture with field of view of one full dental arch – mandible	None	<p>a. Cone beam CT image capture with field of view of one full dental arch – mandible is denied.</p> <p>b. When submitted in conjunction with the capture and interpretation procedure D0365, the fee for D0381 is not billable to the patient.</p> <p>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is benefitted as D0365 and the fees for D0381 and D0391 are not billable to the patient.</p>
<b>D0382</b>	Cone beam CT image capture with field of view one full dental arch – maxilla, with and without cranium	None	<p>a. Cone beam CT image capture with field of view one full dental arch – maxilla, with and without cranium is denied.</p> <p>b. When submitted in conjunction with the capture and interpretation procedure D0366, the fee for D0382 is not billable to the patient.</p> <p>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is benefitted as D0366 and the fees for D0382 and D0391 are not billable to the patient.</p>
<b>D0383</b>	Cone beam CT image capture with field of view of both jaws, with or without cranium	None	<p>a. Cone beam CT image capture with field of view of both jaws, with or without cranium is denied.</p> <p>b. When submitted in conjunction with the capture and interpretation procedure D0367, the fee for D0383 is not billable to the patient.</p> <p>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is benefitted as D0367 and the fees for D0383 and D0391 are not billable to the patient.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0384</b>	Cone beam CT capture image for TMJ series including two or more exposures	None	<p>a. Cone beam CT capture image for TMJ series including two or more exposures is denied.</p> <p>b. When submitted by in conjunction with the capture and interpretation procedure D0368, the fee for D0384 is not billable to the patient.</p> <p>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is benefitted as D0368 and the fees for D0384 and D0391 are this procedure is not billable to the patient.</p>
<b>D0385</b>	Maxillofacial MRI image capture	None	<p>a. Maxillofacial MRI image capture is denied.</p> <p>b. When submitted in conjunction with the capture and interpretation procedure D0369, the fee for D0385 is not billable to the patient.</p> <p>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is benefitted as D0369 and the fees for D0385 and D0391 are not billable to the patient.</p>
<b>D0386</b>	Maxillofacial ultrasound image capture	None	<p>a. Maxillofacial ultrasound image capture is denied.</p> <p>b. When submitted in conjunction with the capture and interpretation procedure D0370, the fee for D0386 is not billable to the patient.</p> <p>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is benefitted as D0370 and the fees for D0386 and D0391 are not billable to the patient.</p>

**F. INTERPRETATION AND REPORT ONLY**

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0391</b>	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	None	<p>a. The fee for interpretation of a diagnostic image by the practitioner not associated with the capture only procedures D0380 – D0386 is denied.</p> <p>b. The fee for the interpretation of diagnostic image D0391 when submitted by the same dentist/dental office as the capture only procedures D0380-D0386 are not billable to the patient.</p> <p>c. The fee for the interpretation of a diagnostic image D0391 when submitted by a different dentist than submitted the capture only procedure D0380 – D0386 is benefitted according to group/individual contract.</p>

**G. POST PROCESSING OF IMAGE OR IMAGE SETS**

**General Policy** – Benefits for post processing of image or image sets are denied.

<b>D0393</b>	Treatment simulation using 3-D image volume	The use of 3D image volumes for simulation of treatment including, but not limited to, dental implant placement, orthognathic surgery and orthodontic tooth movement.	None
<b>D0394</b>	Digital subtraction of two or more images or image volumes of the same modality	To demonstrate changes that have occurred over time.	None
<b>D0395</b>	Fusion of two or more 3-D image volumes of the same modality	None	None



**H. D0400 – D0999 TESTS AND EXAMINATIONS****General Policy – benefits for tests are typically denied unless covered by group/individual contract.**

<b>CDT Code</b>	<b>ADA CDT Nomenclature</b>	<b>ADA CDT Descriptor</b>	<b>Delta Dental Policy</b>
<b>D0411</b>	HbA1c in-office point of service testing	None	<p>a. Benefits for HbA1c are denied.</p> <p>b. When covered by group/individual contract, limited to one test per benefit year.</p> <p>c. When D0411 is submitted on the same date/same dentist/dental office as D0412 (blood level glucose level test), D0412 is not billable to the patient.</p>
<b>D0412</b>	Blood glucose level test: in office using a glucose meter	This procedure provides an immediate finding of a patient's blood glucose level at the time of sample collection for the point-of-service analysis.	<p>a. Benefits for blood glucose level tests are denied unless covered by group/individual contract.</p> <p>b. Fees for D0412 are not billable to the patient on the same date of service as D0411.</p>
<b>D0414</b>	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	None	Benefits for laboratory processing of microbial specimens are denied unless covered by the group/individual contract.
<b>D0415</b>	Collection of microorganisms for culture and sensitivity	None	Benefits for bacteriologic studies for determination of sensitivity of pathologic agents to antibiotics are denied.
<b>D0416</b>	Viral culture	A diagnostic test to identify viral organisms, most often herpes virus.	Benefits for studies for determining pathologic agents are denied.
<b>D0417</b>	Collection and preparation of saliva sample for laboratory diagnostic testing	None	Benefits for the collection and preparation of a saliva sample for laboratory diagnostic testing are denied.
<b>D0418</b>	Analysis of saliva sample	Chemical or biological analysis of saliva sample for diagnostic purposes.	Benefits for analysis of saliva sample are denied.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0419</b>	Assessment of salivary flow by measurement	This procedure is for identification of low salivary flow in patients at risk for hyposalivation and xerostomia, as well as effectiveness of pharmacological agents used to stimulate saliva production	Limited to one assessment every three years. Subsequent submissions are not billable to the patient within 12 months and denied between 12 and 36 months.
<b>D0422</b>	collection and preparation of genetic sample material for laboratory analysis and report		Benefits for genetic tests for susceptibility to oral diseases are denied.
<b>D0423</b>	Genetic test for susceptibility to diseases – specimen analysis	Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases.	Benefits for genetic tests for susceptibility to oral diseases are denied.
<b>D0425</b>	Caries susceptibility tests	Not to be used for carious dentin staining.	Benefits for caries susceptibility tests are denied.
<b>D0460</b>	Pulp vitality tests	Includes multiple teeth and contra lateral comparison(s), as indicated.	Pulp tests are payable per visit, not per tooth, and only for the diagnosis of emergency conditions. Therefore, fees for pulp tests are not billable to the patient as part of any other definitive procedure on the same day, by the same dentist/dental office except D0140 limited oral evaluation - problem focused, D9110 palliative treatment, radiographic images (D0210-D0391), consultation (D9310) and sedative filling (D2940).

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D0470	Diagnostic casts	Also known as diagnostic models or study models	<p>a. Diagnostic casts are payable only once when performed in conjunction with orthodontic services. Additional casts taken by the same dentist/dental office during or after orthodontic treatment are included in the fee for orthodontics and separate fees are not billable to the patient.</p> <p>b. The fees for cast restorations and prosthetic procedures include diagnostic casts. Any fees charged for diagnostic casts in excess of the approved amount for these procedures by the same dentist/dental office are not billable to the patient. Benefits for diagnostic casts taken in conjunction with any other procedure are denied.</p>

## I. ORAL PATHOLOGY LABORATORY

**General Policy** – All oral pathology procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report, the fee for the procedure is not billable to the patient.

**General Policy** - If the pathology report is submitted by anyone other than a licensed dentist, benefits are denied.

**General Policy** - If more than one of these procedures is billed on the same day, same site by the same dentist/dental office, payment is allowed for the most inclusive procedure and the less inclusive procedure is not billable to the patient.

**General Policy** - When multiple procedures are billed in the same area of the mouth, the more complex would be a benefit. The fees for subsequent procedure codes would be not billable to the patient.

**General Policy** – all oral pathology procedures are by report and subject to medical coverage. Pathology reports, procedures D0472, D0473, and D0474 include preparation of tissue (sectioning, staining, etc.) and gross and microscopic examination. The fees for D0475, D0480, D0482 and D0483 are not billable to the patient as being a component of the pathology procedures.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0472</b>	Accession of tissue, gross examination, preparation and transmission of written report	To be used in reporting architecturally intact tissue obtained by invasive means.	None
<b>D0473</b>	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	To be used in reporting architecturally intact tissue obtained by invasive means	None
<b>D0474</b>	Accession of tissue, gross and microscopic examination including assessment of surgical margins for presence of disease, preparation and transmission of written report	To be used in reporting architecturally intact tissue obtained by invasive means	None
<b>D0475</b>	Decalcification procedure	Procedure in which hard tissue is processed in order to allow sectioning and subsequent microscopic examination	None
<b>D0476</b>	Special stains for microorganisms	Procedure in which additional stains are applied to biopsy or surgical specimen in order to identify microorganisms	None
<b>D0478</b>	Immunohistochemical stains	A procedure in which specific antibody based reagents are applied to tissue samples in order to facilitate diagnosis	None
<b>D0479</b>	Tissue in situ hybridization, including interpretation	A procedure which allows for the identification of nucleic acids, DNA and RNA, in the tissue sample in order to aid in the diagnosis of microorganisms and tumors	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0480</b>	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	To be used in reporting disaggregated, non-transepithelial cell cytology sample via mild scraping of the oral mucosa. *accession = preparation of tissue (sectioning, staining, etc.)	None
<b>D0481</b>	Electron microscopy	None	None
<b>D0482</b>	Direct immunofluorescence	A technique used to identify immunoreactants which are localized to the patient's skin or mucous membranes.	None
<b>D0483</b>	Indirect immunofluorescence	A technique used to identify circulating immunoreactants	None
<b>D0484</b>	Consultation on slides prepared elsewhere	A service provided in which microscopic slides of a biopsy specimen prepared at another laboratory are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. The findings are delivered by written report.	Benefit consultation on slides prepared elsewhere as D9310 (diagnostic service provided by dentist or physician other than practitioner providing treatment).
<b>D0485</b>	Consultation, including preparation of slides from biopsy material supplied by referring source	A service that requires the consulting pathologist to prepare the slides as well as render a written report. The slides are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0486</b>	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	None	None
<b>D0502</b>	Other oral pathology procedures, by report	None	Other oral pathology procedures must be accompanied by a pathology report.
<b>J. TEST AND EXAMINATIONS</b>			
<b>General Policy- current recognized risk assessment tools include: PreViser, Cambra, CAT, ADA, Cariogram</b>			
<b>D0600</b>	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum		<p>a. The fees for D0600 are not billable to the patient when submitted with an evaluation.</p> <p>b. When submitted separately from an evaluation, benefits for diagnostic monitoring are denied.</p>
<b>D0601</b>	Caries risk assessment and documentation, with a finding of low risk	Using recognized assessment tools	<p>a. Fees are not billable to the patient when submitted for children under the age of three.</p> <p>b. Benefit one risk assessment every three years. Fees for additional risk assessments done within 12 months are not billable to the patient. Benefit for more than one risk assessment following 12 months are denied.</p> <p>c. Fees for caries risk assessment are not billable to the patient when submitted with other risk assessment codes on the same date of service by the same dentist/dental office.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D0602</b>	Caries risk assessment and documentation, with a finding of moderate risk	Using recognized assessment tools	<p>a. Fees are not billable to the patient when submitted for children under the age of three.</p> <p>b. Benefit one risk assessment every three years. Additional risk assessments done within 12 months are not billable to the patient. Benefits for more than one risk assessment following 12 months are denied.</p> <p>c. Fees are not billable to the patient when submitted with other risk assessment codes on the same date of service by the same dentist/dental office.</p>
<b>D0603</b>	Caries risk assessment and documentation, with a finding of high risk	Using recognized assessment tools	<p>a. Fees are not billable to the patient when submitted for children under the age of three.</p> <p>b. Benefit one risk assessment every three years. Additional risk assessments done within 12 months are not billable to the patient. Benefits for more than one risk assessment following 12 months are denied.</p> <p>c. Fees are not billable to the patient when submitted with other risk assessment codes on the same date of service by the same dentist/dental office.</p>
<b>D0999</b>	Unspecified diagnostic procedure, by report	Used for procedure that is not adequately described by a code. Describe procedure.	Unless covered by group/individual contract, benefits for medical procedures such as, but not limited to, urine analysis, blood studies and skin tests are denied.

## D1000 – D1999 PREVENTIVE

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

### A. D1000 - D1199 DENTAL PROPHYLAXIS

**General Policy** - For benefit purposes, anesthesia is an integral part of the procedures being performed and additional charges are not billable to the patient.

**General Policy** - A prophylaxis done on the same date by the same dentist/dental office as a periodontal maintenance, scaling in the presence of generalized moderate or severe gingival inflammation, scaling and root planing, or periodontal surgery is considered to be part of and included in those procedures and the fee is not billable to the patient.

**General Policy** - The frequency for prophylaxis is established by group/individual contract.

**General Policy** - In the absence of group/individual contract language regarding age, a person age 14 and older is considered an adult for benefit determination purposes of a prophylaxis-adult.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D1110	Prophylaxis-adult	Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.	<p>a. For benefit purposes, the distinction between the adult and child dentition is determined by contract. Any fee in excess is not billable to the patient.</p> <p>b. When submitted with D4346, fees for D1110 by the same dentist/dental office are not billable to the patient.</p>
D1120	Prophylaxis - child	Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.	<p>a. For benefit purposes, the distinction between the adult and child dentition is determined by contract. Any fee in excess is not billable to the patient.</p> <p>b. When submitted with D4346, fees for D1120 by the same dentist/dental office are not billable to the patient.</p> <p>c. The fees for toothbrush prophylaxis are not billable to the patient.</p>



**B. D1200 - D1299 TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)**

**General Policy** - Benefits for fluoride treatments are defined by the group/individual contract.

**General Policy** - Using prophylaxis paste containing fluoride or a fluoride rinse or swish in conjunction with a prophylaxis is considered a prophylaxis only. A separate fee for this type of topical fluoride application is not billable to the patient.

**General Policy** - Benefits for fluoride gels, rinses, tablets or other preparations intended for home application are denied.

**General Policy** - The age limitation for topical fluoride gel or varnish treatments is limited by group/individual contract.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D1206	Topical application of fluoride varnish	None	Application of fluoride varnish is delivered on a single visit and involving the entire oral cavity. Benefits for topical fluoride varnish when used for desensitization or as cavity liner are denied.
D1208	Topical application of fluoride - excluding varnish		None

**C. D1300 - D1499 OTHER PREVENTIVE SERVICES**

D1310	Nutritional counseling for control of dental disease	Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries	Benefits for nutritional counseling are denied unless covered by group/individual contract.
D1320	Tobacco counseling for the control and prevention of oral disease	Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies	Benefits for tobacco counseling are denied unless covered by group/individual contract.
D1330	Oral hygiene instructions	This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids	Benefits for oral hygiene instruction are denied unless covered by group/individual contract.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D1351	Sealant - per tooth	Mechanically and/or chemically prepared enamel surface sealed to prevent decay	<p>a. Benefits are determined by group/individual contracts.</p> <p>b. Fees for sealants completed on the same date of service and on the same surface as a restoration by the same dentist/dental office are not billable to the patient as a component of the restoration.</p> <p>c. Benefits for sealants are denied when submitted documentation or the patient's claims history indicates a restoration on the occlusal surface of the same tooth.</p> <p>d. Benefits for sealants include repair or replacement within 24 months by the same dentist/dental office. Fees for repair or replacement of a sealant are not billable to the patient if performed within 24 months of initial placement by the same dentist/dental office.</p> <p>e. Benefits for sealants placed 24 months or more following the initial placement are denied unless covered by group/individual contract.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D1352</b>	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.	<p>a. Fees for preventive resin restoration, completed on the same date of service and on the same surface as a restoration by the same dentist/dental office, are considered a component of the restoration and are not billable to the patient.</p> <p>b. Benefits for preventive resin restorations are denied when submitted documentation or the patient's claim history indicates a restoration on the occlusal surface of the same tooth.</p> <p>c. Age limitations for preventive resin restorations are determined by group/individual contract.</p> <p>d. Benefits for preventive resin restorations or sealants include repair or replacement within 24 months by the same dentist/dental office. Fees for repair or replacement of a preventive resin restoration are not billable to the patient if performed within 24 months of initial placement by the same dentist/dental office.</p> <p>e. Benefits for preventive resin restorations requested 24 months or more following the initial placement are denied or covered based on group/individual contract.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D1353	Sealant repair per tooth	None	<p>a. Fees for repairing sealants completed on the same date of service and on the same surface as a restoration by the same dentist/dental office are considered a component of the restoration and are not billable to the patient.</p> <p>b. Benefits to repair sealants are denied when submitted documentation or the patient's claims history indicates a restoration on the occlusal surface of the same tooth.</p> <p>c. Benefits for sealants include repair or replacement within 24 months by the same dentist/dental office. Fees for repair or replacement of a sealant are not billable to the patient if performed within 24 months of initial placement by the same dentist/dental office.</p> <p>d. Benefits for repairing sealants requested 24 months or more following the initial placement are denied or covered based on group/individual contract.</p>
	<b>General Policy-</b> Benefits for sealants include repair or replacement within 24 months by the same dentist/dental office. Fees for repair or replacement of a sealant are not billable to the patient if performed within 24 months of initial placement by same dentist/dental office.		

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D1354	interim caries arresting medicament application – per tooth	Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.	<p>a. Benefits are limited to twice per tooth per benefit year.</p> <p>b. Benefits for more than twice per tooth per benefit year are denied.</p> <p>c. Fees for D1354 on the same date of service as a restoration are not billable to the patient.</p> <p>d. Benefits for restorations placed within 3 months of D1354 are denied.</p>
<b>D. D1500 – D1999 SPACE MAINTAINERS (PASSIVE APPLIANCES)</b>			
<b>General Policy</b> – Benefits for the repair or replacement of a space maintainer are denied.			
<b>General Policy</b> – Only one space maintainer is benefited per arch, per lifetime except under unusual circumstances. Otherwise, benefits are denied.			
<b>General Policy</b> – Space maintainers for missing primary anterior teeth or missing permanent teeth or for persons age 14 or older are not covered benefits and are denied.			
<b>General Policy</b> – Space maintainer fees include all teeth, clasps and rests. Separate fees for these procedures are not billable to the patient on the same date of service.			
CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D1510	Space maintainer – fixed – unilateral – per quadrant	Excludes distal shoe space maintainer	None
D1516	space maintainer – fixed – bilateral, maxillary	None	None
D1517	space maintainer – fixed – bilateral, mandibular	None	None
D1520	Space maintainer – removable – unilateral – per quadrant	None	None
D1526	space maintainer – removable – bilateral, maxillary	None	None
D1527	space maintainer – removable – bilateral, mandibular	None	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D1551</b>	re-cement or re-bond bilateral space maintainer – maxillary		<p>a. One recementation or re-bonding is allowed per space maintainer per arch.</p> <p>b. Benefits for subsequent requests for recementation or re-bonding are denied</p>
<b>D1552</b>	re-cement or re-bond bilateral space maintainer – mandibular		<p>a. One recementation or re-bonding is allowed per space maintainer per arch.</p> <p>b. Benefits for subsequent requests for recementation or re-bonding are denied</p>
<b>D1553</b>	re-cement or re-bond unilateral space maintainer – per quadrant		<p>a. One recementation or re-bonding is allowed per space maintainer, per quadrant.</p> <p>b. Benefits for subsequent requests for recementation or re-bonding are denied</p>
<b>D1556</b>	removal of fixed unilateral space maintainer – per quadrant		<p>a. Fees for removal of fixed space maintainer by the same dentist/dental office who placed appliance are not billable to the patient anytime following placement of space maintainer.</p> <p>b. D1556 is not billable to the patient when submitted with recementation done on the same date of service.</p> <p>c. Fees for removal of a fixed space maintainer by a different dentist/office than who placed the appliance are denied.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D1557</b>	removal of fixed bilateral space maintainer – maxillary	Procedure performed by dentist or practice that did not originally place the appliance.	<p>a. Fees for removal of fixed space maintainer by the same dentist/dental office who placed the appliance are not billable to the patient anytime following placement of space maintainer.</p> <p>b. D1557 is not billable to the patient when submitted with recementation done on the same date of service.</p> <p>c. Fees for removal of a fixed space maintainer by a different dentist/office than who placed the appliance are denied.</p>
CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D1558</b>	removal of fixed bilateral space maintainer – mandibular	Procedure performed by dentist or practice that did not originally place the appliance.	<p>a. Fees for removal of fixed space maintainer by the same dentist/dental office who placed the appliance are not billable to the patient anytime following placement of space maintainer.</p> <p>b. D1558 is not billable to the patient when submitted with recementation done on the same date of service.</p> <p>c. Fees for removal of a fixed space maintainer by a different dentist/office than who placed the appliance are denied.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D1575</b>	Distal shoe space maintainer-fixed – unilateral – per quadrant	Fabrication and delivery of fixed appliance extending distally and subgingivally to guide the eruption of the first permanent molar. Initial fabrication and delivery. Does not include all ongoing follow-up adjustments, replacement appliances once the tooth has erupted.	<p>a. Benefits for D1575 for children age 9 and over are denied.</p> <p>b. Fees for repairs and adjustments by same dentist/dental office are not billable to the patient.</p>
<b>D1999</b>	Unspecified preventive procedure, by report	Used for procedure that is not adequately described by another CDT Code. Describe procedure.	None



## D2000 - D2999 RESTORATIVE

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefits for multi-stage procedures are only available for completed services as determined by the date of insertion.

**General Policy** - Benefits for restorations for altering occlusion, adjusting vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion, abfraction, corrosion, TMD or for periodontal, orthodontic or other splinting are denied.

**General Policy** - Benefits for biomimetic restorations (e.g. Biodentine) are denied as investigational.

### Definitions

#### Attrition

1. The frictional wearing of the teeth over time. Severe attrition, due to bruxing may be evident. (Treatment Planning in Dentistry; Mosby 2006).
2. The loss of tooth structure from tooth to tooth contact. (Lee, Eakle. J Prosthet Dent 1996; 75:487).

#### Abrasion

1. Wearing away or notching of the teeth by a mechanical means, such as tooth brushing. (Treatment Planning in Dentistry; Mosby 2006).
2. The grinding or wearing away of tooth substance by mastication, incorrect brushing methods, bruxism or similar causes. (Mosby's Dental Dictionary).
3. The abnormal wearing away of a substance or tissue by a mechanical process. (Mosby's Dental Dictionary).
4. The loss of tooth structure from the mechanical rubbing of teeth by some object or objects (no source)
5. The act or result of the grinding or wearing away of a substance, such as a tooth worn by mastication, bruxing or tooth brushing. (The Glossary of Operative Dentistry Terms).

#### Erosion

1. The wasting away or loss of substance of a tooth by a chemical process that does not involve known bacterial action. (Treatment Planning in Dentistry; Mosby 2006).
2. The process and the results of loss of dental hard tissue that is chemically etched away from the tooth surface, by acid and/or chelation, without bacterial involvement. (ten Cate & Imfeld, Eur J Oral Sci 1996; 104:241).

#### Abfraction

Wedge-shaped lesions occurring in the cervical enamel. Can result from occlusal loading and flexure in the area. (Dorland's Illustrated Medical Dictionary, 25th edition 1975).

## A. D2100 - D2199 AMALGAM RESTORATIONS

**General Policy** – For benefit purposes, local anesthesia is an integral part of the procedure being performed and additional fees are not billable to the patient.

**General Policy** - The fee for a restoration includes services such as, but not limited to, adhesives, etching, liners, bases, direct and indirect pulp caps, local anesthesia, polishing, occlusal adjustment, caries removal and gingivectomy on the same date of service. Fees for the procedures noted above, when performed in conjunction with a restoration, by the same dentist/dental office are not billable to the patient on the same date of service.

**General Policy** - If an indirectly fabricated restoration is performed, by the same dentist/dental office within 24 months of the placement of an amalgam or composite restoration, the benefit and patient co-payment allowance for the amalgam or composite restorations will be deducted from an indirectly fabricated restoration benefit.

**General Policy** - Fees for the replacement of amalgam or composite restorations within 24 months are not billable to the patient if done by the same dentist/dental office. Benefits are denied and the approved amount for the restoration is collectable from the patient if done by a different dentist/dental office.

**General Policy**- When multiple restorations involving the proximal and occlusal surfaces of the same tooth are requested or performed, benefits will be limited to that of a multi-surface restoration. A separate benefit may be allowed for a non-contiguous restoration on the buccal or lingual surface(s) of the same tooth.

Any restoration involving two or more contiguous surfaces should be reported using the appropriate multiple surface restoration code.

**General Policy** - When restorations not involving the occlusal surface are requested or performed on posterior teeth on the same day by the same dentist/dental office, the level of benefits will be limited to that of a one surface restoration. Any fee in excess of the one surface restoration will be not billable to the patient on the same date of service.

**General Policy** – If a root canal is performed after crown insertion, benefit a one surface restoration for endodontic access closure of the natural tooth.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D2140	Amalgam - one surface, primary or permanent	None	None
D2150	Amalgam - two surfaces, primary or permanent	None	None
D2160	Amalgam - three surfaces, primary or permanent	None	None
D2161	Amalgam - four or more surfaces, primary or permanent	None	None

## B. D2330 - D2399 RESIN - BASED COMPOSITE RESTORATIONS - DIRECT

**General Policy** - Fees for the replacement of amalgam or composite restorations within 24 months are not billable to the patient if done by the same dentist/dental office. Benefits are denied and the approved amount for the restoration is collectable from the patient if done by a different dentist/dental office.

**General Policy** - In the event an anterior proximal restoration involves a significant portion of the labial or lingual surface, it may be reported as D2331 or D2332, as appropriate, otherwise treat as D2330.

**General Policy** - In a pit and fissure area, if the resin is limited to the enamel it is considered a sealant or preventive resin restoration. If the resin extends into the dentin, the appropriate composite resin codes should be reported.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D2330	Resin-based composite - one surface, anterior	None	None
D2331	Resin-based composite - two surfaces, anterior	None	None
D2332	Resin-based composite - three surfaces, anterior	None	None
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth	None
D2390	Resin-based composite crown, anterior	Full resin-based composite coverage of tooth	None
D2391	Resin-based composite - one surface, posterior	Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure	Benefits are determined by group/individual contract.
D2392	Resin-based composite - two surfaces, posterior	None	Benefits are determined by group/individual contract.
D2393	Resin-based composite - three surfaces, posterior	None	Benefits are determined by group/individual contract.
D2394	Resin-based composite - four or more surfaces, posterior	None	Benefits are determined by group/individual contract.
<b>C. D2400 - D2499 GOLD FOIL RESTORATIONS</b>			
<b>General Policy</b> - For gold foil restorations, an alternate benefit will be allowed for an amalgam or resin restoration.			
D2410	Gold foil - one surface	None	None
D2420	Gold foil - two surfaces	None	None
D2430	Gold foil - three surfaces	None	None

## D. D2500 - D2699 INLAY/ ONLAY RESTORATIONS

When the retentive quality of a tooth qualifies for an onlay, benefits will be based on the submitted procedure, otherwise an alternate benefit may be applied.

Definitions of Inlay and Onlay:

**Inlay:** An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips.

**Onlay:** A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface.

**General Policy** - Multistage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed, and the denture is inserted. The completion date for fixed partial dentures, crowns, onlays and inlays is the cementation date, regardless of the type of cement utilized.

**General Policy** - For inlay restorations, an alternate benefit will be allowed for an amalgam or resin restoration, according to the policies for amalgam and resin restorations.

**General Policy** - Crowns and onlays are not a benefit for children under 12 years of age.

**General Policy** - Crowns, onlays and indirectly fabricated restorations are considered to be an optional benefit unless the tooth is damaged by decay or fracture to the point that it cannot be restored with amalgam or resin.

**General Policy** - Restorative benefits are made for the least expensive professionally accepted treatment procedure (LEPAT).

**General Policy** - If the deciduous tooth is an "extra tooth" in addition to the normal complement of teeth, an inlay/onlay is not a benefit and is denied.

**General Policy** - If an inlay/onlay is being proposed or has been done where periodontal bone support appears to be inadequate, benefits are denied due to the unfavorable prognosis for the tooth.

**General Policy** - Narratives as documentation are not considered legal entities nor are they contemporaneous in nature. The patient record/clinical notes are considered a legal document and are contemporaneous. The only acceptable legal written documentation for utilization review are the contemporaneous treatment notes.

**General Policy** - Indirectly fabricated restorations include all models, temporaries and other associated procedures. Separate fees for models, temporaries, and other associated procedures by the same dentist/dental office are not billable to the patient.

**General policy** - Onlays are only a benefit when the tooth would otherwise qualify for a crown based on the degree of breakdown.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D2510	Inlay - metallic - one surface	None	None
D2520	Inlay - metallic - two surfaces	None	None
D2530	Inlay - metallic - three or more surfaces	None	None
D2542	Onlay - metallic - two surfaces	None	None
D2543	Onlay - metallic - three surfaces	None	None
D2544	Onlay - metallic - four or more surfaces	None	None
D2610	Inlay - porcelain/ceramic - one surface	None	None
D2620	Inlay - porcelain/ceramic - two surfaces	None	None
D2630	Inlay - porcelain/ceramic - three or more surfaces	None	None
D2642	Onlay - porcelain/ceramic - two surfaces	None	None
D2643	Onlay - porcelain/ceramic - three surfaces	None	None
D2644	Onlay - porcelain/ceramic - four or more surfaces	None	None
D2650	Inlay - resin-based composite composite/resin - one surface	None	None
D2651	Inlay - resin-based composite composite/resin - two surfaces	None	None
D2652	Inlay - resin-based composite composite/resin - three or more surfaces	None	None
D2662	Onlay - resin-based composite composite/resin - two surfaces	None	None
D2663	Onlay - resin-based composite composite/resin - three surfaces	None	None
D2664	Onlay - resin-based composite composite/resin - four or more surfaces	None	None

**E. D2700 - D2899 CROWNS- SINGLE RESTORATION ONLY**

**General Policy** - Crowns and indirectly fabricated restorations are considered to be an optional benefit unless the tooth is damaged by decay or fracture to the point that it cannot be restored with amalgam or resin.

**General Policy** - Restorative benefits are made for the least expensive professionally accepted treatment procedure (LEPAT).

**General Policy** - If a deciduous tooth is an "extra tooth" in addition to the normal complement of teeth, a crown is not a benefit. Benefits are denied and the approved amount is chargeable to the patient.

**General Policy** - If a crown is being proposed or has been done where periodontal bone support appears to be inadequate, benefits are denied due to the unfavorable prognosis for the tooth.

**General Policy** - Narratives as documentation are not considered legal entities nor are they contemporaneous in nature. The patient record/clinical notes are considered a legal document and are contemporaneous. The only acceptable legal written documentation for utilization review are the contemporaneous treatment notes.

**General Policy** - The time limitation for replacement of crowns or onlays is established by the group/individual contract.

**General Policy** - Tooth preparation, temporary restorations, laboratory fees and material, cement bases, impressions, occlusal adjustment, gingivectomies (on the same date of service) and local anesthesia are considered to be included in the fee for a crown restoration. Separate fees for these procedures by the same dentist/dental office are not billable to the patient on the same date of service. Fees for buildups not required for retention are not billable to the patient.

**General Policy** - Crowns and onlays are not a benefit for children under 12 years of age.

**General Policy** - Restorations for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abfraction or for periodontal, orthodontic or TMD therapy, or other splinting are not a benefit. Benefits are denied.

**General Policy** - Indirectly fabricated restorations include all models, temporaries and other associated procedures. Fees for models, temporaries, and other associated procedures by the same dentist/dental office are not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D2710	Crown - resin-based composite (indirect)	None	None
D2712	Crown - ¾ resin-based composite (indirect)	This procedure does not include facial veneers	None
D2720	Crown - resin with high noble metal	None	None
D2721	Crown - resin with predominantly base metal	None	None
D2722	Crown - resin with noble metal	None	None
D2740	Crown - porcelain/ceramic	None	None
D2750	Crown - porcelain fused to high noble metal	None	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D2751	Crown - porcelain fused to predominantly base metal	None	None
D2752	Crown - porcelain fused to noble metal	None	None
D2753	crown - porcelain fused to titanium or titanium alloy	None	None
D2780	Crown- $\frac{3}{4}$ cast high noble metal	None	None
D2781	Crown- $\frac{3}{4}$ cast predominantly base metal	None	None
D2782	Crown- $\frac{3}{4}$ cast noble metal	None	None
D2783	Crown - $\frac{3}{4}$ porcelain/ ceramic	This procedure does not include facial veneers	None
D2790	Crown - full cast high noble metal	None	None
D2791	Crown - full cast predominantly base metal	None	None
D2792	Crown - full cast noble metal	None	None
D2794	Crown - titanium/titanium alloy	None	None
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	Not to be used as a temporary crown for a routine prosthetic restoration	Temporary (interim) or provisional restorations are not separate benefits and should be included in the fee for the permanent restoration. Fees for provisional crown are not billable to the patient.
<b>F. D2900 - D2999 OTHER RESTORATIVE SERVICES</b>			
D2990	Resin infiltration of incipient smooth surface lesions	Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion.	Benefits for resin infiltration of incipient smooth surface lesions are denied as investigational.



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2910</b>	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	None	<p>a. Fees for the recementation or rebonding by the same dentist/dental office of covered restorations within six months of initial placement are considered part of the fee for the original procedure and are not billable to the patient.</p> <p>b. Benefit for one recementation or rebonding after six months have elapsed since initial placement by the same dentist/dental office. Benefits for recementation or rebonding in excess of one recementation or rebonding by the same dentist/dental office are denied.</p>
CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2915</b>	Recement or re-bond indirectly fabricated or prefabricated post and core	None	<p>a. Fees for the recementation or rebonding by the same dentist/dental office of an indirectly fabricated or prefabricated post and core within six months of initial placement are considered part of the fee for the original procedure and are not billable to the patient.</p> <p>b. Benefit for one recementation or rebonding after six months have elapsed since initial placement by the same dentist/dental office. Benefits for recementation or rebonding in excess of one recementation or rebonding by the same dentist/dental office are denied.</p> <p>c. Post recementation or rebonding (D2915) and crown recementation or rebonding (D2920) are not allowed on the same tooth on the same day by the same dentist/dental office. The allowance will be made only for D2920 when D2915 and D2920 are submitted together. The fee for D2915 (Recement or rebonding indirectly fabricated or prefabricated post and core) is not billable to the patient.</p>



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2920</b>	Recement or rebond crown	None	<p>a. Fees for the recementation or rebonding by the same dentist/ dental office of covered restorations within six months of initial placement are considered part of the fee for the original procedure and are not billable to the patient.</p> <p>b. Benefits for one recementation or rebonding after six months have elapsed since initial placement by the same dentist/dental office. Benefits for recementation or rebonding in excess of one recementation or rebonding by the same dentist/dental office are denied.</p>
<b>D2921</b>	Reattachment of tooth fragment, incisal edge or cusp	None	Fees for the replacement of amalgam or composite restorations or attachment of a tooth fragment within 24 months are not billable to the patient if done by the same dentist/dental office. Benefits are denied and the approved amount for the restoration is collectable from the patient if done by a different dentist/dental office.
<b>D2929</b>	Prefabricated porcelain/ceramic crown – primary tooth	None	<p>a. Fees for replacement of a porcelain/ceramic crown by the same dentist/dental office within 24 months are included in the initial crown placement and are not billable to the patient.</p> <p>b. An alternate benefit will apply for a prefabricated porcelain/ceramic crown placed on a primary tooth.</p>
<b>D2930</b>	Prefabricated stainless steel crown - primary tooth	None	Fees for replacement of a stainless steel crown by the same dentist/dental office within 24 months are included in the initial crown placement and are not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2931</b>	Prefabricated stainless steel crown - permanent tooth	None	Fees for the replacement of a stainless steel crown by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the patient.
<b>D2932</b>	Prefabricated resin crown	None	The resin crown is an esthetic restoration benefited only for primary anterior teeth.
<b>D2933</b>	Prefabricated stainless steel crown with resin window	Open-face stainless steel crown with aesthetic resin facing or veneer	<p>a. A prefabricated stainless steel crown with resin window is a benefit only on anterior primary teeth.</p> <p>b. A fee for replacement on a primary or permanent tooth by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the patient. Benefits for replacement within 24 months of initial placement by a different dentist/dental office are denied and the approved amount is collectable from the patient.</p>
<b>D2934</b>	Prefabricated esthetic coated stainless steel crown-primary tooth	Stainless steel primary crown with exterior esthetic coating	<p>a. A prefabricated esthetic coated stainless steel crown is a benefit only on anterior primary teeth</p> <p>b. A fee for replacement on a primary or permanent tooth by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the patient. Benefits for replacement within 24 months of initial placement by a different dentist/dental office are denied and the approved amount is collectable from the patient.</p>

**General Policy** – The fees for buildups are not billable to the patient when buildups are performed in conjunction with inlays,  $\frac{3}{4}$  crowns or onlays.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2940</b>	Protective restoration	Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under a restoration	<p>a. Protective restorations are covered benefits for emergency relief of pain. The fee for a protective restoration filling is not billable to the patient when performed in conjunction with a definitive restoration by same dentist/dental office on the same tooth and same date of service.</p> <p>b. Pulp cap - direct (excluding final restoration) (D3110) or pulp cap - indirect (excluding final restoration) (D3120) are not billable to the patient when billed in conjunction with D2940.</p> <p>c. Fees for protective restoration are not billable to the patient with any restorative codes D2000-D2999, bridge codes (D6200 - D6699), D3220 - D3330, D3346 - D3353, D3410 - D3450.</p>
<b>D2941</b>	Interim therapeutic restoration – primary dentition	Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.	Fees for D2941 are not billable to the patient in conjunction with definitive restoration (D2000-D2999) within 24 months.
<b>D2949</b>	Restorative foundation for an indirect restoration	Placement of restorative material to yield a more ideal form, including elimination of undercuts	This procedure is a component of the definitive indirect restoration. Fees are not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2950</b>	Core buildup, including any pins when required	Refers to building up coronal structure when there is insufficient retention for a separate extracoronary restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation	Substructures are only a benefit when necessary to retain an indirectly fabricated restoration due to extensive loss of tooth structure from caries or fracture. A material is placed in the tooth preparation for a crown when there is insufficient tooth strength and retention for the crown procedure. Otherwise, fees for core buildup are not billable to the patient. The procedure should not be reported when the procedure only involves a filler to eliminate any undercut, box form or concave irregularity in the preparation.
<b>D2951</b>	Pin retention - per tooth, in addition to restoration		<p>a. Pin retention is a benefit once per tooth when necessary on a permanent tooth when completed at the same appointment. Fees for additional pins by the same dentist/dental office on the same tooth are not billable to the patient as a component of the initial pin placement.</p> <p>b. Fees for pin retention when billed on the same date of service with a core buildup by the same dentist/dental office are not billable to the patient as a component of the buildup.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2952</b>	Indirectly fabricated post and core in addition to crown	Post and core are custom fabricated as a single unit	<p>a. An indirectly fabricated post and core in addition to a crown is only a benefit on an endodontically treated tooth. Fees for post and cores are not billable to the patient when radiographs indicate an absence of endodontic treatment, or an incompletely filled canal space.</p> <p>b. An indirectly fabricated post and core is a benefit in anterior teeth only when there is insufficient tooth structure to support a cast restoration.</p> <p>c. If reported with a restoration or a core buildup, the amalgam or composite core buildup is considered part of the post and core procedure.</p> <p>d. When radiographs indicate more than half of the coronal tooth structure remains, fees for post and cores are denied.</p>
<b>D2953</b>	Each additional indirectly fabricated post - same tooth	To be used with D2952	

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2954</b>	Prefabricated post and core in addition to crown	Core is built around a prefabricated post. This procedure includes the core material	<p>a. A prefabricated post and core in addition to crown is payable only on an endodontically treated tooth. Fees for post and core are not billable to the patient when radiographs indicate an absence of endodontic treatment, or an incompletely filled canal space, or unresolved pathology associated with the involved tooth.</p> <p>b. A prefabricated post and core is a benefit in anterior teeth only when there is insufficient tooth structure to support a cast restoration.</p> <p>c. When radiographs indicate more than half of the coronal tooth structure remains, fees for post and cores are denied.</p>
<b>D2955</b>	Post removal	None	The fee for post removal is a component of the fee for the retreatment and is not billable to the patient
<b>D2957</b>	Each additional prefabricated post in the same tooth	To be used with D2954	None
<b>D2960</b>	Labial veneer (resin laminate) - chairside	Refers to labial/facial direct resin bonded veneers	D2960 is considered cosmetic and benefits are subject to group/individual contract.
<b>D2961</b>	Labial veneer (resin laminate) - laboratory	Refers to labial/facial indirect resin bonded veneers	D2961 is considered cosmetic and benefits are subject to group/individual contract.
<b>D2962</b>	Labial veneer (porcelain laminate) - laboratory	Refers also to facial veneers that extend interproximally and/or cover the incisal edge. Porcelain/ceramic veneers presently include all ceramic and porcelain veneers	D2962 is considered cosmetic and benefits are subject to group/individual contract.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2971</b>	Additional procedures to construct new crown under existing partial denture framework	To be reported in addition to a crown code	None
<b>D2975</b>	Coping	A thin covering of the coronal portion of a tooth, usually devoid of anatomic contour, that can be used as a definitive restoration	Copings are considered a specialized procedure and benefits are denied.
<b>D2980</b>	Crown repair, necessitated by restorative material failure	None	<p>a. Fees for a crown repair completed on the same date of service as a new crown are not billable to the patient.</p> <p>b. Fees for crown repair are not billable to the patient within 24 months of the original restoration by the same dentist/dental office.</p> <p>c. Benefits for D2980 by a different dentist/dental office are denied within 24 months of the original restoration.</p>
<b>D2981</b>	Inlay repair, necessitated by restorative material failure	None	<p>a. Fees for inlay repairs completed on the same date of service as a new inlay are not billable to the patient.</p> <p>b. Fees for inlay repairs are not billable to the patient within 24 months of the original restoration.</p> <p>c. Benefits for D2981 by a different dentist/dental office are denied within 24 months of the original restoration.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D2982</b>	Onlay repair, necessitated by restorative material failure	None	<p>a. Fees for onlay repairs completed on the same date of service as a new onlay are not billable to the patient.</p> <p>b. Fees for onlay repairs are not billable to the patient within 24 months of the original restoration.</p> <p>c. Benefits for D2982 by a different dentist/dental office are denied within 24 months of the original restoration.</p>
<b>D2983</b>	Veneer repair, necessitated by restorative material failure	None	<p>a. Fees for veneer repairs completed on the same date of service as a new veneer are not billable to the patient.</p> <p>b. Fees for veneer repairs are not billable to the patient within 24 months of the original restoration.</p> <p>c. Benefits for D2983 by a different dentist/dental office are denied within 24 months of the original restoration.</p>
<b>D2990</b>	Resin infiltration of incipient smooth surface lesions	Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion	Benefits for resin infiltration of incipient smooth surface lesions are denied as investigational.
<b>D2999</b>	Unspecified restorative procedure, by report	Use for procedure that is not adequately described by a code. Describe procedure	None



## D3000 – D3999 ENDODONTICS

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

**General Policy** - For benefit purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient.

### A. D3100 – D3199 PULP CAPPING

**General Policy** - Direct or indirect pulp caps provided on the same date of service as the final restoration by the same dentist/dental office are considered part of a single complete restorative procedure and fees are not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D3110	Pulp cap - direct (excluding final restoration)	Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair	Fees for a pulp cap performed in conjunction with a restoration by the same dentist/dental office are not billable to the patient.
D3120	Pulp cap - indirect (excluding final restoration)	Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed	Fees for an indirect pulp cap performed in conjunction with a restoration by the same dentist/dental office are not billable to the patient.

**B. D3200 – D3229 PULPOTOMY**

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D3220</b>	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	<p>Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.</p> <ul style="list-style-type: none"> <li>– To be performed on primary or permanent teeth.</li> <li>– This is not to be construed as the first stage of root canal therapy.</li> <li>– Not to be used for apexogenesis</li> </ul>	<p>a. If provided on permanent teeth, therapeutic pulpotomy is benefited as a palliative treatment (D9110) and any fees in excess of D9110 are not billable to the patient.</p> <p>b. When done in conjunction with a root canal procedure (D3310 - D3330) the fees for D3220 are not billable to the patient.</p>
<b>D3221</b>	Pulpal debridement, primary and permanent teeth	Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day	<p>a. The relief of acute pain is benefited as gross pulpal debridement (D3221).</p> <p>b. When performed by the same dentist/dental office on the same service date as endodontic therapy (D3230 – D3333) the fees for D3221 are not billable to the patient.</p> <p>c. The fees for D9110 in conjunction with D3221 are not billable to the patient by the same dentist/dental office.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy.	Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/dental office as root canal therapy (D3230 - D3333) or apexification/ recalcification D3351-D3353.

### C. D3230 - D3299 ENDODONTIC THERAPY ON PRIMARY TEETH

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Primary incisors and cuspids	None
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Primary first and second molars	Benefits for a root canal are denied when a pulpectomy or pulpotomy are billed and radiographs reveal insufficient root structure, internal resorption, furcal perforation, or extensive periapical pathosis.

### D. D3300 - D3399 ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES, AND FOLLOW-UP CARE)

**General Policy** - The fee for a root canal includes treatment, radiographic images and temporary restorations. Fees for radiographic images and temporary restorations in the course of endodontic treatment are not billable to the patient.

**General Policy** - When a radiographic image indicates obturation of an endodontically treated tooth has been performed without the use of a solid core material, fees for the endodontic therapy and/or restoration of the tooth are not billable to the patient.

**General Policy** - the completion date for endodontic therapy is the date that the canals are permanently filled.

**General Policy** - The initial opening into the canal and routine postoperative visits are considered part of and included in the fee for completed endodontic treatment. Separate fees are not billable to the patient.

<b>General Policy</b> - Incompletely filled root canals are not a benefit. Fees for incomplete endodontic therapy are not billable to the patient.			
<b>General Policy</b> - Root canal therapy is not a benefit in conjunction with overdentures and benefits are denied.			
CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D3310</b>	endodontic therapy, anterior tooth (excluding final restoration)	None	a. Palliative treatment and pulpal debridement in conjunction with root canal therapy by the same dentist/dental office on the same date of service is included in the fee for root canal. Separate fees are not billable to the patient
<b>D3320</b>	endodontic therapy, premolar tooth (excluding final restoration)	None	a. Palliative treatment and pulpal debridement in conjunction with root canal therapy by the same dentist/dental office on the same date of service is included in the fee for root canal. Separate fees are not billable to the patient
<b>D3330</b>	endodontic therapy, molar tooth(excluding final restoration)	None	a. Palliative treatment and pulpal debridement in conjunction with root canal therapy by the same dentist/dental office on the same date of service is included in the fee for the root canal. Separate fees are not billable to the patient.
<b>D3331</b>	Treatment of root canal obstruction, non-surgical access	In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.	a. This procedure is considered a component of a root canal. Fees for root canal obstruction by the same dentist/dental office are not billable to the patient on same date of service as the root canal therapy.
<b>D3332</b>	Incomplete endodontic therapy; inoperable or fractured tooth	Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable	Incomplete endodontic therapy is subject to individual consideration, by report.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D3333</b>	Internal root repair of perforation defects	Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by provider filing claim	<p>a. Internal root repair is only a benefit on permanent teeth with incomplete root development or for repair of a perforation.</p> <p>b. If submitted on a primary tooth, benefits for D3333 are denied.</p> <p>c. Fees for D3333 are not billable to the patient on the same service date as apicoectomy and/or retrograde filling.</p> <p>d. Fees for D3333 are not billable to the patient if perforation is iatrogenic by the same dentist/dental office submitting the claim.</p>
<b>E. D3340 – D3349 ENDODONTIC RETREATMENT</b>			
<b>General Policy</b> - When a radiograph indicates obturation of an endodontically treated tooth has been performed without the use of a solid core material, fees for the endodontic therapy, and/or restoration of the tooth are not billable to the patient.			
<b>General Policy</b> – Fees for retreatment of root canal therapy or retreatment of apical surgery by the same dentist/dental office within 24 months of initial treatment are not billable to the patient. Benefits are denied if provided by a different dentist/dental office.			
<b>General Policy</b> – Endodontic retreatment may include the removal of a post, pin(s), old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling. This includes complete root canal therapy and separate fees for these procedures by the same dentist/dental office are not billable to the patient 30 days prior to retreatment as included in the fees for the retreatment. Separate fees for these procedures by a different dentist/dental office are denied.			
<b>D3346</b>	Retreatment of previous root canal therapy - anterior	None	None
<b>D3347</b>	Retreatment of previous root canal therapy - premolar	None	None
<b>D3348</b>	Retreatment of previous root canal therapy - molar	None	None

**F. D3350 - D3354 APEXIFICATION/RECALCIFICATION**

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D3351</b>	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)	a. Apexification is only benefited on permanent teeth with incomplete root development or for repair of a perforation.  b. Closure of the apex results in a better fill of the canal. If the apex is fully developed, this treatment is not indicated and benefits are denied.
<b>D3352</b>	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs	None
<b>D3353</b>	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.)	Apexification/recalcification - final visit benefits are administered as the same processing policies as D3310, D3320, or D3330 (depending on tooth type) and any fee charged in excess of the approved amount for the D3310, D3320, or D3330 (depending on the tooth type) is not billable to the patient.

**G. D3355 - D3359 PULPAL REGENERATION**

<b>D3355</b>	Pulpal regeneration - initial visit	Includes opening tooth, preparation of canal spaces, placement of medication	This procedure is considered experimental and benefits are denied.
<b>D3356</b>	Pulpal regeneration - interim medication replacement	None	This procedure is considered experimental and benefits are denied.
<b>D3357</b>	Pulpal regeneration - completion of treatment	Does not include final restoration	This procedure is considered experimental and benefits are denied.

## H. D3400 – D3499 APICOECTOMY/PERIRADICULAR SERVICES (D3410-D3470, D3920)

**General Policy** - The fees for biopsy (D7285, D7286), frenulectomy (D7960) and excision of hard and soft tissue lesions (D7410, D7411, D7450, D7451) are not billable to the patient when the procedures are performed on the same date, same surgical site/area, by the same dentist/dental office as the above referenced codes.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D3410	Apicoectomy - anterior	For surgery on root of anterior tooth. Does not include placement of retrograde filling material	None
D3421	Apicoectomy - premolar (first root)	For surgery on one root of a premolar. Does not include placement of retrograde filling material. If more than one root is treated, see D3426	None
D3425	Apicoectomy - molar (first root)	For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426	None
D3426	Apicoectomy (each additional root)	Typically used for premolar and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement	None
D3427	Periradicular surgery without apicoectomy		Fees for periradicular surgery are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date as apicoectomy (D3410-D3426), retrograde filling (D3430), and root amputation (D3450).
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site	Includes non-autogenous graft material	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D3429</b>	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.	Includes non-autogenous graft material	None
<b>D3430</b>	Retrograde filling - per root	For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root - report as D3999 and describe	<p>a. Retrograde filling includes all retrograde procedures per root. Limited to one retrograde filling per root (not per canal). Fees for additional D3430 are not billable to the patient.</p> <p>b. The fee for biopsy of oral tissue, when performed in the same location and on the same date of service by the same dentist/dental office, is not billable to the patient as included in the fee for surgical procedures (e.g. apicoectomy).</p>
<b>D3431</b>	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	None	Benefits are available only when billed for natural teeth. Benefits for these procedures, when billed in conjunction with periradicular surgery, etc. are denied as a specialized technique.
<b>D3432</b>	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	None	Benefits are available only when billed for natural teeth. Benefits for these procedures, when billed in conjunction with periradicular surgery are denied as a specialized technique.
<b>D3450</b>	Root amputation - per root	Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920.	The fee for root amputation performed on the same date of service as an apicoectomy by the same dentist/dental is not billable to the patient.
<b>D3460</b>	Endodontic endosseous implant	Placement of implant material, which extends from a pulpal space into the bone beyond the end of the root	None



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D3470</b>	Intentional reimplantation (including necessary splinting)	For the intentional removal, inspection and treatment of the root and replacement of a tooth into its own socket. This does not include necessary retrograde filling material placement	Intentional reimplantation is a specialized technique and benefits are denied.
<b>I. D3900 - D3999 OTHER ENDODONTIC PROCEDURES</b>			
<b>D3910</b>	Surgical procedure for isolation of tooth with rubber dam	None	A separate fee for isolation of tooth with a rubber dam performed on the same date of service as the procedure are not billable to the patient to the same dentist/dental office.
<b>D3920</b>	Hemisection (including any root removal), not including root canal therapy	Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections	None
<b>D3950</b>	Canal preparation and fitting of preformed dowel or post	Descriptor: Should not be reported in conjunction with D2952, D2953, D2954 or D2957 by the same practitioner	Fees for canal preparation and fitting of preformed dowel or post 30 days prior to post or root canal therapy by the same dentist/dental office are considered a component of the post or root canal and are not billable to the patient.
<b>D3999</b>	Unspecified endodontic procedure, by report	Descriptor: Used for procedure that is not adequately described by a code. Describe procedure	None

## D4000 – D4999 PERIODONTICS

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

**General Policy** - The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - For benefit purposes, local anesthesia is an integral part of the periodontal procedures being performed and additional charges are not billable to the patient.

**General Policy** - When more than one surgical procedure involves the same teeth or area on the same date of service, benefits will be based on the most inclusive procedure.

**General Policy** - Unless otherwise stipulated by the group/individual contract, periodontal services are only benefits for the treatment of natural teeth.

Certain periodontal procedures are interrelated by sequence and timing.

**General Policy** - Laser disinfection is a technique, not a procedure. Fees for laser disinfection are not billable to the patient.

**General Policy** - Benefits for laser disinfection as a standalone procedure are denied as investigational.

**General Policy** - Benefits for laser biostimulation as a standalone procedure are denied as investigational.

**General Policy** - Fees for low level laser therapy are not billable to the patient when performed as part of another procedure. When billed as a standalone procedure, low level laser therapy is denied as investigational.

**General Policy** - Narratives as documentation are not considered legal entities nor are they contemporaneous in nature. The patient record/clinical notes are considered a legal document and are contemporaneous. The only acceptable legal written documentation for utilization review are the contemporaneous treatment notes.

**General Policy** - Periodontal charting is considered as part of an oral evaluation (D0120, D0150, D0160, D0180). If periodontal evaluation and an oral evaluation are billed on the same date of service, the fee for the oral evaluation (D0120, D0150, D0160) is a benefit and the fee for the periodontal evaluation (D0180) is not billable to the patient.

**General Policy** - When periodontal charting is requested for surgical and non-surgical procedures it must be submitted with a periodontal chart dated no more than 12 months prior to the date of service.

### A. D4100 - D4299 SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES)

**General Policy** - Periodontal surgical procedures include all necessary postoperative care, finishing procedures, evaluations for three months. Soft tissue grafts may be allowed on the same teeth/sites within 36 months with supporting documentation. When a surgical procedure is billed within three months of the initial surgical procedure in relation to both natural teeth and implants by the same dentist/dental office, the fee for the surgery is not billable to the patient. In the absence of documentation of extraordinary circumstances, the fee for additional surgery by the same dentist/dental office for three years is not billable to the patient. If extraordinary circumstances are present, the benefits will be denied and is chargeable to the patient up to the approved amount for the surgery.

**General Policy** - Periodontally involved teeth which would qualify for surgical pocket reduction benefits under these procedure codes must be documented to have at least 5 mm pocket depths and bone loss beyond 1-1.5 millimeters. If pocket depths are under 5 mm, then benefits are denied.

D4210	D4241	D4211
D4260	D4240	D4261

**General Policy** - If surgery is performed less than four weeks after scaling and root planing, the fee for the surgical procedure or the scaling and root planing by the same dentist/dental office may not billable to the patient following consultant review.

**General Policy** - Categorizing procedures for reporting and adjudication by quadrant, site or individual tooth will also enhance the standardization of benefits determination.

1. Quadrant - D4210, D4260, D4240, D4341
2. One to three teeth, per quadrant- D4211, D4241, D4261, D4342
3. Per tooth: D4212, D4268, D4273, D4276, D4277, D4278, D4283, D4285, D6081, D6101, D6102, D6103
4. Sites:

D4249	D4266	D4273	D4278	D4321	D6103
D4263	D4267	D4275	DD4283	D6081	
D4264	D4268	D4276	D4285	D6101	
D4265	D4270	D4277	D4320	D6102	

**General Policy** - A site is defined by the current ADA CDT Manual.

**General Policy** - Providing more than two D4265, D4266, D4267, D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285, D4263, D4264 within any given quadrant is highly unusual and benefits for more than two sites in a quadrant are denied.

**General Policy** - A tooth bounded space counts as one space irrespective of the number of teeth that would normally exist in the space. Only diseased teeth/periodontium are eligible for benefit consideration.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or tooth bounded spaces per quadrant	It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.	None



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4211</b>	Gingivectomy or gingivoplasty one to three contiguous teeth or tooth bounded spaces per quadrant	It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.	Gingivectomy or gingivoplasty (D4211) performed on the same date as the preparation of a crown or other restoration is included in the fee for the restoration, and separate fees from the same dentist/dental office are not billable to the patient.
<b>D4212</b>	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth	None	When performed on the same date as the preparation of a crown or other restoration, D4212 is included in the fee for the restoration and fees from the same dentist/dental office are not billable to the patient
<b>D4230</b>	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship.	This procedure is considered primarily cosmetic in nature and the benefits are denied if the group/individual contract excludes cosmetic procedures.
<b>D4231</b>	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship.	This procedure is considered primarily cosmetic in nature and the benefits are denied if the group/individual contract excludes cosmetic procedures.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4240</b>	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant	A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.	A tooth bounded space counts as one space irrespective of the number of teeth that would normally exist in the space. Only diseased teeth/periodontium are eligible for benefit consideration

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4241</b>	Gingival flap procedure, including root planing – one to three teeth per quadrant	A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes.	A tooth bounded space counts as one space irrespective of the number of teeth that would normally exist in the space. Only diseased teeth/periodontium are eligible for benefit consideration

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4245</b>	Apically positioned flap	Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis.	None
<b>D4249</b>	Clinical crown lengthening - hard tissue	This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.	If D4249 is performed on the same date of service as restoration placement, fees for D4249 are not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4260</b>	Osseous surgery including elevation of a full thickness flap and closure – four or more contiguous teeth or tooth bounded spaces per quadrant	This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes.	<p>a. A tooth bounded space counts as one space irrespective of the number of teeth that would normally exist in the space. Only diseased teeth/periodontium are eligible for benefit consideration</p> <p>b. Benefits for osseous surgery in excess of two quadrants per date of service are denied in the absence of a narrative explaining the exceptional circumstances.</p> <p>c. For sulcular debridement, biostimulation, reduction of bacterial levels or curettage – Claims for gingival curettage as standalone procedures are not billable to the patient. If done in conjunction with D4341/D4342, fees are not billable to the patient as part of the procedure.</p>
<b>D4261</b>	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bonded spaces per quadrant	This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4261 and should be reported using their own unique codes.	A tooth bounded space counts as one space irrespective of the number of teeth that would normally exist in the space. Only diseased teeth/periodontium are eligible for benefit consideration



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4263</b>	Bone replacement graft – retained natural tooth – first site in quadrant	This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction.	<p>a. Benefits for more than two sites in a quadrant are denied.</p> <p>b. Benefits for bone replacement grafts are denied when submitted with apicoectomy sites, implants, mucogingival/soft tissue grafts, periradicular surgery, ridge augmentation or preservation procedures, sinus elevation, defects from cyst removal, hemisections or with extractions.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4264</b>	Bone replacement graft – retained natural tooth – each additional site in quadrant	This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space or an extraction site.	<p>a. Benefits for more than two sites in a quadrant are denied</p> <p>b. Benefits for bone replacement grafts are denied when submitted with apicoectomy sites, implants, mucogingival/soft tissue grafts, periradicular surgery, ridge augmentation or preservation procedures, sinus elevation, defects from cyst removal, hemisections or with extractions.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>General Policy</b> - Providing more than two D4265, D4266, D4267, D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285, D4263, D4264 within any given quadrant is highly unusual and benefits for more than two sites in a quadrant are denied.			
<b>D4265</b>	Biologic materials to aid in soft and osseous tissue regeneration	Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.	<p>a. Benefits are available only when billed for natural teeth.</p> <p>b. When submitted with a D4263, D4264, D4266, D4267, D4270, D4273, D4275, D4276, D4277, D4283, D4285, D4341, D4342 in the same surgical site, the benefit for the D4265 is denied.</p> <p>c. Benefits for D4265 when billed in conjunction with implants, or other oral surgical procedures are denied as a specialized procedure.</p>
<b>D4266</b>	Guided tissue regeneration (GTR) - resorbable barrier, per site	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.	<p>a. Benefits for D4266 when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. are denied as a specialized procedure.</p> <p>b. Benefits for GTR, in conjunction with soft tissue grafts in the same surgical area, are denied.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4267</b>	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.	<p>a. Benefits for D4267 when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. are denied as a specialized or elective procedure.</p> <p>b. Benefits for GTR, in conjunction with soft tissue grafts in the same surgical area, are denied.</p>
<b>D4268</b>	Surgical revision procedure, per tooth	This procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured.	<p>a. D4268 is considered a component of the surgical procedure and the fees are not billable to the patient.</p> <p>b. If retreatment is performed by the same office/dentist within 36 months separate fee for the procedure is not billable to the patient.</p> <p>c. Benefits for additional D4268 by different dentist/office are denied.</p>
<b>General Policy</b> - Periodontal surgical procedures include all necessary postoperative care, finishing procedures, evaluations for three months, as well as any surgical re-entry for three years. When a surgical procedure is billed within three months of the initial surgical procedure by the same dentist/dental office, the fee for the surgery is not billable to the patient. In the absence of documentation of extraordinary circumstances, fees for additional surgery are not billable to the patient for three years.			
<b>B. D4270 - D4285 MUCOGOGINIVAL GRAFTS</b>			
<b>General Policy</b> - Providing more than two D4265, D4266, D4267, D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285, D4263, D4264 within any given quadrant is highly unusual and benefits for more than two sites in a quadrant are denied.			

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4270</b>	Pedicle soft tissue graft procedure	A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.	None
<b>D4273</b>	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.	<p>a. Benefits for GTR, in conjunction with soft tissue grafts in the same surgical area, are denied.</p> <p>b. Benefits for D4273 are denied if membrane is used as opposed to autografts.</p>
General Policy – Narratives, as documentation, are not considered legal documents nor are they contemporaneous in nature. The patient record/clinical notes are considered a legal document and are contemporaneous. The only acceptable legal written documentation for utilization review are the contemporaneous treatment notes.			

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4274</b>	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	This procedure is performed in an edentulous area adjacent to a tooth allowing removal of a tissue wedge to gain access for debridement and to permit close flap adaptation and reduce pocket depths.	None
<b>D4275</b>	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.	Fees for a frenulectomy (D7960) or frenuplasty (D7963) are not billable to the patient when performed in conjunction with D4275, D4276 or D4285.
<b>D4276</b>	Combined connective tissue and double pedicle graft	Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.	Fees for a frenulectomy (D7960) or frenuplasty (D7963) are not billable to the patient when performed in conjunction with D4270, D4273, D4275, D4276, D4277, D4278, D4283 or D4285.
<b>D4277</b>	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft	None	<p>a. Benefits for GTR and or bone grafts, in conjunction with soft tissue grafts in the same surgical area, are denied.</p> <p>b. Fees for a frenulectomy (D7960) or frenuplasty (D7963) are not billable to the patient when performed in conjunction with soft tissue grafts.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4278</b>	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site	None	a. Benefits for GTR and or bone grafts, in conjunction with soft tissue grafts in the same surgical area, are denied.  b. Fees for a frenulectomy (D7960) or frenuplasty (D7963) are not billable to the patient when performed in conjunction with soft tissue grafts.
<b>D4283</b>	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Used in conjunction with D4273.	a. Benefits for GTR and or bone grafts, in conjunction with soft tissue grafts in the same surgical area, are denied.  b. Fees for a frenulectomy (D7960) or frenuplasty (D7963) are not billable to the patient when performed in conjunction with soft tissue grafts.
<b>D4285</b>	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Used in conjunction with D4275.	a. Benefits for GTR and or bone grafts, in conjunction with soft tissue grafts in the same surgical area, are denied.  b. Fees for a frenulectomy (D7960) or frenuplasty (D7963) are not billable to the patient when performed in conjunction with soft tissue grafts contiguous tooth position in same graft site.
<b>C. D4300 - D4399 NON-SURGICAL PERIODONTAL SERVICES</b>			
<b>D4320</b>	Provisional splinting - intracoronal	This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.	Benefits for splinting are denied.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4321</b>	Provisional splinting - extracoronal	This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.	Benefits for splinting are denied.
<b>D4341</b>	Periodontal scaling and root planing – four or more contiguous teeth or teeth bounded spaces per quadrant	This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	<p>a. Fees for D4341 are not billable to the patient in the absence of radiographic documentation of bone loss and documentation of clinical attachment loss.</p> <p>b. A tooth bounded space counts as one space irrespective of the number of teeth that would normally exist in the space. Only diseased teeth/periodontium are eligible for benefit consideration.</p> <p>c. Fees are not billable to the patient for 24 months after the initial therapy if the retreatment is performed by the same dentist/dental office. If treatment is done by a different dentist within 24 months, benefits are denied.</p> <p>d. The fees for adult prophylaxis procedures (D1110), full mouth scaling in the presence of generalized moderate to severe inflammation (D4346) or full mouth debridement (D4355) are considered a component when submitted on the same date of service as D4341 and are not billable to the patient.</p> <p>f. Fees for D4341 or D4342, when billed in conjunction with periodontal surgery procedures by the same dentist/dental office are not billable to the patient as a component of the surgical procedure.</p> <p>g. The fees for more than two quadrants of D4341 are not billable to the patient in the absence of</p>



			supporting documentation (diagnostic quality radiographs, periodontal probing depths, proof of clinical attachment loss, and may also include evidence of length of the appointment in which the procedures were provided, information related to local anesthetic used, and/or a copy of the clinical progress notes).
CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	<p>a. A tooth bounded space counts as one space irrespective of the number of teeth that would normally exist in the space. Only diseased teeth/periodontium are eligible for benefit consideration.</p> <p>b. Fees are not billable to the patient in the absence of radiographic documentation of bone loss and documentation of clinical attachment loss.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4346</b>	Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.	<p>a. D4346 includes prophylaxis, therefore fees for D1110, D1120 or D4355 are not billable to the patient when submitted with D4346 by the same dentist/dental office.</p> <p>b. Fees for D4346 are not billable to the patient when submitted with D4910 by the same dentist/dental office.</p>
<b>D4355</b>	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	Full mouth debridement involves the preliminary removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180.	<p>a. Benefits are available if the patient has not been to the dentist in several years, debridement is necessary in order to do a proper evaluation and diagnosis, and the dentist is unable to accomplish an effective routine prophylaxis.</p> <p>b. D4355 is not billable to the patient when performed by the same dentist/dental office on the same day as D0150, D0160, or D0180.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4381</b>	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.	Benefits are denied.

<b>D. D4900 - D4999 OTHER PERIODONTAL SERVICES</b>			
<b>CDT Code</b>	<b>ADA CDT Nomenclature</b>	<b>ADA CDT Descriptor</b>	<b>Delta Dental Policy</b>
<b>D4910</b>	Periodontal maintenance procedures	This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.	<p>a. Benefits for D4910 include prophylaxis and scaling and root planing procedures. Fees for these procedures by the same dentist/dental office are not billable to the patient when billed on the same date of service as the periodontal maintenance.</p> <p>b. Fees for D4910 when billed within 30 days of periodontal therapy by the same dentist/dental office are not billable to the patient.</p> <p>c. If a D0180 is submitted with a D4910 by the same dentist/dental office it is benefited as a D0120 and the difference in the approved amount between the D0120 and the D0180 is not billable to the patient on the same date of service.</p> <p>d. Benefits for D4910 are denied if no history of active periodontal therapy exists.</p>
<b>D4920</b>	Unscheduled dressing change (by someone other than the treating dentist or their staff)	None	The fee for dressing change performed by a dentist or staff in the same dental office is not billable to the patient within 30 days following the surgical procedure.
<b>D4921</b>	Gingival irrigation – per quadrant	Irrigation of gingival pockets with medicinal agent. Not to be used to report use of mouth rinses or non-invasive chemical debridement.	<p>a. When gingival irrigation is submitted as a standalone procedure, medicaments and solutions used for gingival irrigation are denied.</p> <p>b. Fees for gingival irrigation are not billable to the patient when performed with any periodontal service.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D4999</b>	Unspecified periodontal procedure, by report	Use for procedure that is not adequately described by a code. Describe procedure.	None
	General policy - Perioscopy is a technique not a procedure. Fees for Perioscope are not billable to the patient. Benefits for Perioscopy as a standalone procedure are denied as investigational.		

## Periodontology Glossary

### CLASSIFICATION OF MARGINAL TISSUE RECESSION (MILLER 1985)



#### Classification of marginal tissue recession

Class I – marginal tissue recession that does not extend to the mucogingival junction

Class II – marginal tissue recession that extends to or beyond the mucogingival junction, with no periodontal attachment loss (bone or soft tissue) in the interdental area

Class III – marginal tissue recession that extends to or beyond the mucogingival junction with periodontal attachment loss in the interdental area or malpositioning of teeth

Class IV – marginal tissue recession that extends to or beyond the mucogingival junction, with severe bone or soft tissue loss in the interdental area and/or severe malpositioning of teeth

## D5000 – D5899 PROSTHODONTICS

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

**General Policy** - For benefit purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient.

**General Policy** - Any characterization, staining, overdentures or metal bases are specialized techniques or procedures and an allowance will be made for conventional dentures. Any additional fee is the patient's responsibility.

**General Policy** - The fees for cast restorations and prosthetic procedures include all models, temporaries and other associated procedures. Fees for these procedures by the same dentist/dental office are not billable to the patient on the same date of service.

**General Policy** - Full or partial dentures include any reline/rebase, adjustment or repair required within six months of delivery; except in the case of immediate dentures.

**General Policy** - Prosthetics (removable) are subject to a contractual limitation for replacement.

**General Policy** - Benefits for restorations for altering occlusion, adjusting vertical dimension, replacing tooth structure lost by attrition, erosion, abfraction, abrasion (wear) or for periodontal, orthodontic or TMD therapy or other splinting procedures are denied.

**General Policy** - Multistage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays and inlays is the cementation date, regardless of the type of cement utilized.

### A. D5000 - D5199 COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D5110	Complete denture, maxillary	None	None
D5120	Complete denture, mandibular	None	None
D5130	Immediate denture, maxillary	Includes limited follow-up care only; does not include required future rebasing/relining procedure(s)	None
D5140	Immediate denture, mandibular	Includes limited follow-up care only; does not include required future rebasing/relining procedure(s)	None

## B. D5200 - D5399 PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

**General Policy** - A posterior fixed partial denture and a removable partial denture are not benefits in the same dental arch. The benefit is limited to the allowance for the partial removable denture.

**General Policy** - Fixed bridges or removable cast partials are not a benefit for patients under age 16.

**General Policy** - Partial dentures are subject to a contractual time limitation for replacement.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)		None
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		None
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	None	None
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	None	None
D5221	immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	Includes limited follow-up care only; does not include future rebasing / relining procedure(s).	None
D5222	immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	Includes limited follow-up care only; does not include future rebasing / relining procedure(s).	None



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	Includes limited follow-up care only; does not include future rebasing / relining procedure(s).	None
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	Includes limited follow-up care only; does not include future rebasing / relining procedure(s).	None
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	None	None
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	None	None
D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	None	None
D5283	removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	None	None
D5284	removable unilateral partial denture - one piece flexible base (including clasps and teeth)- per quadrant		None
D5286	removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant		None

## C. D5400 - D5499 ADJUSTMENTS TO DENTURES

**General Policy** - Full or partial dentures include any adjustment or repair required within six months of delivery. Fees for the adjustment or repair of dentures are not billable to the patient if performed by the same dentist/dental office within six months of initial placement.

**General Policy** - Adjustments to complete or partial dentures are limited to two adjustments per denture per 12 months (after six months has elapsed since initial placement). Benefits are denied after two adjustments.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D5410	Adjust complete denture - maxillary	None	None
D5411	Adjust complete denture - mandibular	None	None
D5421	Adjust partial denture - maxillary	None	None
D5422	Adjust partial denture - mandibular	None	None

## D. D5500 - D5599 REPAIRS TO COMPLETE DENTURES

D5511	Repair broken complete denture base, mandibular	None	Fees for repairs of complete dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.
D5512	Repair broken complete denture base, maxillary	None	Fees for repairs of complete dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.
D5520	Replace missing or broken teeth - complete denture (each tooth)	None	Fees for repairs of complete or partial dentures if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.

## E. D5600 - D5699 REPAIRS TO PARTIAL DENTURES

D5611	Repair resin partial denture base, mandibular	None	Fees for repairs of resin partial dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.
D5612	Repair resin partial denture base, maxillary	None	Fees for repairs of complete dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D5621	Repair cast partial framework, mandibular	None	Fees for repairs of cast partial dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.
D5622	Repair cast partial framework, maxillary	None	Fees for repairs of cast partial dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.
D5630	Repair or replace broken retentive clasping materials - per tooth	None	None
D5640	Replace broken teeth - per tooth	None	None
D5650	Add tooth to existing partial denture	None	None
D5660	Add clasp to existing partial denture - per tooth	None	None
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	None	None
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	None	None
<b>F. D5700 - D5729 DENTURE REBASE PROCEDURES</b>			
<b>General Policy</b> - Benefits for rebase are determined by group/individual contract.			
<b>General Policy</b> - Rebase includes the fee for relining. When a reline is billed in conjunction with a rebase within six months by the same dentist/dental office fees for the reline are not billable to the patient.			
<b>General Policy</b> - Benefits for adjustments beyond two in a 12 month interval are denied and chargeable to the patient.			
D5710	Rebase complete maxillary denture	None	None
D5711	Rebase complete mandibular denture	None	None
D5720	Rebase maxillary partial denture	None	None
D5721	Rebase mandibular partial denture	None	None

**G. D5730 - D5799 DENTURE RELINE PROCEDURES****General Policy** – Benefits for relines are determine by group/individual contract.**General Policy** – Benefits for adjustments beyond two in a 12 month interval are denied and chargeable to the patient.

<b>CDT Code</b>	<b>ADA CDT Nomenclature</b>	<b>ADA CDT Descriptor</b>	<b>Delta Dental Policy</b>
<b>D5730</b>	Reline complete maxillary denture (chairside)	None	None
<b>D5731</b>	Reline complete mandibular denture (chairside)	None	None
<b>D5740</b>	Reline maxillary partial denture (chairside)	None	None
<b>D5741</b>	Reline mandibular partial denture (chairside)	None	None
<b>D5750</b>	Reline complete maxillary denture (laboratory)	None	None
<b>D5751</b>	Reline complete mandibular denture (laboratory)	None	None
<b>D5760</b>	Reline maxillary partial denture (laboratory)	None	None
<b>D5761</b>	Reline mandibular partial denture (laboratory)	None	None

**H. D5800 - D5899 OTHER REMOVABLE PROSTHETIC SERVICES**

<b>D5810</b>	Interim complete denture (maxillary)	None	None
<b>D5811</b>	Interim complete denture (mandibular)	None	None
<b>D5820</b>	Interim partial denture (maxillary)	Includes any necessary clasps and rests	None
<b>D5821</b>	Interim partial denture (mandibular)	Includes any necessary clasps and rests	Temporary partial-stayplate denture D5820 or D5821 is a benefit in children 16 years of age or under for missing anterior permanent teeth.
<b>D5850</b>	Tissue conditioning, maxillary	Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration	The fee for tissue conditioning is not a benefit if performed on the same day the denture is delivered or a reline/rebase is provided by the same dentist/dental office and is not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D5851	Tissue conditioning, mandibular	Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration	The fee for tissue conditioning is not a benefit if performed on the same day the denture is delivered or a reline/rebase is provided by the same dentist/dental office and is not billable to the patient.
D5862	Precision attachment, by report	Each set of male and female components should be reported as one precision attachment. Describe the type of attachment used.	Precision attachments are denied as a specialized procedure.
<b>I. D5800 - D5866 OVERDENTURE</b>			
<b>General Policy</b> - Complete and partial overdentures are considered specialized techniques and the benefits for an overdenture procedure are denied. A limited benefit may apply.			
D5863	Overdenture - complete maxillary	None	None
D5864	Overdenture - partial maxillary	None	None
D5865	Overdenture - complete mandibular	None	None
D5866	Overdenture - partial mandibular	None	None
D5867	Replacement of semi-precision or precision attachment (male or female component)	None	None
D5875	Modification of removable prosthesis following implant surgery	Attachment assemblies are reported using separate codes	Benefits for D5875 are denied, as a specialized procedure unless the contract specifies that implant services are a benefit.
D5876	add metal substructure to acrylic full denture (per arch)	None	D5876 is denied as a specialized procedure.
D5899	Unspecified removable prosthodontic procedure, by report	Use for a procedure that is not adequately described by a code. Describe procedure.	None

## D5900 – D5999 MAXILLOFACIAL PROSTHETICS

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

**General Policy** - For benefit purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient.

**General Policy** - Benefits are DENIED, unless covered by the group/individual contract.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D5911	Facial moulage (sectional)	A sectional facial moulage impression is a procedure used to record the soft tissue contours of a portion of the face. Occasionally several separate sectional impressions are made, then reassembled to provide a full facial contour cast. The impression is utilized to create a partial facial moulage and generally is not reusable.	None
D5912	Facial moulage (complete)	Synonymous terminology: facial impression, face mask impression. A complete facial moulage impression is a procedure used to record the soft tissue contours of the whole face. The impression is utilized to create a facial moulage and generally is not reusable.	None
D5913	Nasal prosthesis	Synonymous terminology: artificial nose. A removable prosthesis attached to the skin, which artificially restores part or all of the nose. Fabrication of a nasal prosthesis requires creation of an original mold. Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time. When a new prosthesis is made from the existing mold, this procedure is termed a nasal prosthesis replacement.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5914</b>	Auricular prosthesis	Synonymous terminology: artificial ear, ear prosthesis. A removable prosthesis, which artificially restores part or all of the natural ear. Usually, replacement prostheses can be made from the original mold if tissue bed changes have not occurred. Creation of an auricular prosthesis requires fabrication of a mold, from which additional prostheses usually can be made, as needed later (auricular prosthesis, replacement).	None
<b>D5915</b>	Orbital prosthesis	A prosthesis, which artificially restores the eye, eyelids, and adjacent hard and soft tissue, lost as a result of trauma or surgery. Fabrication of an orbital prosthesis requires creation of an original mold. Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time. When a new prosthesis is made from the existing mold, this procedure is termed an orbital prosthesis replacement.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5916</b>	Ocular prosthesis	Synonymous terminology: artificial eye, glass eye. A prosthesis, which artificially replaces an eye missing as a result of trauma, surgery or congenital absence. The prosthesis does not replace missing eyelids or adjacent skin, mucosa or muscle. Ocular prostheses require semiannual or annual cleaning and polishing. Also, occasional revisions to re-adapt the prosthesis to the tissue bed may be necessary. Glass eyes are rarely made and cannot be re-adapted.	None
<b>D5919</b>	Facial prosthesis	Synonymous terminology: prosthetic dressing. A removable prosthesis, which artificially replaces a portion of the face, lost due to surgery, trauma or congenital absence. Flexion of natural tissues may preclude adaptation and movement of the prosthesis to match the adjacent skin. Salivary leakage, when communicating with the oral cavity, adversely affects retention.	None
<b>D5922</b>	Nasal septal prosthesis	Synonymous terminology: Septal plug, septal button. Removable prosthesis to occlude (obturate) a hole within the nasal septal wall. Adverse chemical degradation in this moist environment may require frequent replacement. Silicone prostheses are occasionally subject to fungal invasion.	None
<b>D5923</b>	Ocular prosthesis, interim	Synonymous terminology: Eye shell, shell, ocular conformer, conformer. A temporary replacement generally made of clear acrylic resin for an eye lost due to surgery or trauma. No attempt is made to re-establish esthetics. Fabrication of an interim ocular prosthesis generally implies subsequent fabrication of an aesthetic ocular prosthesis.	None



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D5924	Cranial prosthesis	Synonymous terminology: Skull plate, cranioplasty prosthesis, cranial implant. A biocompatible, permanently implanted replacement of a portion of the skull bones; an artificial replacement for a portion of the skull bone.	None
D5925	Facial augmentation implant prosthesis	Synonymous terminology: facial implant. An implantable biocompatible material generally onlayed upon an existing bony area beneath the skin tissue to fill in or collectively raise portions of the overlying facial skin tissues to create acceptable contours. Although some forms of pre-made surgical implants are commercially available, the facial augmentation is usually custom made for surgical implantation for each individual patient due to the irregular or extensive nature of the facial deficit.	None
D5926	Nasal prosthesis, replacement	Synonymous terminology: replacement nose. An artificial nose produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age related topographical variations.	None
D5927	Auricular prosthesis, replacement	Synonymous terminology: replacement ear. An artificial ear produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age related topographical variations.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5928</b>	Orbital prosthesis, replacement	A replacement for a previously made orbital prosthesis. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age related topographical variations.	None
<b>D5929</b>	Facial prosthesis, replacement	A replacement facial prosthesis made from the original mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to further surgery or age related topographical variations.	None
<b>D5931</b>	Obturator prosthesis, surgical	Synonymous terminology: Obturator, surgical stayplate, immediate temporary obturator. A temporary prosthesis inserted during or immediately following surgical or traumatic loss of a portion or all of one or both maxillary bones and contiguous alveolar structures (e.g., gingival tissue, teeth). Frequent revisions of surgical obturators are necessary during the ensuing healing phase (approximately six months). Some dentists prefer to replace many or all teeth removed by the surgical procedure in the surgical obturator, while others do not replace any teeth. Further surgical revisions may require fabrication of another surgical obturator (e.g., an initially planned small defect may be revised and greatly enlarged after the final pathology report indicates margins are not free of tumor).	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5932</b>	Obturator prosthesis, definitive	Synonymous terminology: obturator. A prosthesis, which artificially replaces part or all of the maxilla and associated teeth, lost due to surgery, trauma or congenital defects. A definitive obturator is made when it is deemed that further tissue changes or recurrence of tumor are unlikely and a more permanent prosthetic rehabilitation can be achieved; it is intended for long-term use.	None
<b>D5933</b>	Obturator prosthesis, modification	Synonymous terminology: adjustment, denture adjustment, temporary or office reline. Revision or alteration of an existing obturator (surgical, interim, or definitive); possible modifications include relief of the denture base due to tissue compression, augmentation of the seal or peripheral areas to affect adequate sealing or separation between the nasal and oral cavities.	None
<b>D5934</b>	Mandibular resection prosthesis with guide flange	Synonymous terminology: resection device, resection appliance. A prosthesis which guides the remaining portion of the mandible, left after a partial resection, into a more normal relationship with the maxilla. This allows for some tooth-to-tooth or an improved tooth contact. It may also artificially replace missing teeth and thereby increase masticatory efficiency.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5935</b>	Mandibular resection prosthesis without guide flange	A prosthesis which helps guide the partially resected mandible to a more normal relation with the maxilla allowing for increased tooth contact. It does not have a flange or ramp, however, to assist in directional closure. It may replace missing teeth and thereby increase masticatory efficiency. Dentists who treat mandibulectomy patients may prefer to replace some, all or none of the teeth in the defect area. Frequently, the defect's margins preclude even partial replacement. Use of a guide (a mandibular resection prosthesis with a guide flange) may not be possible due to anatomical limitations or poor patient tolerance. Ramps, extended occlusal arrangements and irregular occlusal positioning relative to the denture foundation frequently preclude stability of the prostheses, and thus some prostheses are poorly tolerated under such adverse circumstances.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D5936	Obturator prosthesis, interim	Synonymous terminology: immediate postoperative obturator. A prosthesis which is made following completion of the initial healing after a surgical resection of a portion or all of one or both the maxillae; frequently many or all teeth in the defect area are replaced by this prosthesis. This prosthesis replaces the surgical obturator, which is usually inserted at, or immediately following the resection. Generally, an interim obturator is made to facilitate closure of the resultant defect after initial healing has been completed. Unlike the surgical obturator, which usually is made prior to surgery and frequently revised in the operating room during surgery, the interim obturator is made when the defect margins are clearly defined and further surgical revisions are not planned. It is a provisional prosthesis, which may replace some or all lost teeth, and other lost bone and soft tissue structures. Also, it frequently must be revised (termed an obturator prosthesis modification) during subsequent dental procedures (e.g., restorations, gingival surgery) as well as to compensate for further tissue shrinkage before a definitive obturator prosthesis is made.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5937</b>	Trismus appliance (not for TMD treatment)	Synonymous terminology: occlusal device for mandibular trismus, dynamic bite opener. A prosthesis, which assists the patient in increasing their oral aperture width in order to eat as well as maintain oral hygiene. Several versions and designs are possible, all intending to ease the severe lack of oral opening experienced by many patients immediately following extensive intraoral surgical procedures	None
<b>D5951</b>	Feeding aid	Synonymous terminology: feeding prosthesis. A prosthesis, which maintains the right and left maxillary segments of an infant cleft palate patient in their proper orientation until surgery is performed to repair the cleft. It closes the oral-nasal cavity defect, thus enhancing sucking and swallowing. Used on an interim basis, this prosthesis achieves separation of the oral and nasal cavities in infants born with wide clefts necessitating delayed closure. It is eliminated if surgical closure can be affected or, alternatively, with eruption of the deciduous dentition a pediatric speech aid may be made to facilitate closure of the defect	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5952</b>	Speech aid prosthesis, pediatric	Synonymous terminology: nasopharyngeal obturator, speech appliance, obturator, cleft palate appliance, prosthetic speech aid, speech bulb. A temporary or interim prosthesis used to close a defect in the hard and/or soft palate. It may replace tissue lost due to developmental or surgical alterations. It is necessary for the production of intelligible speech. Normal lateral growth of the palatal bones necessitates occasional replacement of this prosthesis. Intermittent revisions of the obturator section can assist in maintenance of palatalpharyngeal closure (termed a speech aid prosthesis modification). Frequently, such prostheses are not fabricated before the deciduous dentition is fully erupted since clasp retention is often essential.	None
<b>D5953</b>	Speech aid prosthesis, adult	Synonymous terminology: prosthetic speech appliance, speech aid, speech bulb. A definitive prosthesis, which can improve speech in adult cleft palate patients either by obturating (sealing off) a palatal cleft or fistula, or occasionally by assisting an incompetent soft palate. Both mechanisms are necessary to achieve velopharyngeal competency. Generally, this prosthesis is fabricated when no further growth is anticipated and the objective is to achieve long-term use. Hence, more precise materials and techniques are utilized. Occasionally such procedures are accomplished in conjunction with precision attachments in crown work undertaken on some or all maxillary teeth to achieve improved aesthetics.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5954</b>	Palatal augmentation prosthesis	Synonymous terminology: superimposed prosthesis, maxillary glossectomy prosthesis, maxillary speech prosthesis, palatal drop prosthesis. A removable prosthesis which alters the hard and/or soft palate's topographical form adjacent to the tongue.	None
<b>D5955</b>	Palatal life prosthesis, definitive	A prosthesis which elevates the soft palate superiorly and aids in restoration of soft palate functions which may be lost due to an acquired, congenital or developmental defect. A definitive palatal lift is usually made for patients whose experience with an interim palatal lift has been successful, especially if surgical alterations are deemed unwarranted	None
<b>D5958</b>	Palatal lift prosthesis, interim	Synonymous terminology: diagnostic palatal lift. A prosthesis which elevates and assists in restoring soft palate function which may be lost due to clefting, surgery, trauma or unknown paralysis. It is intended for interim use to determine its usefulness in achieving palatalpharyngeal competency or enhance swallowing reflexes. This prosthesis is intended for interim use as a diagnostic aid to assess the level of possible improvement in speech intelligibility. Some clinicians believe use of a palatal lift on an interim basis may stimulate an otherwise flaccid soft palate to increase functional activity, subsequently lessening its need.	None



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5959</b>	Palatal lift prosthesis, modification	Synonymous terminology: revision of lift, adjustment. Alterations in the adaptation, contour, form or function of an existing palatal lift necessitated due to tissue impingement, lack of function, poor clasp adaptation or the like.	None
<b>D5960</b>	Speech aid prosthesis, modification	Synonymous terminology: adjustment, repair, revision. Any revision of a pediatric or adult speech aid not necessitating its replacement. Frequently, revisions of the obturating section of any speech aid is required to facilitate enhanced speech intelligibility. Such revisions or repairs do not require complete remaking of the prosthesis, thus extending its longevity.	None
<b>D5982</b>	Surgical stent	Synonymous terminology: periodontal stent, skin graft stent, columellar stent. Stents are utilized to apply pressure to soft tissues to facilitate healing and prevent cicatrization or collapse. A surgical stent may be required in surgical and post-surgical revisions to achieve close approximation of tissues. Usually such materials as temporary or interim soft denture liners, gutta percha, or dental modeling impression compound may be used.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5983</b>	Radiation carrier	Synonymous terminology: radiotherapy prosthesis, carrier prosthesis, radiation applicator, radium carrier, intracavity carrier, intracavity applicator. A device used to administer radiation to confined areas by means of capsules, beads or needles of radiation emitting materials such as radium or cesium. Its function is to hold the radiation source securely in the same location during the entire period of treatment. Radiation oncologists occasionally request these devices to achieve close approximation and controlled application of radiation to a tumor deemed amiable to eradication.	None
<b>D5984</b>	Radiation shield	Synonymous terminology: radiation stent, tongue protector, lead shield. An intraoral prosthesis designed to shield adjacent tissues from radiation during orthovoltage treatment of malignant lesions of the head and neck region.	None
<b>D5985</b>	Radiation cone locator	Synonymous terminology: docking device, cone locator. A prosthesis utilized to direct and reduplicate the path of radiation to an oral tumor during a split course of irradiation.	None
<b>D5986</b>	Fluoride gel carrier	Synonymous terminology: fluoride applicator. A prosthesis, which covers the teeth in either dental arch and is used to apply topical fluoride in close proximity to tooth enamel and dentin for several minutes daily	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5987</b>	Commissure splint	Synonymous terminology: lip splint. A device placed between the lips, which assists in achieving increased opening between the lips. Use of such devices enhances opening where surgical, chemical or electrical alterations of the lips has resulted in severe restriction or contractures.	None
<b>D5988</b>	Surgical splint	Synonymous terminology: Gunning splint, modified Gunning splint, labiolingual splint, fenestrated splint, Kingsley splint, cast metal splint. Splints are designed to utilize existing teeth and/or alveolar processes as points of anchorage to assist in stabilization and immobilization of broken bones during healing. They are used to re-establish, as much as possible, normal occlusal relationships during the process of immobilization. Frequently, existing prostheses (e.g., a patient's complete dentures) can be modified to serve as surgical splints. Frequently, surgical splints have arch bars added to facilitate intermaxillary fixation. Rubber elastics may be used to assist in this process. Circummandibular eyelet hooks can be utilized for enhanced stabilization with wiring to adjacent bone.	None
<b>D5991</b>	Vesiculobullous disease medicament carrier	A custom fabricated carrier that covers the teeth and alveolar mucosa, or alveolar mucosa alone, and is used to deliver prescription medicaments for treatment of immunologically mediated vesiculobullous disease.	Not to be used for fluoride gel or bleach.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D5992</b>	Adjustment maxillofacial prosthetic appliance	None	None
<b>D5993</b>	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report		None
<b>D5994</b>	Periodontal medicament carrier with peripheral seal – laboratory processed	A custom fabricated, laboratory processed carrier that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket	None
<b>D5999</b>	Unspecified maxillofacial prosthesis, by report	Used for procedure that is not adequately described by a code. Describe procedure	None

## D6000 – D6199 IMPLANT SERVICES

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

**General Policy** - For benefits purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient.

**General Policy** - Implants are not a benefit for patient's under 19 years of age.

**General Policy** - Benefits are denied, unless covered by the group/individual contract.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D6010	Surgical placement of implant body: endosteal implant	None	None
D6011	Second stage implant surgery	Surgical access to an implant body for placement of a healing cap or to enable placement of an abutment.	Considered to be part of D6010 and fees for D6011 are not billable to the patient.
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Includes removal during later therapy to accommodate the definitive restoration, which may include placement of other implants.	Benefits are denied.
D6013	Surgical placement of mini implant	None	Benefit one per tooth/tooth bounded site. Fees for more than one D6013 per tooth/tooth bounded site are not billable to the patient.
D6040	Surgical placement: eposteal implant	An eposteal (subperiosteal) framework of a biocompatible material designed and fabricated to fit on the surface of the bone of the mandible or maxilla with permucosal extensions which provide support and attachment of a prosthesis. This may be a complete arch or unilateral appliance. Eposteal implants rest upon the bone and under the periosteum.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6050</b>	Surgical placement: transosteal implant	A transosteal (transosseous) biocompatible device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa providing support and attachment for a dental prosthesis. Transosteal implants are placed completely through the bone and into the oral cavity from extraoral or intraoral.	None
<b>IMPLANT SUPPORTED PROSTHETICS</b>			
<b>General Policy</b> - Where covered by group/individual contract, benefits for the placement of an implant to natural tooth bridge are denied.			
<b>D6051</b>	Interim abutment - includes placement and removal. A healing cap is not an interim abutment	Includes placement and removal. A healing cap is not an interim abutment.	None
<b>D6052</b>	Semi-precision attachment abutment – includes placement of keeper assembly	Includes placement of keeper assembly.	Benefits are denied as a specialized technique/procedure.
<b>D6055</b>	Dental implant supported connecting bar	Utilized to stabilize and anchor a prosthesis.	Benefits are denied
<b>D6056</b>	Prefabricated abutment – includes modification and placement	Modification of a prefabricated abutment may be necessary.	None
<b>D6057</b>	Custom fabricated abutment – includes placement	Created by a laboratory process, specific for an individual application.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6058</b>	Abutment supported porcelain/ceramic crown	A single crown restoration that is retained, supported and stabilized by an abutment on an implant.	None
<b>D6059</b>	Abutment supported porcelain fused to metal crown (high noble metal)	A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.	None
<b>D6060</b>	Abutment supported porcelain fused to metal crown (predominantly base metal)	A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.	None
<b>D6061</b>	Abutment supported porcelain fused to metal crown (noble metal)	A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.	None
<b>D6062</b>	Abutment supported cast metal crown (high noble metal)	A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.	None
<b>D6063</b>	Abutment supported cast metal crown (predominantly base metal)	A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.	None
<b>D6064</b>	Abutment supported cast metal crown (noble metal)	A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.	None
<b>D6065</b>	Implant supported porcelain/ceramic crown	A single crown restoration that is retained, supported and stabilized by an implant.	None
<b>D6066</b>	Implant supported crown - porcelain fused to high noble alloys	A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6067</b>	Implant supported crown - high noble alloys	A single cast metal or milled crown restoration that is retained, supported and stabilized by an implant.	None
<b>D6068</b>	Abutment supported retainer for porcelain/ceramic FPD	A ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	None
<b>D6069</b>	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant	None
<b>D6070</b>	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant	None
<b>D6071</b>	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant	None
<b>D6072</b>	Abutment supported retainer for cast metal FPD (high noble metal)	A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant	None
<b>D6073</b>	Abutment supported retainer for cast metal FPD (predominantly base metal)	A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant	None
<b>D6074</b>	Abutment supported retainer for cast metal FPD (noble metal)	A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant	None



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6075</b>	Implant supported retainer for ceramic FPD	A ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant	None
<b>D6076</b>	Implant supported retainer for FPD - porcelain fused to high noble alloys	A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant	None
<b>D6077</b>	Implant supported retainer for metal FPD high noble alloys	A metal retainer for a fixed partial denture that gains retention, support and stability from an implant	None
<b>OTHER IMPLANT SUPPORTED PROSTHETICS</b>			
<b>D6080</b>	Implant maintenance procedures when prosthesis are removed and reinserted, including cleansing of prostheses and abutments	This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code, and is indicated for implant supported fixed prostheses.	Benefits are denied.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6081</b>	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.	This procedure is not performed in conjunction with D1110, D4910 or D4346.	<p>a. Benefits are denied if implants are not covered.</p> <p>b. Fees are not billable to the patient when performed in the same quadrant by the same dentist/dental office as D4341/D4342 or D4240/D4241, D4260/D4261 or D6101/D6102.</p> <p>c. Fees for retreatment by the same dentist/dental office within 24 months of initial therapy are not billable to the patient. When performed by a different dentist/dental office, benefits are denied.</p> <p>d. Fees are not billable to the patient when performed within 12 months of restoration (D6058-D6077, D6085, D6094, D6118, D6119, D6194) placement by same dentist/dental office.</p> <p>e. Fees are not billable to the patient when performed in conjunction with D1110, D4346 or D4910.</p>
<b>D6082</b>	implant supported crown - porcelain fused to predominantly base alloys	A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.	None
<b>D6083</b>	implant supported crown - porcelain fused to noble alloys	A single noble metal-ceramic crown restoration that is retained, supported and stabilized by an implant.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6084</b>	implant supported crown - porcelain fused to titanium or titanium alloy	A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.	None
<b>D6086</b>	implant supported crown - predominantly base alloys	A single metal crown restoration that is retained, supported and stabilized by an implant.	None
<b>D6087</b>	implant supported crown - noble alloys	A single metal crown restoration that is retained, supported and stabilized by an implant.	None
<b>D6088</b>	implant supported crown - titanium/titanium alloys	A single metal crown restoration that is retained, supported and stabilized by an implant.	None
<b>D6085</b>	Provisional implant crown	Used when a period of healing is necessary prior to fabrication and placement of permanent prosthetic.	Benefits are denied.
<b>D6090</b>	Repair implant supported prosthesis, by report	This procedure involves the repair or replacement of any part of the implant supported prosthesis.	None
<b>D6091</b>	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	This procedure applies to the replaceable male or female component of the attachment.	Benefits are denied

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6092</b>	Recement or rebond implant/abutment supported crown	None	<p>a. Fees for recementation or rebonding of crowns are not billable to the patient if done within six months of the initial seating date by the same dentist/dental office.</p> <p>b. Benefit one recementation or rebonding after six months have elapsed since the initial placement. Subsequent requests for recementation or rebonding by the same dentist/dental office are denied.</p> <p>c. Benefit when billed by a dentist/dental office other than the one who seated the crown or performed the previous recementation or rebonding.</p>
<b>D6093</b>	Recement or rebond implant/abutment supported fixed partial denture	None	<p>a. Fees for recementation or rebonding of fixed partial dentures are not billable to the patient if done within six months of the initial seating date by the same dentist/dental office.</p> <p>b. Benefit one recementation or rebonding after six months have elapsed since the initial placement. Subsequent requests for recementation or rebonding by the same dentist/dental office are denied.</p> <p>c. Benefit when billed by a dentist other than the one who seated the crown or performed the previous recementation or rebonding</p>
<b>D6094</b>	Abutment supported crown - titanium or titanium alloys	A single restoration that is retained supported and stabilized by an abutment on an implant.	None
<b>D6095</b>	Repair implant abutment, by report	This procedure involves the repair or replacement of any part of the implant abutment.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6096</b>	Remove broken implant retaining screw	None	Benefits are denied.
<b>D6097</b>	abutment supported crown - porcelain fused to titanium and titanium alloys	A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.	None
<b>D6098</b>	implant supported retainer - porcelain fused to predominantly base alloys	A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.	None
<b>D6099</b>	implant supported retainer for metal FPD - porcelain fused to noble alloys	A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.	None
<b>D6100</b>	Implant removal, by report	None	None
<b>D6101</b>	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	None	<p>a. Benefits are denied if implants are not covered.</p> <p>b. Fees are not billable to the patient when performed in the same surgical site by the same dentist/dental office on the same date of service as D6102.</p> <p>c. Fees are not billable to the patient when billed in conjunction with D4260 or D4261.</p>
<b>D6102</b>	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	None	<p>a. Benefits are denied if implants are not covered.</p> <p>b. Any items in the nomenclature listed separately should be not billable to the patient in conjunction with this procedure.</p> <p>c. Fees are not billable to the patient when billed in conjunction with D4260 or D4261.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6103</b>	Bone graft for repair of peri-implant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately.	Placement of a barrier membrane or biologic materials to aid in osseous regeneration, are reported separately.	Benefits billed in conjunction with implants, implant removal, ridge augmentation or preservation, in extraction sites, periradicular surgery, etc. are denied.
<b>D6104</b>	Bone graft at time of placement	Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.	When billed in conjunction with implants, implant removal, ridge augmentation or preservation, in extraction sites, periradicular surgery, etc. benefits are denied.
<b>D6110</b>	Implant /abutment supported removable denture for edentulous arch – maxillary	None	Allow an alternate benefit of a conventional complete maxillary denture (D5110). Any additional fee up to the approved amount for the D6110 is denied.
<b>D6111</b>	Implant /abutment supported removable denture for edentulous arch – mandibular	None	Allow an alternate benefit of a conventional complete mandibular denture (D5120). Any additional fee up to the approved amount for the D6111 is denied.
<b>D6112</b>	Implant /abutment supported removable denture for partially edentulous arch – maxillary	None	Allow an alternate benefit of a conventional partial maxillary denture (D5213). Any additional fee up to the approved amount for the D6112 is denied.
<b>D6113</b>	Implant /abutment supported removable denture for partially edentulous arch – mandibular	None	Allow an alternate benefit of a conventional partial mandibular denture (D5214). Any additional fee up to the approved amount for the D6113 is denied.
<b>D6114</b>	Implant /abutment supported fixed denture for edentulous arch – maxillary	None	Allow an alternate benefit of a conventional complete maxillary denture (D5110). Any additional fee up to the approved amount for the D6114 is denied.
<b>D6115</b>	Implant /abutment supported fixed denture for edentulous arch – mandibular	None	Allow an alternate benefit of a conventional complete mandibular denture (D5120). Any additional fee up to the approved amount for the D6115 is denied.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6116</b>	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	None	Allow an alternate benefit of a conventional partial maxillary denture (D5213). Any additional fee up to the approved amount for the D6116 is denied.
<b>D6117</b>	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	None	Allow an alternate benefit of a conventional partial mandibular denture (D5214). Any additional fee up to the approved amount for the D6117 is denied.
<b>D6118</b>	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic	None
<b>D6119</b>	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic	None
<b>D6120</b>	implant supported retainer - porcelain fused to titanium or titanium alloy	A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.	None
<b>D6121</b>	implant supported retainer for metal FPD - predominantly base alloys	A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.	None
<b>D6122</b>	implant supported retainer for metal FPD - noble alloys	A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.	None
<b>D6123</b>	implant supported retainer for metal FPD- titanium or titanium alloy	A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.	None
<b>D6190</b>	Radiographic/surgical implant index, by report	None	Benefits are denied as a specialized technique.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6194</b>	Abutment supported retainer crown for FPD – titanium or titanium alloys	A retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	None
<b>D6195</b>	abutment supported retainer - porcelain fused to titanium or titanium alloys	A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.	None
<b>D6199</b>	Unspecified implant procedure, by report	Use for procedure that is not adequately described by a code. Describe procedure.	None



## D6200 – D6999 PROSTHODONTICS, FIXED

### Each abutment and each pontic constitutes a unit in a fixed partial bridge

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

**General Policy** – Fees for fixed partial denture prosthetic procedures include the routine use of temporary prosthetics during the time for normal laboratory fabrication of the completed prosthesis and are not billable to the patient when reported within six months.

**General Policy** – For benefit purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient.

**General Policy** – Benefits will be based on the number of pontics necessary for the space, not to exceed the normal complement of teeth.

**General Policy** – A posterior fixed bridge and partial denture are not benefits in the same arch within the frequency limitations. The benefit is limited to the allowance for the partial denture.

**General Policy** – Fixed prosthodontics are not a benefit for children under 16 years of age.

**General Policy** – Benefits for porcelain and resin inlay bridges are denied.

**General Policy** – Prosthetics (fixed) are subject to a contractual time limitation for replacement.

**General Policy** – The fees for indirectly fabricated restorations and prosthetic procedures include all models, temporaries, laboratory charges and materials, and other associated procedures. Any fees charged for these procedures by the same dentist/dental office in excess of the approved amounts for the indirectly fabricated restorations or prosthetic procedures are not billable to the patient on same date of service.

**General Policy** – Multi-stage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays, and inlays is the cementation date regardless of the type of cement utilized.

**General Policy** – Benefits for cantilevered second molar pontics are denied.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6200 - D6499 FIXED PARTIAL DENTURE PONTICS</b>			
<b>D6205</b>	Pontic -indirect resin based composite	Not to be used as a temporary or provisional prosthesis.	None
<b>D6210</b>	Pontic - indirectly fabricated high noble metal	None	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D6211	Pontic - indirectly fabricated predominantly base metal	None	None
D6212	Pontic - indirectly fabricated noble metal	None	None
D6214	Pontic - titanium or titanium alloys	None	None
D6240	Pontic - porcelain fused to high noble metal	None	None
D6241	Pontic - porcelain fused to predominantly base metal	None	None
D6242	Pontic - porcelain fused to noble metal	None	None
D6243	pontic - porcelain fused to titanium or titanium alloys	None	None
D6245	Pontic - porcelain/ ceramic	None	None
D6250	Pontic - resin with high noble metal	None	None
D6251	Pontic - resin with predominantly base metal	None	None
D6252	Pontic - resin with noble metal	None	None
D6253	Provisional pontic	Not to be used as a temporary pontic for routine prosthetic fixed partial dentures	Fees are not billable to the patient by the same dentist/dental office as the permanent prostheses. .
<b>D6500 - D6699 FIXED PARTIAL DENTURE RETAINERS - INLAYS/ ONLAYS</b>			
<b>General Policy</b> - Any extra abutments needed in excess of what is customary or due to a special condition of that patient's mouth (such as periodontal splinting) are denied.			
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis	None	None
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	None	None
D6549	Resin retainer -for resin bonded fixed prosthesis	None	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6600</b>	Retainer inlay - porcelain/ceramic, two surfaces	None	The benefit is limited to conventional fixed prosthetics.
<b>D6601</b>	Retainer inlay - porcelain/ceramic - three or more surfaces	None	The benefit is limited to conventional fixed prosthetics.
<b>D6602</b>	Retainer inlay - indirectly fabricated high noble metal, two surfaces	None	None
<b>D6603</b>	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces	None	None
<b>D6604</b>	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces	None	None
<b>D6605</b>	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces	None	None
<b>D6606</b>	Retainer inlay - indirectly fabricated noble metal, two surfaces	None	None
<b>D6607</b>	Retainer inlay - indirectly fabricated noble metal - three or more surfaces	None	None
<b>D6608</b>	Retainer onlay - porcelain/ceramic, two surfaces	None	The benefit is limited to conventional fixed prosthetics.
<b>D6609</b>	Retainer onlay porcelain/ceramic, three or more surfaces	None	The benefit is limited to conventional fixed prosthetics.
<b>D6610</b>	Retainer onlay - indirectly fabricated high noble metal, two surfaces	None	None
<b>D6611</b>	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces	None	None
<b>D6612</b>	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces	None	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6613</b>	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces	None	None
<b>D6614</b>	Retainer onlay - indirectly fabricated noble metal, two surfaces	None	None
<b>D6615</b>	Retainer onlay - indirectly fabricated noble metal, three or more surfaces	None	None
<b>D6624</b>	Retainer inlay - titanium	None	None
<b>D6634</b>	Retainer onlay - titanium	None	None

### C. D6700 - D6799 FIXED PARTIAL DENTURE RETAINERS - CROWN

Benefit for replacement of missing natural teeth using the normal number of abutments for the span. Additional abutments necessary due to special conditions or for splinting are optional and if performed should be done with the agreement of the patient to assume the additional cost.

<b>D6710</b>	Retainer crown - indirect resin based composite	Not to be used as a temporary or provisional prosthesis.	The benefit is limited to D6721 - crown - resin with predominantly base metal.
<b>D6720</b>	Retainer crown - resin fused to high noble metal	None	None
<b>D6721</b>	Retainer crown - resin with predominantly base metal	None	None
<b>D6722</b>	Retainer crown - resin with noble metal	None	None
<b>D6740</b>	Retainer crown - porcelain/ceramic	None	None
<b>D6750</b>	Retainer crown - porcelain fused to high noble metal	None	None
<b>D6751</b>	Retainer crown - porcelain fused to predominantly base metal	None	None
<b>D6752</b>	Retainer crown - porcelain fused to noble metal	None	None
<b>D6753</b>	retainer crown - porcelain fused to titanium or titanium alloys	None	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6780</b>	Retainer crown - 3/4 - indirectly fabricated high noble metal	None	None
<b>D6781</b>	Retainer crown - 3/4 - indirectly fabricated predominantly base metal	None	None
<b>D6782</b>	Retainer crown - 3/4 - indirectly fabricated noble metal	None	<b>None</b>
<b>D6783</b>	Retainer crown - 3/4 porcelain/ceramic	None	None
<b>D6784</b>	retainer crown $\frac{3}{4}$ - titanium and titanium alloys	None	None
<b>D6790</b>	Retainer crown - full - indirectly fabricated high noble metal	None	None
<b>D6791</b>	Retainer crown - full - indirectly fabricated predominantly base metal	None	None
<b>D6792</b>	Retainer crown - full - indirectly fabricated noble metal	None	None
<b>D6793</b>	Provisional retainer crown	Not to be used as a temporary retainer crown for routine prosthetic fixed partial dentures	Fees for a provisional retainer crown by the same dentist/dental office that placed the permanent prostheses are not billable to the patient.
<b>D6794</b>	Retainer crown - titanium or titanium alloys	None	None
<b>D6920</b>	Connector bar	A device attached to fixed partial denture retainer or coping which serves to stabilize and anchor a removable overdenture prosthesis.	Benefits are denied as a specialized technique.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D6930</b>	Recement or rebond fixed partial denture	None	<p>a. The fee for recementation or rebonding of a fixed partial denture by the same dentist/dental office within six months of the seating date is a component of the fee for the original procedure and is not billable to the patient.</p> <p>b. Benefit one recementation or rebonding after six months have elapsed since the initial placement. Subsequent requests for recementation or rebonding by the same dentist/dental office are denied.</p>
<b>D6940</b>	Stress breaker	A non-rigid connector	Benefits are denied as a specialized procedure.
<b>D6950</b>	Precision attachment	A male and female pair constitutes one precision attachment, and is separate from the prosthesis	Benefits are denied as a specialized procedure.
<b>D6980</b>	Fixed partial denture repair, repair necessitated by restorative material failure	None	None
<b>D6985</b>	Pediatric partial denture, fixed	This prosthesis is used primarily for aesthetic purposes	None
<b>D6999</b>	Unspecified fixed prosthodontic procedure, by report	Used for procedure that is not adequately described by a code. Describe procedure.	None

## D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

**General Policy** - The fee for all oral and maxillofacial surgery includes local anesthesia and suturing on the same date of service as the oral and maxillofacial surgery and routine postoperative care 30 days following surgery. Separate fees for these procedures by the same dentist/dental office are not billable to the patient.

**General Policy** - When a procedure is by report and subject to coverage under medical, it should be submitted to the patient's medical carrier first.

**General Policy** - The fees for exploratory surgery or unsuccessful attempts at extractions are not billable to the patient.

**General Policy** - Restorations or surgical procedures to correct congenital or developmental malformations for functional purposes are benefited.

**General Policy** - Impaction codes are based on anatomical position rather than the surgical procedure necessary for removal.

### A. D7000 – D7199 EXTRACTIONS (Includes local anesthesia, suturing if needed, and routine postoperative care)

#### Maxillofacial Surgery (D7111-D7999 except D7880, D7990, and D7997)

**General Policy** - The fees for biopsy (D7285, D7286), frenulectomy (D7960) and excision of hard and soft tissue lesions (D7410, D7411, D7450, D7451) are not billable to the patient when the procedures are performed on the same date, same surgical site/area, by the same dentist/dental office as the above referenced codes. Requests for individual consideration can always be submitted by report for dental consultant review.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D7111	Extraction, coronal remnants – primary tooth	Removal of soft tissue-retained coronal remnants	D7111 is considered part of any other (more comprehensive) surgery in same surgical area, same date by the same dentist/dental office and the fees are not billable to the patient.
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)	Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary	None

<b>B. D7200 - D7259 SURGICAL EXTRACTIONS (Includes local anesthesia, suturing if needed, and routine postoperative care)</b>			
<b>CDT Code</b>	<b>ADA CDT Nomenclature</b>	<b>ADA CDT Descriptor</b>	<b>Delta Dental Policy</b>
<b>D7210</b>	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure	None
<b>D7220</b>	Removal of impacted tooth - soft tissue	Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation	None
<b>D7230</b>	Removal of impacted tooth - partially bony	Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal	None
<b>D7240</b>	Removal of impacted - completely bony	Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal	None
<b>D7241</b>	Removal of impacted tooth - completely bony, with unusual surgical complications	Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position	None
<b>D7250</b>	Removal of residual tooth roots (cutting procedure)	Includes cutting of soft tissue and bone, removal of tooth structure, and closure	Fees for removal of residual tooth roots on same date of service as the extraction of the same tooth by the same dentist/dental office are not billable to the patient.
<b>D7251</b>	Coronectomy - intentional partial tooth removal	Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed	None



## C. D7260 - D7299 OTHER SURGICAL PROCEDURES

**General Policy** - The fee for all oral and maxillofacial surgery includes local anesthesia and suturing if needed on the same date of service, and routine postoperative care 30 days following surgery. A separate fee for these procedures in conjunction with oral and maxillofacial surgery by the same dentist/dental office is not billable to the patient. Benefits are denied to another dentist/dental office.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D7260	Oroantral fistula closure	Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap	None
D7261	Primary closure of a sinus perforation	Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulous tract.	Fees for D7261 are not billable to the patient when submitted with D7241.
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	Includes splinting and/or stabilization	The fees for D7270 are not billable to the patient by the same dentist/dental office 30 days following the surgical procedure .and benefits are denied to another dentist/dental office.
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	None	Benefits for D7272 are denied as a specialized procedure.
D7280	Exposure of an unerupted tooth	An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted	Benefits are denied in the absence of orthodontic benefits.
D7282	Mobilization of erupted or malpositioned tooth	To move/luxate teeth to eliminate ankylosis; not in conjunction with an extraction.	None
D7283	Placement of device to facilitate eruption of impacted tooth	Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.	Benefits are denied in the absence of orthodontic benefits

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7285</b>	Incisional biopsy of oral tissue – hard (bone, tooth)	For partial removal of specimen only. This procedure involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision.	None
<b>D7286</b>	Incisional Biopsy of oral tissue – soft	For partial removal of an architecturally intact specimen only. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision.	Fee for biopsy of oral tissue is not billable to the patient when performed by the same dentist/dental office in the same surgical area and on the same date of service.
<b>D7287</b>	Biopsy- exfoliative cytology sample collection	For collection of non-transepithelial cytology sample via mild scraping of the oral mucosa.	None
<b>General Policy</b> – This procedure is by report and subject to coverage under medical.			
<b>D7288</b>	Brush biopsy- transepithelial sample collection	For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa	None
<b>D7290</b>	Surgical repositioning of teeth	Grafting procedure(s) is/are additional	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7291</b>	Transseptal fiberotomy, supracrestal fiberotomy by report	The supraosseous connective tissue attachment is surgically severed around the involved teeth. Where there are adjacent teeth, the transseptal fiberotomy of a single tooth will involve a minimum of three teeth. Since the incisions are within the gingival sulcus and tissue and the root surface is not instrumented, this procedure heals by the reunion of connective tissue with the root surface on which viable periodontal tissue is present (reattachment).	None
<b>D7292</b>	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	None	<p>a. Benefits are denied as a specialized procedure.</p> <p>b. When the group/individual contract includes orthognathic surgery, the fee for D7292 is included in the surgery and is not billable to the patient.</p>
<b>D7293</b>	Placement of temporary anchorage device requiring flap; includes device removal	None	<p>a. Benefits are denied as a specialized procedure.</p> <p>b. When the group/individual contract includes orthognathic surgery, the fee for D7293 is included in the surgery and is not billable to the patient.</p>
<b>D7294</b>	Placement of temporary anchorage device without flap; includes device removal	None	<p>a. Benefits are denied as a specialized procedure.</p> <p>b. When the contract includes orthognathic surgery, the fee for D7294 is included in the surgery is not billable to the patient.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7295</b>	Harvest of bone for use in autogenous grafting procedure	Reported in addition to those autogenous graft placement procedures that do not include harvesting of bone	None
<b>D7296</b>	corticotomy – one to three teeth or tooth spaces, per quadrant	This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately.	Benefits for corticotomy procedures are denied as a specialized procedure.
<b>D7297</b>	corticotomy – four or more teeth or tooth spaces, per quadrant	This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately.	Benefits for corticotomy procedures are denied as a specialized procedure.
<b>D. D7300 – D7339 ALVEOLOPLASTY- PREPARATION OF RIDGE FOR DENTURES</b>			
<b>D7310</b>	Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces per quadrant	The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.	Alveoloplasty is included in the fee for extractions (D7140, D7210-D7250). Fees for D7310 are not billable to the patient if performed by the same dentist/dental office, in the same surgical area on the same date.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7311</b>	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.	Alveoloplasty is included in the fee for extractions (D7140, D7210-D7250). Fees for D7311 are not billable to the patient if performed by the same dentist/dental office, in the same surgical area on the same date.
<b>D7320</b>	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant	No extractions performed in an edentulous area. See D7310 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.	None
<b>D7321</b>	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No extractions performed in an edentulous area. See D7311 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.	Count tooth bounded spaces for D7321 partial quadrant code.
<b>E. D7340 - D7399 VESTIBULOPLASTY</b>			
<b>General Policy</b> - All procedures are by report and subject to coverage available under the medical plan.			
<b>D7340</b>	Vestibuloplasty - ridge extension (secondary epithelialization)	None	None
<b>D7350</b>	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	None	None

## F. D7400 - D7429 EXCISION OF SOFT TISSUE LESIONS (Includes non-odontogenic cysts)

**General Policy** - All procedures are by report and subject to coverage available under the medical plan.

**General policy** - If considered under dental, the pathology report is required. If no report is submitted, then the fee for the procedure is not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D7410	Excision of benign lesion up to 1.25 cm	None	None
D7411	Excision of benign lesion greater than 1.25 cm	None	None
D7412	Excision of benign lesion, complicated	Requires extensive undermining with advancement or rotational flap closure	None
D7413	Excision of malignant lesion up to 1.25 cm	None	None
D7414	Excision of malignant lesion greater than 1.25 cm	None	None
D7415	Excision of malignant lesion, complicated	Requires extensive undermining with advancement or rotational flap closure	The fee for D7410 and D7411 is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office.

## G. D7430 - D7469 EXCISION OF INTRA-OSSEOUS LESIONS

**General Policy** - All procedures are by report and are subject to coverage available under the medical plan.

D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	None	None
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	None	None
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	None	Fees for D7450 are not billable to the patient when done in the same area of the mouth on the same day by the same dentist/dental office as the surgery.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7451</b>	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	None	Fees for D7451 are not billable to the patient when done in the same area of the mouth on the same day by the same dentist/dental office as the surgery.
<b>D7460</b>	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	None	None
<b>D7461</b>	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	None	None
<b>D7465</b>	Destruction of lesion(s) by physical or chemical methods by report	Examples include using cryo, laser or electro surgery	None

## H. D7470 - D7599 EXCISION OF BONE TISSUE

**General Policy** - All procedures are by report and are subject to coverage available under the medical plan

<b>D7471</b>	Removal of lateral exostosis - (maxilla or mandible)	None	None
<b>D7472</b>	Removal of torus palatinus	None	None
<b>D7473</b>	Removal of torus mandibularis	None	None
<b>D7485</b>	Reduction of osseous tuberosity	None	None
<b>D7490</b>	Radical resection of mandible with bone graft	Partial resection of maxilla or mandible; removal of lesion and defect with margin of normal appearing bone. Reconstruction and bone grafts should be reported separately	None

## I. D7500 - D7599 SURGICAL INCISION

**General Policy** - All procedures are by report and are subject to coverage available under the medical plan.

<b>D7510</b>	Incision and drainage of abscess - intraoral soft tissue	Involves incision through mucosa, including periodontal origins	Fees for incision and drainage of abscess are not billable to the patient when submitted with all surgery (D7000-D7999), endodontic codes (D3000 D3999) and surgical periodontal procedures (D4210-D4278).
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CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7511</b>	Incision and drainage of abscess intraoral soft tissue-complicated (includes drainage of multiple fascial spaces)	Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis	Fees for incision and drainage are not billable to the patient when submitted with any oral surgery (D7000-D7999) or endodontic codes (D3000 -D3999).
<b>D7520</b>	Incision and drainage of abscess - extraoral soft tissue	Involves incision through skin	Incision and drainage of abscess - extraoral soft tissue is a benefit only if dental-related infection is present.
<b>D7521</b>	Incision and drainage of abscess extraoral soft tissue-complicated (includes drainage of multiple fascial spaces)	Incision is made extraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.	None
<b>D7530</b>	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	None	None
<b>D7540</b>	Removal of reaction-producing foreign bodies, musculoskeletal system	May include, but is not limited to, removal of splinters, pieces of wire, etc., from muscle and/or bone.	None
<b>D7550</b>	Partial ostectomy/sequestrectomy for removal of non-vital bone	Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply	None
<b>D7560</b>	Maxillary sinusotomy for removal of tooth fragment or foreign body	None	None

## J. D7600 - D7699 TREATMENT OF CLOSED FRACTURES

**General Policy** - All procedures are by report and are subject to coverage available under the medical plan.

**General Policy** - Fees for splinting, wiring or banding are not billable to the patient when performed on the same date of service by the same dentist/dental office rendering the primary procedure.

<b>D7610</b>	Maxilla - open reduction (teeth immobilized if present)	Teeth may be wired, banded or splinted together to prevent movement. Incision required for interosseous fixation	None
<b>D7620</b>	Maxilla - closed reduction (teeth immobilized if present)	No incision required to reduce fracture. See D7610 if interosseous fixation is applied	None



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7630</b>	Mandible - open reduction (teeth immobilized if present)	Teeth may be wired, banded or splinted together to prevent movement. Incision required to reduce fracture	None
<b>D7640</b>	Mandible - closed reduction (teeth immobilized if present)	No incision required to reduce fracture. See D7630 if interosseous fixation is applied	None
<b>D7650</b>	Malar and/or zygomatic arch - open reduction	None	None
<b>D7660</b>	Malar and/or zygomatic arch - closed reduction	None	None
<b>D7670</b>	Alveolus - closed reduction, may include stabilization of teeth	Teeth may be wired, banded or splinted together to prevent movement	None
<b>D7671</b>	Alveolus, open reduction, may include stabilization of teeth	Teeth may be wired, banded or splinted together to prevent movement	None
<b>D7680</b>	Facial bones - complicated reduction with fixation and multiple surgical approaches	Facial bones include upper and lower jaw, cheek, and bones around eyes, nose, and ears	None

## **K. D7700 - D7799 TREATMENT OF OPEN FRACTURES**

**General Policy** - All procedures are by report and are subject to coverage available under the medical plan.

**General Policy** - Fees for splinting, wiring or banding are not billable to the patient when performed on the same date of service by the same dentist/dental office rendering the primary procedure.

<b>D7710</b>	Maxilla - open reduction	Incision required to reduce fracture	None
<b>D7720</b>	Maxilla - closed reduction	None	None
<b>D7730</b>	Mandible - open reduction	Incision required to reduce fracture	None
<b>D7740</b>	Mandible - closed reduction	None	None
<b>D7750</b>	Malar and/or zygomatic arch - open reduction	Incision required to reduce fracture	None
<b>D7760</b>	Malar and/or zygomatic arch - closed reduction	None	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7770</b>	Alveolus - open reduction stabilization of teeth	Fractured bone(s) are exposed to mouth or outside the face. Incision required to reduce fracture	None
<b>D7771</b>	Alveolus closed reduction stabilization of teeth	Fractured bone(s) are exposed to mouth or outside the face	None
<b>D7780</b>	Facial bones - complicated reduction with fixation and multiple surgical approaches	Incision required to reduce fracture. Facial bones include upper and lower jaw, cheek, and bones around eyes, nose, and ears	None
<b>L. D7800 - D7899 REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS. PROCEDURES WHICH ARE AN INTEGRAL PART OF A PRIMARY PROCEDURE SHOULD NOT BE REPORTED SEPARATELY</b>			
<b>General Policy</b> - All procedures are by report and are subject to coverage under medical. The fees for procedures that are an integral part of a primary procedure in the same surgical area by the same dentist/dental office should not be reported separately and are not billable to the patient.			
<b>D7810</b>	Open reduction of dislocation	Access to TMJ via surgical opening.	None
<b>D7820</b>	Closed reduction of dislocation	Joint manipulated into place; no surgical exposure	None
<b>D7830</b>	Manipulation under anesthesia	Usually done under general anesthesia or intravenous sedation.	None
<b>D7840</b>	Condylectomy, by report	Removal of all or portion of the mandibular condyle (separate procedure).	None
<b>D7850</b>	Surgical discectomy, with/without implant	Excision of the intra-articular disc of a joint.	None
<b>D7852</b>	Disc repair	Repositioning and/or sculpting of disc; repair of perforated posterior attachment	None
<b>D7854</b>	Synovectomy	Excision of a portion or all of the synovial membrane of a joint.	None
<b>D7856</b>	Myotomy	Cutting of muscle for therapeutic purposes (separate procedure).	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7858</b>	Joint reconstruction	Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials	None
<b>D7860</b>	Arthrotomy, by report	Cutting into joint (separate procedure).	None
<b>D7865</b>	Arthroplasty, by report	Reduction of osseous components of the joint to create a pseudoarthrosis or eliminate an irregular remodeling pattern (osteophytes).	None
<b>D7870</b>	Arthrocentesis, by report	Descriptor: Withdrawal of fluid from a joint space by aspiration	None
<b>D7871</b>	Non arthroscopic lysis and lavage	Inflow and outflow catheters are placed into the joint space. The joint is lavaged and manipulated as indicated in an effort to release minor adhesions and synovial vacuum phenomenon as well as to remove inflammation products from the joint space.	The benefits for these services are denied unless the related TMJ services are covered under the group/individual contract.
<b>D7872</b>	Arthroscopy - diagnosis, with or without biopsy	Removal of adhesions using the arthroscope and lavage of the joint cavities	None
<b>D7873</b>	Arthroscopy - lavage and lysis of adhesions	None	None
<b>D7874</b>	Arthroscopy - disc repositioning and stabilization	Repositioning and stabilization of disc using arthroscopic techniques	None
<b>D7875</b>	Arthroscopy - synovectomy	Removal of inflamed and hyperplastic synovium (partial/complete) via an arthroscopic technique.	None
<b>D7876</b>	Arthroscopy - discectomy	Removal of disc and remodeled posterior attachment via the arthroscope	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7877</b>	Arthroscopy - debridement	Removal of pathologic hard and/or soft tissue using the arthroscope	None
<b>D7880</b>	Occlusal orthotic device, by report	Presently includes splints provided for treatment of temporomandibular joint dysfunction.	None
<b>D7881</b>	occlusal orthotic device adjustment	None	a. When covered by group/individual contract, fees for all adjustments within six months are not billable to the patient.  b. Benefited once per year following six months from initial placement.
<b>D7899</b>	Unspecified TMJ procedure, by report	Used for procedure that is not adequately described by a code. Describe procedure.	None
<b>M. D7900 - D7910 REPAIR OF TRAUMATIC WOUNDS</b>			
<b>General Policy</b> - Repair of traumatic wounds is limited to oral structures			
<b>D7910</b>	Suture of recent small wounds up to 5 cm	None	None
<b>N. D7911 - D7919 COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR METICULOUS CLOSURE)</b>			
<b>General Policy</b> - Complicated suturing is limited to oral structures.			
<b>D7911</b>	Suture of complex wounds up to 5 cm	None	None
<b>D7912</b>	Suture of complex wounds greater than 5 cm	None	None
<b>O. D7920 - D7999 OTHER REPAIR PROCEDURES</b>			
<b>General Policy</b> - All procedures except D7960, D7970 and D7971 are by report and are subject to coverage available under the medical plan			
<b>D7921</b>	Collection and application of autologous blood concentrate product	None	Benefits are DENIED as investigational.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7922</b>	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	This procedure can be performed at time and/or after extraction to aid in hemostasis. The socket is packed with hemostatic agent to aid in hemostasis and or clot stabilization.	Placement of an intra-socket biological dressing to aid in hemostasis or clot stabilization is considered part of the extraction and/or post-operative procedure and the fees are not billable to the patient.
<b>D7940</b>	Osteoplasty - for orthognathic deformities	Reconstruction of jaws for correction of congenital, developmental or acquired traumatic or surgical deformity	None
<b>D7941</b>	Osteotomy - mandibular rami	None	None
<b>D7920</b>	Skin graft (identify defect covered, location and type of graft)	None	None
<b>D7943</b>	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	None	None
<b>D7944</b>	Osteotomy - segmented or subapical - per sextant or quadrant	Report by range of tooth numbers within segment.	None
<b>D7945</b>	Osteotomy - body of mandible	Sectioning of lower jaw. This includes the exposure, bone cut, fixation, routine wound closure and normal post-operative follow-up care.	None
<b>D7946</b>	LeFort I (maxilla - total)	Sectioning of the upper jaw. This includes the exposure, bone cuts, downfracture, repositioning, fixation, routine wound closure and normal post-operative follow-up care.	None
<b>D7947</b>	LeFort I (maxilla - segmented)	When reporting a surgically assisted palatal expansion without downfracture, this code would entail a reduced service and should be by report.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7948</b>	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retusion) - without bone graft	Sectioning of upper jaw. This includes the exposure, bone cuts, downfracture, segmentation of maxilla, repositioning, fixation, routine wound closure and normal post-operative follow-up care.	None
<b>D7949</b>	LeFort II or LeFort III - with bone graft	Includes obtaining autografts	None
<b>D7950</b>	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla- autogenous or nonautogenous, by report	This procedure is for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. It includes obtaining graft material. Placement of a barrier membrane, if used, should be reported separately	a. Benefits for these procedures when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc., are denied as a specialized procedure.  b. Benefits for platelets are denied as investigational.
<b>D7951</b>	Sinus augmentation with bone or bone substitutes via a lateral open approach	The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.	a. Benefits for this procedure when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc., are denied as a specialized procedure.  b. Benefits for platelets are denied as investigational.
<b>D7952</b>	Sinus augmentation via a vertical approach	The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes.	Benefits for this procedure, when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc., are denied as a specialized procedure.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D7953	Bone replacement graft for ridge preservation - per site	Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.	<p>a. A site is equal to one tooth (extraction or implant removal site).</p> <p>b. Benefits for these procedures when billed in conjunction with implants, implant removal, ridge augmentation, extraction sites, periradicular surgery etc. are denied as an investigational procedure.</p>
	<b>General Policy</b> – Deny bone replacement grafts for natural teeth.		
D7955	Repair of maxillofacial soft and/or hard tissue defect	Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize graft materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches. This procedure does not include edentulous maxilla and mandibular reconstruction for prosthetic considerations.	None
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	Removal or release of mucosal and muscle elements of a buccal, labial or lingual frenum that is associated with a pathological condition, or interferes with proper oral development or treatment.	Fees for frenulectomy are not billable to the patient when billed on the same date as any other surgical procedure(s) in the same surgical area by the same dentist/dental office.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7963</b>	Frenuloplasty	Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure	Fees for frenuloplasty are not billable to the patient when billed on the same date of service as any other surgical procedure(s) in the same surgical site.
<b>D7970</b>	Excision of hyperplastic tissue - per arch	None	Fees for excision of hyperplastic tissue performed on the same date of service as another surgical procedure in the same surgical area by the same dentist/dental offices are not billable to the patient.
<b>D7971</b>	Excision of pericoronal gingiva	Removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.	Fees for excision of pericoronal gingiva performed on the same date of service as another surgical procedure in the same surgical area by the same dentist/dental office are not billable to the patient.
<b>D7972</b>	Surgical reduction of fibrous tuberosity	None	None
<b>D7979</b>	non - surgical sialolithotomy	A sialolith is removed from the gland or ductal portion of the gland without surgical incision into the gland or the duct of the gland; for example via manual manipulation, ductal dilation, or any other non-surgical method.	None
<b>D7980</b>	surgical sialolithotomy	None	None
<b>D7981</b>	Excision of salivary gland, by report	None	None
<b>D7982</b>	Sialodochoplasty	Procedure for the repair of a defect and/or restoration of a portion of a salivary gland duct.	None
<b>D7983</b>	Closure of salivary fistula	Closure of an opening between a salivary duct and/or gland and the cutaneous surface, or an opening into the oral cavity through other than the normal anatomic pathway.	None



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D7990</b>	Emergency tracheotomy	Formation of a tracheal opening usually below the cricoid cartilage to allow for respiratory exchange.	None
<b>D7991</b>	Coronoidectomy	Removal of the coronoid process of the mandible.	None
<b>D7995</b>	Synthetic graft - mandible or facial bones, by report	Includes allogenic material.	None
<b>D7996</b>	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	None	None
<b>D7997</b>	Appliance removal (not by dentist who placed appliance), includes removal of archbar	None	When covered, the fees are not billable to the patient 45 days following appliance placement
<b>D7998</b>	Intraoral placement of a fixation device not in conjunction with a fracture	The placement of intermaxillary fixation appliance for documented medically accepted treatments not in association with fractures.	None
<b>D7999</b>	Unspecified oral surgery procedure, by report	Descriptor: Used for procedure that is not adequately described by a code. Describe procedure	None

## D8000 – D8999 ORTHODONTICS

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

**General Policy** - Orthodontic treatment includes oral evaluations and all treatment must be performed by a licensed dentist or his or her supervised staff, acting within the scope of applicable law. Benefits for self-administered (or any type of “do it yourself”) orthodontics are denied.

### A. LIMITED ORTHODONTIC TREATMENT

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D8010	Limited orthodontic treatment of the primary dentition	None	None
D8020	Limited orthodontic treatment of the transitional dentition	None	None
D8030	Limited orthodontic treatment of the adolescent dentition	None	None
D8040	Limited orthodontic treatment of the adult dentition	None	None

### B. INTERCEPTIVE ORTHODONTIC TREATMENT

D8050	Interceptive orthodontic treatment of the primary dentition	None	None
D8060	Interceptive orthodontic treatment of the transitional dentition	None	None

### C. COMPREHENSIVE ORTHODONTIC TREATMENT

D8070	Comprehensive orthodontic treatment of the transitional dentition	None	None
D8080	Comprehensive orthodontic treatment of the adolescent dentition	None	None
D8090	Comprehensive orthodontic treatment of the adult dentition	None	None

**D. MINOR TREATMENT TO CONTROL HARMFUL HABITS**

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D8210</b>	Removable appliance therapy	Removable indicates patient can remove; includes appliances for thumb sucking and tongue thrusting	None
<b>D8220</b>	Fixed appliance therapy	Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting	None

**E. OTHER ORTHODONTIC SERVICES**

<b>D8660</b>	Pre-orthodontic treatment examination to monitor growth and development	Periodic observation of patient dentition, at intervals established by the dentist, to determine when orthodontic treatment should begin. Diagnostic procedures are documented separately	<p>a. Fees for D8660 are not billable to the patient with any other evaluation (D0120 – D0180). D8660 is included in the evaluation frequency limits - two per benefit year.</p> <p>b. Fees for D8660 are not billable to the patient when submitted with D8070, D8080, D8090.</p>
<b>D8670</b>	Periodic orthodontic treatment visit	None	None
<b>D8680</b>	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	None	<p>a. Fees for orthodontic retention are not billable to the patient within 24 months of placement by same dentist/dental office. Benefits are denied if performed by different dentist/dental office.</p> <p>b. Benefits submitted after 24 months are denied.</p>
<b>D8681</b>	Removable orthodontic retainer adjustment	None	Fees for removable orthodontic retainer adjustments are not billable to the patient if performed by the same dentist/dental office providing orthodontic treatment. Benefits are denied if performed by a different dentist/dental office.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D8690</b>	Orthodontic treatment (alternative billing to a contract fee)	Services provided by dentist other than original treating dentist. A method of payment between the provider and responsible party for services that reflect an open-ended fee arrangement.	None
<b>D8695</b>	Removal of fixed orthodontic appliance(s) – other than at conclusion of treatment	None	Benefits for patient requested removal of fixed orthodontic appliance(s) are denied.
<b>D8696</b>	Repair of orthodontic appliance – maxillary	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.	None
<b>D8697</b>	Repair of orthodontic appliance – mandibular	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.	None
<b>D8698</b>	Re-cement or re-bond fixed retainer – maxillary		<p>a. Fees are not billable to the patient anytime following placement of the fixed retainer by the same dentist/dental office.</p> <p>b. In the case where a different dentist/dental office is recementing/rebonding the fixed retainer a separate benefit may be given once in a lifetime.</p> <p>c. Benefits submitted after 24 months are for are denied.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D8699</b>	Re-cement or re-bond fixed retainer – mandibular		<p>a. Fees are not billable to the patient anytime following placement of the fixed retainer by the same dentist/dental office.</p> <p>b. In the case where a different dentist/dental office is recementing/rebonding the fixed retainer a separate benefit may be given once in a lifetime.</p> <p>c. Benefits submitted after 24 months are denied.</p>
<b>D8701</b>	repair of fixed retainer, includes reattachment – maxillary		<p>a. Fees are not billable to the patient within 24 months following placement of the fixed retainer by the same dentist/dental office.</p> <p>b. Benefits submitted after 24 months of placement is denied.</p> <p>c. In the case where a different dentist/dental office is recementing/rebonding the fixed retainer a separate benefit may be given once per lifetime.</p>
<b>D8702</b>	repair of fixed retainer, includes reattachment – mandibular		<p>a. Fees are not billable to the patient within 24 months following placement of the fixed retainer by the same dentist/dental office.</p> <p>b. Benefits submitted after 24 months of placement is denied.</p> <p>c. In the case where a different dentist/dental office is recementing/rebonding the fixed retainer a separate benefit may be given once per lifetime.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D8703</b>	replacement of lost or broken retainer – maxillary	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders	Benefits are denied within 12 months of completion of orthodontic treatment. After 12 months, benefit one per lifetime.
<b>D8704</b>	replacement of lost or broken retainer – mandibular	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders	Benefits are denied within 12 months of completion of orthodontic treatment. After 12 months, benefit one per lifetime.
<b>D8999</b>	Unspecified orthodontic procedure, by report	Used for procedure that is not adequately described by a code. Describe procedure.	None

## D9000 – D9999 ADJUNCTIVE GENERAL SERVICES

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

### A. D9000 - D9199 UNCLASSIFIED TREATMENT

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D9110	Palliative (emergency) treatment of dental pain - minor procedures	This is typically reported on a "per visit" basis for emergency treatment of dental pain.	<p>a. Fees for palliative treatment are not billable to the patient when submitted with all CDT procedures except radiographic images (D0210-D0340) and diagnostic procedure codes (D0120- D0180 and D0460) and is performed by the same dentist/dental office on the same date.</p> <p>b. Fees for palliative treatment in conjunction with root canal therapy are not billable to the patient by the same dentist/dental office on the same date of service.</p> <p>c. Fees for palliative treatment in conjunction with D3221 are not billable to the patient by the same dentist/dental office.</p>
D9120	Fixed partial denture sectioning	Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.	<p>a. This procedure is only a benefit if a portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment.</p> <p>b. Fees are not billable to the patient when submitted with removal and replacement of a fixed prosthesis.</p> <p>c. Fees for polishing and recontouring of the retained portion of the prosthesis are not billable to the patient.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D9130	temporomandibular joint dysfunction – non-invasive physical therapies	Therapy including but not limited to massage, diathemy, ultrasound or cold application to provide relief from muscle spasms, inflammation or pain intending to improve freedom of motion and joint function. This should be reported on a per session basis.	None
<b>B. D9200 - D9299 ANESTHESIA</b>			
<b>General Policy</b> - General anesthesia and intravenous sedation are limited to one hour. Any additional minutes are not billable to the patient unless clinical documentation (e.g. anesthesia record) supports more than an hour was necessary.			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	None	None
D9211	Regional block anesthesia	None	None
D9212	Trigeminal division block anesthesia	None	None
D9215	Local anesthesia in conjunction with operative or surgical procedures	None	Fees for local anesthesia are not billable to the patient.
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	None	Fees for evaluation for moderate sedation, deep sedation or general anesthesia are not billable to the patient with moderate, deep sedation or general anesthesia.



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9222</b>	deep sedation/general anesthesia – first 15 minute increment	<p>Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.</p> <p>The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.</p>	<p>a. Deep sedation/general anesthesia is a benefit only in conjunction with oral surgical procedures (D7000-D7999) when covered, or when necessary due to concurrent medical conditions.</p> <p>b. Fees for more than one hour of deep sedation or general anesthesia for routine dental procedures are not billable to the patient.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9223</b>	deep sedation/general anesthesia – each subsequent 15 minute increment		<p>a. Deep sedation/general anesthesia is a benefit only in conjunction with oral surgical procedures (D7000-D7999) when covered, or when necessary due to concurrent medical conditions. Otherwise, the benefit for deep sedation/general anesthesia is denied.</p> <p>b. Fees for more than one hour of deep sedation or general anesthesia for routine dental procedures are not billable to the patient.</p> <p>c. The benefit for deep sedation/general anesthesia is denied when billed by anyone other than an appropriately licensed and qualified provider.</p>
<b>D9230</b>	Inhalation of nitrous oxide/anxiolysis, analgesia	None	<p>When covered by group/individual contract;</p> <p>a. Fees for multiple D9230 are not billable to the patient on the same date of service.</p> <p>b. Fees for D9230 are not billable to the patient in conjunction with IV sedation and general anesthesia.</p>

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9239</b>	intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.	a. Intravenous moderate (conscious) sedation/analgesia is a benefit only in conjunction with oral surgical procedures (D7000-D7999) when covered, or when necessary due to concurrent medical conditions. Otherwise, the benefit for intravenous moderate (conscious) sedation/analgesia is denied.  b. Fees for more than one hour of intravenous moderate (conscious) sedation for routine dental procedures are not billable to the patient

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9243</b>	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.	a. Intravenous moderate (conscious) sedation/analgesia is a benefit only in conjunction with oral surgical procedures (D7000-D7999) when covered, or when necessary due to concurrent medical conditions. Otherwise, the benefit for intravenous moderate (conscious) sedation/analgesia is denied.  b. Fees for more than one hour of intravenous moderate (conscious) sedation for routine dental procedures are not billable to the patient.
<b>D9248</b>	Non-intravenous (conscious) sedation	None	None

**C. D9300 - D9399 PROFESSIONAL CONSULTATION**

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9310</b>	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.	Fees for the consultation are not billable to the patient when billed in conjunction with an evaluation by the same dentist/dental office.
<b>D9311</b>	Consultation with medical health care professional	Treating dentist consults with health care professional concerning medical issues that may affect patient's planned dental treatment.	Fees for the consultation with a health care professional concerning medical issues are not billable to the patient.

**D. D9400 - D9599 PROFESSIONAL VISITS**

**General Policy** - Benefits are denied unless covered by group/individual contract.

<b>D9410</b>	House/extended care facility call	Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed.	None
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CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9420</b>	Hospital or ambulatory surgical center call	Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.	None
<b>D9430</b>	Office visit for observation (during regularly scheduled hours) - no other services performed	None	Fees for an office visit for observation are not billable to the patient when billed with other procedures.
<b>D9440</b>	Office visit - after regularly scheduled hours	None	None
<b>D9450</b>	Case presentation, detailed and extensive treatment planning	Established patient. Not performed on same day as evaluation	None
<b>E. D9600 - D9899 DRUGS</b>			
<b>General Policy</b> – Benefits are denied unless covered by group/individual contract.			
<b>D9610</b>	Therapeutic drug injection, by report	Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9612</b>	Therapeutic parenteral drugs, two or more administrations, different medications	Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. This code should not be used to report administration of sedatives, anesthetic or reversal agents. This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date.	None
<b>D9613</b>	infiltration of sustained release therapeutic drug – single or multiple sites	Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes.	Benefits for infiltration of sustained release therapeutic drug are denied as a specialized procedure.
<b>D9630</b>	Drugs or medicaments dispensed in the office for home use, by report	Includes, but is not limited to oral antibiotics, oral analgesics, and topical fluoride; does not include writing prescriptions.	None

## F. D9900 - D9999 MISCELLANEOUS SERVICES

**General Policy** – Benefits are denied unless covered by group/individual contract.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9910</b>	Application of desensitizing medicaments	Includes in-office treatment for root sensitivity. Typically reported on a "per visit" basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.	None
<b>D9911</b>	Application of desensitizing resin for cervical and/or root surface, per tooth	Typically reported on a "per tooth" basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives used under restorations.	None
<b>D9920</b>	Behavior management, by report	May be reported in addition to treatment provided. Should be reported in 15-minute increments.	None
<b>D9930</b>	Treatment of complications (postsurgical) - unusual circumstances, by report	For example, treatment of a dry socket following extraction or removal of bony sequestrum.	Fees for dry socket are not billable to the patient 30 days following the extraction and included in the fee for the extraction by the same dentist/dental office.
<b>D9932</b>	cleaning and inspection of removable complete denture, maxillary	This procedure does not include any adjustments.	Fees for cleaning and inspection of a removable complete denture are not billable to the patient when done with a reline or rebase procedure. In all other instances, benefits for cleaning and inspection of a removable complete denture are denied.



CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9933</b>	cleaning and inspection of removable complete denture, mandibular	This procedure does not include any adjustments.	Fees for cleaning and inspection of a removable complete denture are not billable to the patient when done with a reline or rebase procedure. In all other instances, benefits for cleaning and inspection of a removable complete denture are denied.
<b>D9934</b>	cleaning and inspection of removable partial denture, maxillary	This procedure does not include any adjustments.	Fees for cleaning and inspection of a removable partial denture are not billable to the patient when done with a reline or rebase procedure. In all other instances, benefits for cleaning and inspection of a removable partial denture are denied.
<b>D9935</b>	cleaning and inspection of removable partial denture, mandibular	This procedure does not include any adjustments.	Fees for cleaning and inspection of a removable partial denture are not billable to the patient when done with a reline or rebase procedure. In all other instances, benefits for cleaning and inspection of a removable partial denture are denied.
<b>D9941</b>	Fabrication of athletic mouthguard	None	a. Benefit once every 24 months for patients 18 and younger.  b. For patients over age 18, benefits for D9941 are denied.
<b>D9942</b>	Repair and/or reline of an occlusal guard	None	When covered by group/individual contract, fees for repair or reline of an occlusal guard are not billable to the patient if performed by the same dentist/dental office within six months of initial placement.
<b>D9943</b>	occlusal guard adjustment	None	When covered by group/individual contract, fees for adjustment of an occlusal guard are not billable to the patient if performed by the same dentist/dental office within six months are not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9944</b>	occlusal guard – hard appliance, full arch	Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances	None
<b>D9945</b>	occlusal guard – soft appliance, full arch	Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	None
<b>D9946</b>	occlusal guard – hard appliance, partial arch	Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	None
<b>D9950</b>	Occlusion analysis - mounted case, including all related procedures	Includes, but is not limited to, facebow, interocclusal records tracings, and diagnostic wax-up; for diagnostic casts, see D0470.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
D9951	Occlusal adjustment - limited	May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a “per visit” basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9952</b>	Occlusal adjustment – complete	Occlusal adjustment may require several appointments of varying length, and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be utilized for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma.	None
<b>D9961</b>	duplicate/copy patient's records	None	None
<b>D9970</b>	Enamel microabrasion	The removal of discolored surface enamel defects resulting from altered mineralization or decalcification of the superficial enamel layer. Submit per treatment visit.	None

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9971</b>	Odontoplasty 1-2 teeth; Includes removal of enamel projections	None	None
<b>D9972</b>	External Bleaching per arch- performed in office	None	None
<b>D9973</b>	External Bleaching per tooth	None	None
<b>D9974</b>	Internal Bleaching per tooth	None	None
<b>D9975</b>	External Bleaching for home applications, per arch; includes materials and fabrication of custom trays	None	None
<b>D9985</b>	Sales Tax	None	None
<b>D9986</b>	Missed appointment	None	None
<b>D9987</b>	Cancelled appointment	None	None
<b>D9990</b>	certified translation or sign language services- per visit	None	Fees for translation services are considered inclusive in overall patient management and are not billable to the patient.
<b>D9991</b>	Dental case management – addressing appointment compliance barriers.	Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers.	Fees for action taken to schedule and assure compliance with patient appointments are inclusive with office operations and are not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9992</b>	Dental case management – care coordination	Assisting in a patient’s decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.	Fees for care coordination are considered inclusive in overall patient management and are not billable to the patient.
<b>D9993</b>	Dental case management – motivational interviewing	Patient-centered, personalized counseling using methods such as Motivational Interviewing (MI) to identify and modify behaviors interfering with positive oral health outcomes. This is a separate service from traditional nutritional or tobacco counseling.	Fees for motivational interviewing are not billable to the patient when submitted on same date of service as D1310, D1320, D1330.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9994</b>	Dental case management-patient education to improve oral health literacy	Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which require the expenditure of time and resources beyond that of an oral evaluation or case presentation.	Fees for patient education to improve oral health literacy are not billable to the patient when submitted on same date of service as D1310, D1320, D1330.
<b>D9995</b>	teledentistry – synchronous; real-time encounter	Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.	Fees for teledentistry - synchronous are considered inclusive in overall patient management and are not billable to the patient.
<b>D9996</b>	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service	Fees for teledentistry - asynchronous are considered inclusive in overall patient management and are not billable to the patient.

CDT Code	ADA CDT Nomenclature	ADA CDT Descriptor	Delta Dental Policy
<b>D9997</b>	dental case management – patients with special health care needs	Special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations, which require that modifications be made to delivery of treatment to provide comprehensive oral health care services.	Fees for patients with special health care needs are considered administrative and used to identify services provided to a particular type of patient and are not billable to the patient.
<b>D9999</b>	Unspecified adjunctive procedure, by report	None	None