
WV Children's Health Insurance Program Dental Provider Guide 2013-2014



Precertification: 1-800-356-2392, Option 3

WVCHIP Helpline 1-877-982-2447

www.chip.wv.gov

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DEAR DENTAL PROVIDER:

IMPORTANT!

You assure dental access to kids by updating our website.

Since passage of the Children's Health Insurance Program Reauthorization Act (CHIPRA) in 2009, all CHIP and Medicaid programs are required to provide an electronic list of dental providers to post on a public website. The listing helps CHIP members identify local dental providers who are available to provide services.

The initial posting of an electronic list was on the **InsureKidsNow.gov** website in August 2009. In the past our state maintained unpublicized lists so we could help refer members to a dentist who participates in CHIP and/or Medicaid in their local area. An electronic list now allows the public to access this information and dental practices can show if they are currently accepting new CHIP and/or Medicaid patients.

TO PROVIDE PRACTICE UPDATES:

*Please review your listing on the **InsureKidsNow.gov** website. Copy and fill out the form in Appendix A of this Manual if any information has changed, such as adding a new provider to your practice, change of address, phone number, or if anyone left your practice or retired. Fill in all areas of the form, and fax to WVCHIP office at (304) 558-2741.*

ACCEPTING NEW PATIENTS?

Since many dental providers offer CHIP and/or Medicaid services to a limited number of CHIP/Medicaid patients, please review the section that shows whether you currently accept new patients. **We update this list on a quarterly basis.** These regularly scheduled updates will encourage more complete and accurate listings of actively practicing dentists to assure the best possible access for children and families of our state.

For any questions regarding this notice, please contact Candace Vance, Health Benefits and Claims Analyst at (304) 957-7863. Thanks for helping children and families by providing up-to-date information on dental services in the quickest and most convenient way!

DENTAL SERVICES

The WVCHIP Benefit Plan covers a full range of health care services, including dental care. WVCHIP member families receive a copy of the Summary Plan Description (SPD) each July and upon enrollment in the program. The SPD provides information on benefits, requirements for coverage, and cost participation required by the family. The dental benefit plan year begins on January 1st and ends on December 31st each year. Benefit maximums and coverage of services is determined based on the Plan Year. Also, some dental services require prior authorization before the plan will cover them. Prior authorization requirements apply to **all** enrollment groups.

Most dental services require no copays, but **WVCHIP Premium members have \$25.00 copays for most non-preventive dental procedures with maximum copays of \$100.00 per member per benefit year and a \$150.00 maximum per family per benefit year. Families are informed that they have met their maximum copayment amount on the Explanation of Benefits (EOB) form. Providers can also check on copay status by calling HealthSmart at 1-800-356-2392. A Note About Dental Copayments -** Unlike most copayments that are assessed per visit, dental copayments are **per service category**. Therefore, if two procedures requiring copayments are completed during a visit, the total copayment paid by the family is \$50.00.

New Medical Oral Health Infant Program: Effective October 1, 2011, the West Virginia Children's Health Insurance Program (WVCHIP) began reimbursing primary care providers for the application of fluoride varnish to children ages six (6) months to under 36 months (3 years) who are at high risk of developing dental caries. To be eligible for payment of this service, providers must be certified through training for fluoride varnish application offered by the West Virginia University School of Dentistry. The medical professional must complete the program in two sequential phases. Phase 1 consists of an on-line training, and Phase 2 consists of a live, face-to-face training led by an Oral Health Champion (dentist and/or dental hygienist). The cost of Phase 1 is \$40 and can be accessed by going to <http://dentistry.hsc.wvu.edu/Oral-Health/WVInfantOH>. Once Phase 1 is successfully completed, WVU School of Dentistry will facilitate scheduling of Phase 2. Phase 2 will be conducted in the local area where the primary care provider practices, preferably in their office or possibly at another local venue.

The application of the fluoride varnish should include communication with and counseling of the child's caregiver, including a referral to a dentist. WVCHIP allows coverage for two fluoride varnish applications per year (one every six months). The first application must be provided and billed in conjunction with a comprehensive well-child exam. If you know of a physician who is interested in providing this service, please refer them to www.hsc.wvu.edu/sod/oral-health for more information regarding the required training. For more information, please refer to the

Medical Infant/Child Health Program Fluoride Varnish by Primary Care Practitioners WVCHIP Coverage Policy found at our web site at www.chip.wv.gov.

WVCHIP BENEFIT PLANS

A member card is issued within 15 days of the child's enrollment in WVCHIP or after any change in coverage. This card is used for medical, dental and prescription drug coverage and is effective the full 12 months that a child is enrolled and covered by the WVCHIP unless coverage ends. Duplicate cards are issued when a card is reported lost, stolen or damaged.

The benefit plan is marked on the insurance card. All children insured under WVCHIP participate in some level of cost sharing (copayments and premiums) that is indicated by the benefit plan. Each card shows the insured child's name and identification number.

WVCHIP Gold Plan – No dental copayments; no deductibles

WVCHIP Blue Plan – No dental copayments; no deductibles

WVCHIP Premium – \$25.00 copayments for some dental procedures, with maximum copayments of \$100.00 per child per benefit year or \$150.00 per family per benefit year. Please refer to the Appendix B for procedures that require copayments.

NOTE: WVCHIP members that are registered under the federal exception for Native Americans or Alaskan Natives have NO cost sharing, regardless of their benefit plan.

Diagnostic, Preventive and other Dental Services that do **NOT** require precertification

The following dental procedures are covered by WVCHIP and require no precertification unless benefit maximums are exceeded:

Preventive/Diagnostic: Covered 100% - no copayment

- ◆ Dental examinations every six months
- ◆ Cleaning every six months
- ◆ Fluoride treatment every six months
 - D1203 - Topical application of fluoride – child
 - D1204 - Topical application of fluoride – adult
 - D1206 – Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
- ◆ Bitewings every six months
- ◆ Full mouth x-rays every 36 months (Panorex)
 - It is the member's responsibility to provide x-rays for any consults ordered or for additional services ordered from a new dental provider if the plan has already covered the maximum amount during the benefit year
- ◆ Sealants (One sealant per tooth per three years)
 - A resinous material designed to be applied to the occlusal surfaces of posterior teeth to prevent occlusal caries.
- ◆ Treatment of abscesses, including initial office visit and follow-up
- ◆ Analgesia
- ◆ IV/Conscious Sedation
- ◆ Other x-rays (covered in connection with another service)
- ◆ Consultations
- ◆ Space Maintainers

Restorative: *

- ◆ Fillings as needed

Endodontics/Root Canals: *

- ◆ Pulpotomy
- ◆ Root canal

Surgery/Extractions: *

- ◆ Simple extractions
- ◆ Extractions – impacted (covered under medical and requires PA if performed as outpatient procedure)
- ◆ Extractions related to an abscess and root canal therapy
- ◆ Removal of dental related cysts under a tooth or on a gum, including x-rays needed to diagnose the condition
- ◆ Frenulectomy (frenectomy or frenotomy)
- ◆ Biopsy of oral tissue

Diagnostic, Preventive and Other Dental Services that do NOT require precertification (cont.)

Other Basic Covered Services: *

- ◆ Analgesia
- ◆ IV/Conscious Sedation
- ◆ Palliative Treatment
- ◆ Other X-rays (covered in connection with another covered service)
- ◆ Consultations

*** WVCHIP Premium Copays apply to these categories.**

Dental Services Requiring Precertification

The services listed below are covered when medically necessary and approved through the precertification process. Please call HealthSmart at **1-800-356-2392 (choose Option 3)**, prior to performing the service to assure it will be covered. **If the request for prior authorization is denied, WVCHIP will not cover the cost of the procedure.**

Prosthodontics *

- ◆ Complete dentures (including routine post-delivery care)
- ◆ Partial dentures (including routine post-delivery care)
- ◆ Adjustments to dentures
- ◆ Repairs to complete dentures
- ◆ Repairs to partial dentures
- ◆ Denture rebase procedures
- ◆ Denture relines procedures

Restorative/Periodontics Services *

- ◆ Dental crowns- 1 every 5 years
- ◆ Gingivectomy or gingivoplasty – 1 per quadrant/per year
- ◆ Osseous surgery – 1 per quadrant/per year

- ◆ Periodontal scaling and root planing – 1 per quadrant/per year
- ◆ Full mouth debridement – 1 every 6 months
- ◆ Orthognathic surgery
- ◆ Prosthodontics – covered for certain medically necessary conditions

Dental Services Requiring Precertification (cont)

- ◆ **Accident Related Dental Services:** The Least Expensive Professional Acceptable Alternative Treatment (LEPAAT) for accident-related dental services is covered when provided within six (6) months of an accident and required to restore damaged tooth structures. The initial treatment must begin within 72 hours of the accident. Biting and chewing accidents are not covered. Services provided more than six (6) months after the accident are not covered. **Note:** For children under the age of 16, the six-month limitation may be extended if a treatment plan is provided within the initial six months and approved by HealthSmart.

Emergency Dental Services: Medically necessary adjunctive services that directly support the delivery of dental procedures, which, in the judgment of the dentist, are necessary for the provision of optimal quality therapeutic and preventive oral care to patients with medical, physical or behavioral conditions. These services include but are not limited to sedation, general anesthesia, and utilization of outpatient or inpatient surgical facilities. Contact HealthSmart for more information.

Orthodontic Services: (*) Orthodontic services are covered if medically necessary for WVCHIP members with malocclusion that create disabilities and/or impair their physical development. Coverage is not automatic and service must be precertified by HealthSmart. Orthodontic coverage is limited to services medically necessary to correct dento-facial anomalies. The following conditions will be considered for coverage with supporting documentation:

- Member with syndromes or craniofacial anomalies such as cleft palate, Alperst Syndrome or craniofacial dysplasia
- Severe malocclusion associated with dento-facial deformity (e.g. a patient with a full tooth Class II malocclusion with a demonstrable impinging overbite into the palate)

A standard American Board of Orthodontics (ABO) series of photographs, including 3 extra-oral and 5 intra-oral views (see examples on Page 9) must be submitted with all requests for precertification. Requests for precertification submitted with photographs that are not of diagnostic quality will be returned without review. Failure to submit any of the following documentation will result in a denial of the request for orthodontic services:

- Panoramic Film
- Cephalometric Tracing
- Cephalometric X-ray
- Photographs – A standard series of 5 Intra and 3 Extra Oral photographs that meets the American Board of Orthodontics standards
- Treatment Plan, including findings, diagnosis, prognosis, length of treatment, and phases of treatment

Precertification requests that are denied by initial review may be appealed. Upper and lower study casts trimmed to the correct occlusion may be requested for a second level review. Failure to trim study casts to correct occlusion will delay decision.

Note: *Retrospective review is available for WVCHIP members in instances where it is in the dental practitioner's opinion that a procedure that requires precertification is medically necessary and per recommended dental practices, and that delaying the procedure may subject the member to unnecessary or duplicative service, or will negatively impact the member's condition. In these instances, a request for precertification MUST be made by the provider within 10 business days of the date the service is performed. If the procedure does NOT meet medical necessity criteria upon review by HealthSmart then the precertification request will be DENIED and WVCHIP will not reimburse the provider for the service. Precertification DOES NOT assure eligibility or payment of benefits under this Plan.*

Examples of AAO Photographs (extra-oral and intro-oral)



DR. ORTHODONTIST, D.D.S.
123 MAIN STREET
ANYTOWN, WV 12345
(555) 555-1212

PATIENT: JANE DOE
DATE: JANUARY 1, 2011
RECORDS: FINAL
AGE: 29



**Precertification from HealthSmart assures that the claim will be paid when submitted EXCEPT when a child has disenrolled from the plan on or before the date of service. If the request for precertification is denied, families will be responsible for paying for the procedure if the child has it.*

Note: Comprehensive orthodontic treatment is payable only once in the member's lifetime.

Dental Services Not Covered

- ◆ Treatment of temporomandibular joint (TMJ) disorders
- ◆ Intraoral prosthetic devices or any other method of treatment to alter vertical dimension or for TMJ not caused by disease or physical trauma
- ◆ Antibiotic Injections
- ◆ Tests/Lab Exams
- ◆ Onlays/Inlays
- ◆ Orthodontic services for cosmetic purposes
- ◆ Gold Restorations
- ◆ Precision Attachments
- ◆ Replacements of crowns (covered once every 5 years)
- ◆ Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
- ◆ Charges for copies of member records, charts or x-rays, or any costs associated with forwarding/ mailing copies of members records, charts or x-rays
- ◆ Fees submitted by a dentist which is for the same services performed on the same date for the same member by another dentist
- ◆ Duplicate, provisional and temporary devices, appliances and services
- ◆ Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan
- ◆ Adjustment of a denture or bridgework which is made within 6 months after installation by the same dentist who installed it
- ◆ Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners
- ◆ Fabrication of athletic mouth guard
- ◆ Dental implants and related services
- ◆ Experimental/investigational or services for research purposes
- ◆ Splinting
- ◆ Out of state providers unless prior approval is obtained
- ◆ Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law
- ◆ Telephone consultations
- ◆ **Any charges/services that are covered in whole or in part by another plan**
- ◆ Any other procedure not listed as covered

Timely Claims Filing

Dental claims must be filed within **six months** of the date of service. Claims not submitted within this period will not be paid, and WVCHIP will not be responsible for payment.

Members are responsible for presenting the appropriate member card indicating coverage at the time of service. Members are responsible for payment for service if they neglect to provide the appropriate member card for coverage that causes the provider to miss the timely claims filing limitations.

Claims Filing Instructions

Instructions to the Dentist:

1. Prior to commencement of treatment, compile a treatment plan describing treatment and corresponding fees and submit to HealthSmart for predetermination of benefits.
2. If treatment plan includes crowns or bridgework, please include mounted x-rays.

Submit all claim forms and invoices to the address below.

HealthSmart
P.O. Box 2451
Charleston, WV 25329-2451
Toll Free: 304-353-7820 or toll free 800-356-2392
Fax: 304-353-8716

Appealing Health Services

Appeal Process

Each WVCHIP member and provider is assured a right to have a review of health services matters under this Plan. Health services matters may include (but are not limited to) such issues as correct or timely claims payment; a delay, reduction, a denial of a service, including pre-service decisions; and suspension or termination of a service, including the type and level of service. This same process can apply to prescription drugs or supplies available through the Plan.

Exception from Review: WVCHIP does not provide a right to review any matter whose only satisfactory remedy or decision would require automatic changes to the program's State Plan, or in Federal or State law governing eligibility, enrollment, the design of the covered benefits package that affects all applicants or enrollees or groups of applicants or enrollees, without respect to their individual circumstances.

WVCHIP assures the right of appeal in three steps or levels, except for emergencies, as described below.

1st level: The member, provider or representative must start the process within 60 days of learning of the denial of payment for service.

To start the appeal process, contact HealthSmart [contact information on page 11] to explain the issue. This allows them to review the issue and present information concerning actions they have taken (such as a benefit limit, timely filing issue, etc.). In most cases, they will give the needed information on the date of this phone contact. They will give a response no later than 7 days after the initial phone contact with them.

2nd level: If the information the member or provider receives after taking the first step does not resolve the issue, the member or provider must take it to this next step within 30 days after the 1st level response.

The member or provider must write a letter explaining the problem and why there is continued disagreement with the information or response at the 1st level. All information pertinent to the appeal must be included with the request:

1. a written statement explaining the issue
2. all copies of supporting documents or statements that have been provided about the issue
3. a copy of the denied claim (the Explanation of Benefits) and/or written statement provided to either the member or provider by HealthSmart
4. appeal letters in Level 2 should be mailed to:

Incorrect Payment, Dental
Timely Filing, Dental

**HealthSmart P.O. Box 2451
Charleston, WV 25329
1-800-356-2392**

Appealing Health Services (Cont)

A written response will be issued within 30 days. For payment issues the claim will be reprocessed for payment if that is the proper resolution. For all other issues, a letter explaining the actions they are prepared to take, or the reasons for their action with respect to benefits (an Explanation of Benefits).

3rd level: After receiving the written response, the member or provider may appeal this decision to a third step review by requesting that the Executive Director review the Level 2 case file. Copies of all written statements of facts, issues, letters and relevant information provided in the case file must be mailed to:

**WVCHIP
Executive Director
2 Hale Street, Suite 101
Charleston, West Virginia 25301**

Within 30 days, the Director will send a written decision which takes into account all written materials provided by both parties at Level 3. The decision will explain whether the actions taken at Level 2 will be upheld or changed. If the issue of appeal is about clinical or medical matters, the Executive Director may consider a review by the consulting Medical Director.

Total Time Limit for the Appeal Process

Many appeals are decided within thirty (30) days; however, any appeal must be completed within ninety (90) days from the date of the initial phone contact to the issuance of a written decision at Step 3.

IMPORTANT NOTE: Emergency Medical Condition Process

In cases when the standard time frame could jeopardize the health or life of a member, an expedited review process may take place within 72 hours (or up to a maximum of 14 days, if the member requests an extension). After starting Level 1, and making a written notice by facsimile copy of a request for an emergency review, you may go directly to Level 3 for resolution.

Appendix A
Dental Provider Information Fax

Name of Practice: _____

Phone #: _____ Fax: _____ Email: _____

Physical Address _____

City: _____ State: _____ ZIP: _____

Website Address: _____

NPI #* _____ or State Medicaid#: * _____

List Providers in Practice:

Last Name _____, First Name _____

Phone # (if different from practice) _____

Address (if different from practice) _____

NPI # _____ or State Medicaid#: _____

Provider Affiliation: Private Practice _____
Community Health Center _____
Health Department _____
Other _____

Active Status: Yes _____ No _____

Provider Specialty: General Dentist _____
Pediatric Dentist _____
Oral Surgeon _____
Orthodontist _____
Endodontist _____
Periodontist _____
Number of Dental Hygienists: _____

Accepts New Patients: _____ (Y/N) Can Provide Sedation: _____ (Y/N)

Can accommodate Special Needs: _____ (Y/N)

Can provide services for children with mobility limitations: _____ (Y/N)

Can provide services for children who may have difficulty communicating or cooperating: _____ (Y/N)

****Please copy sheet and use for each practitioner in the group.**

Please fax back to WVCHIP at 304-558-2741 or email to paula.m.atkinson@wv.gov.

Appendix B – Dental Procedure Codes

PRECERTIFICATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED

CDT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
DIAGNOSTIC				
CLINICAL ORAL EVALUATION				
D0120	Periodic oral examination	1 per 6 months	Not billable with D0140, D0145, D0150 or D9310	
D0140	Limited oral evaluation – problem focused	Emergency	Not billable with D0120, D0145, D0150 or D9310	
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver	1 per 6 months	Age restriction up to 36 months. Not billable with D0120, D0140, D0150 or D9310	
D0150	Comprehensive oral evaluation – new or established patient	1 per year	Not billable with D0120, D0140, D0145 or D9310	
RADIOGRAPH/DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)				
D0210	Intraoral complete series of radiographic images	1 per 2 years	Not billable with D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0273 or D0274	
D0220	Intraoral periapical – first radiographic image	1 per day	Not billable with D0210 or D0240	
D0230	Intraoral periapical each additional radiographic image	8 per 3 months	Not billable with D0120, D0240. Must be billed with D0220	
D0240	Intraoral occlusal radiographic image	1 per 6 months	Not billable with D0120, D0220, or D0230	
D0250	Extraoral – first radiographic image	1 per 3 years		
D0260	Extraoral – each additional radiographic image	3 per 3 years	Must be billed with D0250	
D0270	Bitewings – single radiographic image	4 per year	Not billable with D0210, D0272, D0273 or D0274	
D0272	Bitewings – two radiographic images	1 per year	Not billable with D0210, D0273 or D0274	
D0273	Bitewings – three radiographic images	1 per year	Not billable with D0210, D0272 or D0274	
D0274	Bitewings – four radiographic images	1 per year	Not billable with D0210, D0272, or D0273	
D0290	Posterior/anterior or lateral skull and facial bone survey radiographic image	2 per year		
D0310	Sialography			
D0330	Panoramic radiographic image	1 per 3 years		

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D0340	Cephalometric radiographic image	1 per year		
D0350	Oral/facial photographic image		This code excludes conventional radiographics – For orthodontics	
TESTS AND EXAMINATIONS				
D0470	Diagnostic study models	2 per year		
PREVENTIVE				
DENTAL PROPHYLAXIS				
D1110	Prophylaxis – adult	1 per 6 mo.	13 – 19 years of age; not reimbursable with D1120	
D1120	Prophylaxis – child	1 per 6 mo.	Up to 13 years of age; not reimbursable with D1110	
TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)				
D1206	Topical application of fluoride varnish	2 per year		
D1208	Topical application of fluoride	2 per year	Replaces Codes D1203 and D1204; effective 1/1/2013	
OTHER PREVENTIVE SERVICES				
D1351	Sealant – per tooth (posterior teeth)	1 sealant per tooth per 3 years	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration. Requires dental areas configuration.	
SPACE MAINTENANCE (PASSIVE APPLIANCES)				\$25
D1510	Space maintainer – fixed unilateral	4 per year	Per quadrant – 10=UR, 20=UL, 30=LL, 40=UR must be included on claim form for payment consideration. Must be billed with the number codes	
D1515	Space maintainer – fixed bilateral	2 per year	Upper arch=01 or lower arch=02 must be included on claim form for payment consideration. Must be billed with the number codes.	
D1520	Space maintainer – removable – unilateral	4 per year	See D1510	
D1525	Space maintainer – removable – bilateral	2 per year	See D1515	
D1550	Re-cementation of space maintainer	1 per year		

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
RESTORATIVE				
AMALGAM RESTORATIONS (INCLUDING POLISHING)				\$25
D2140	Amalgam – one surface, primary or permanent	5 surfaces per tooth # per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents) liners, bases & local anesthesia are included in the fee and may not be billed separately. Reimbursement is not available when surface filling has been billed for the same tooth on the same day. Radiographs with documentation must be documented in the medical record for date of service.	
D2150	Amalgam – two surfaces, primary or permanent	5 surfaces per tooth # per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents) liners, bases & local anesthesia are included in the fee and may not be billed separately. Reimbursement is not available when surface filling has been billed for the same tooth on the same day. Radiographs with documentation must be documented in the medical record for date of service.	
D2160	Amalgam – three surfaces, primary or permanent	5 surfaces per tooth # per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents) liners, bases & local anesthesia are included in the fee and may not be billed separately. Reimbursement is not available when surface filling has been billed for the same tooth on the same day. Radiographs with documentation must be documented in the medical record for date of service.	
D2161	Amalgam – four or more surfaces, primary or permanent	5 surfaces per tooth # per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents) liners, bases & local anesthesia are included in the fee and may not be billed separately. Reimbursement is not available when surface filling has been billed for the same tooth on the same day. Radiographs with documentation must be documented in the medical record for date of service. Not billable with D2140, D2150, D2160 on same tooth number	

CDT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
RESIN-BASED COMPOSITE RESTORATIONS – DIRECT				\$25
D2330	Resin – based composite – one surface, anterior	5 surfaces per tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service (DOS).	
D2331	Resin – based composite – two surfaces, anterior	5 surfaces per tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	
D2332	Resin – based composite – three surfaces, anterior	5 surfaces per tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	
D2335	Resin – based composite – four or more surfaces or involving incisal angle (anterior)	5 surfaces per tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	
D2390	Resin – based composite crown, anterior	1 tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and	CO-

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTONS	PAY
D2390	(Continued from page 20)		may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS	
D2391	Resin – based composite – one surface, posterior	5 surfaces per tooth # per 3 years	Tooth numbers 1-5, 12-21, A, B, I, J, K, L, S, T must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	
D2392	Resin – based composite – two surfaces, posterior	5 surfaces per tooth # per 3 years	Tooth numbers 1-5, 12-21, A, B, I, J, K, L, S, T must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	
D2393	Resin – based composite – three surfaces, posterior	5 surfaces per tooth # per 3 years	Tooth numbers 1-5, 12-21, A, B, I, J, K, L, S, T must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS	
D2394	Resin – based composite – four or more surfaces (poster)	5 surfaces per tooth # per 3 years	Tooth numbers 1-5, 12-21, A, B, I, J, K, L, S, T must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTONS	CO-PAY
CROWNS – SINGLE RESTORATIONS ONLY				\$25
D2751	Crown – porcelain fused to predominantly based metal	1 tooth number per 5 years	Requires PA with documentation identifying tooth numbers 1-32 and A, B, I, J, K, L, S & T. Tooth numbers must also be documented on the claim form for payment consideration	
D2791	Crown – full cast predominantly base metal	1 tooth #r per 5 years	Requires PA with documentation identifying tooth numbers 1-32 and A, B, I, J, K, L, S & T. Tooth numbers must also be documented on the claim form for payment consideration	
OTHER RESTORATIVE SERVICES				\$25
D2920	Re-cement crown	1 per tooth # per 1 year	Tooth numbers 1-32, A-t must be included on the claim form for payment consideration	
D2930	Prefabricated stainless steel crown – primary tooth	1 per tooth # per 1 year	Does not require PA when billed with D3220 for same date of service and on the same tooth. Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service (DOS)	
D2931	Prefabricated stainless steel crown – permanent tooth	1 per tooth # per 1 year	Requires PA with radiographs. Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for DOS	
D2932	Prefabricated resin crown	1 per tooth# per 1 year	Requires PA with radiographs. Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for DOS	
D2933	Prefabricated stainless steel crown with resin window		Requires PA with radiographs. Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for DOS	
D2940	Protective restoration	2 per year per tooth #	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same DOS as a restoration	
D2950	Core build-up, including any pins for permanent teeth only	1 per year per tooth #	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D2951	Pin retention – per tooth, in addition to restoration	1 per 3 years per tooth #	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.	
D2952	Cast post and core in addition to crown	1 per 3 years per tooth #	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.	
D2954	Prefab post and core in addition to crown	1 per 3 years per tooth #	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.	
ENDODONTICS – INCLUDES LOCAL ANESTHESIA				
PULPOTOMY				\$25
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentionocemental junction and application of medicament	1 per 3 years per tooth#	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not reimbursable with D3310, D3320, or D3330. This is not to be construed as the first stage of root canal therapy. Not to be used for apexogenesis.	
ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW UP CARE)				\$25
D3310	Endodontic therapy, anterior (excluding final restoration)	1 tooth # per lifetime	Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3320 or D3330	
D3320	Endodontic therapy bicuspid (excluding final restoration)	1 tooth # per	Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 or C, H, Q, N must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D330	
D3330	Endodontic therapy, molar (excluding final restoration)	1 tooth # per lifetime	Tooth numbers 1-3, 14-19, 30-32 and primary teeth #A, B, I, J, K, L, S and T, if no permanent successor present; must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310 or D3320	
ENDODONTIC RETREATMENT				\$25
D3346	Retreatment of previous root canal therapy – anterior	1 tooth # per lifetime	Tooth numbers 6-11 and 22-27 must be documented on the claim form for payment consideration, includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately	
D3347	Retreatment of previous root canal therapy – bicuspid	1 tooth # per lifetime	Tooth numbers 4, 5, 12, 13, 20, 21, 28 and 29 must be documented on the claim form for payment consideration, includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately	
D3348	Retreatment of previous root canal therapy – molar	1 tooth # per lifetime	Tooth numbers 1-3, 14-19, and 30-32 must be documented on the claim form for payment consideration; includes all diagnostic tests, radiographs, and post-Operative treatments and may not be billed separately	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTONS	CO-PAY
APEXIFICATION/RECALCIFICATION PROCEDURES				\$25
D3351	Apexification/recalcification/pulpal regeneration-initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc)		Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post-operative treatment and may not be billed separately	
D3352	Apexification/recalcification/pulpal regeneration – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	3 treatment per tooth # per lifetime	Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post-operative treatment and may not be billed separately	
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	1 tooth # per lifetime	Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post-operative treatment and may not be billed separately	
APICOECTOMY/PERIRADICULAR SERVICES				
D3410	Apicoectomy/perriardicular surgery-anterior	1 tooth # per lifetime	Requires PA with documentation, tooth number(s) and radiographs as appropriate. Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration	
D3421	Apicoectomy/surg bicuspid	1 tooth # per lifetime	Requires PA with documentation, tooth number(s) and radiographs as appropriate. Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 must be documented on the claim form for payment consideration	
D3999	Unspecified endodontic procedure, by report		Requires PA with radiographs, documentation and description of procedure to be performed. This code should be used only if a more specific CDT code is not available.	
PERIODONTICS				
SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)				\$25
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant	1 quad per year	Requires PA with documentation, identification of the quadrant(s) and radiographs as appropriate. Quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4211. Must be billed with the number codes	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTONS	CO-PAY
D4211	Gingivectomy or gingivoplasty – one to three teeth	1 quad per year	Requires PA with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4210. Must be billed with the number codes	
D4260	Osseous surgery (including flap entry and closure) four or more contiguous teeth or tooth bounded spaces per quadrant	1 quad per year	Requires PA with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4210. Must be billed with the number codes	
D4261	Osseous surgery (including flap entry and closure) one to three continuous teeth or tooth bounded spaces per quadrant	1 per quad per year	Requires PA with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4210. Must be billed with the number codes	
NON-SURGICAL PERIODONTAL SERVICE				\$25
D4341	Periodontal scaling /root planing – four /more teeth per quadrant	1 quad per year	Requires PA. Quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4342. Must be billed with the number codes	
D4342	Periodontal scaling/root planing – one to three teeth per quadrant	1 quad per year	Requires PA. Quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4341. Must be billed with the number codes	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	1 per 6 months	Requires PA. Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).	
PROSTHODONTICS (REMOVABLE)				
COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)				\$25
D5110	Complete denture – maxillary	1 per 5 years	Requires PA	
D5120	Complete denture – mandibular	1 per 5 years	Requires PA	
D5130	Immediate denture – maxillary	1 per 5 years	Requires PA	
D5140	Immediate denture – mandibular	1 per 5 years	Requires PA	
PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)				\$25
D5213	Maxillary partial denture – cast metal base framework with resin denture bases (including any conventional clasps, rests and teeth)	1 per 5 years	Requires PA. Partials and complete dentures may not be re-based or relined with a period of one (1) year after construction)	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D5214	Mandibular partial denture – cast metal base framework with resin denture bases (including any conventional clasps, rests and teeth)	1 per 5 years	Requires PA. Partials and complete dentures may not be re-based or relined with a period of one (1) year after construction)	
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	1 per 5 years	Requires PA. Partials and complete dentures may not be re-based or relined with a period of one (1) year after construction)	
ADJUSTMENTS TO DENTURES				\$25
D5410	Adjust complete denture upper	3 per year	<u>Adjustments</u> not covered within 3 months of placement	
D5411	Adjust complete denture lower	3 per year	<u>Adjustments</u> not covered within 3 months of placement	
D5421	Adjust partial denture upper	3 per year	<u>Adjustments</u> not covered within 3 months of placement	
D5422	Adjust partial denture lower	3 per year	<u>Adjustments</u> not covered within 3 months of placement	
REPAIRS TO COMPLETE DENTURES				\$25
D5510	Repair broken complete denture base	2 per year per per arch	Upper arch=01, Low arch=02; must be documented on the claim form for payment consideration	
D5520	Replace missing or broken teeth- complete denture (each tooth)	2 per year per tooth #	Tooth numbers 1-32 must be documented on the claim form for payment consideration	
REPAIRS TO PARTIAL DENTURES				\$25
D5610	Repair resin denture base	2 per year per arch	Upper arch=01, Low arch=02; must be documented on the claim form for payment consideration. Must be billed with the number codes	
D5620	Repair cast framework	2 per year per arch	Upper arch=01, Low arch=02; must be documented on the claim form for payment consideration. Must be billed with the number codes	
D5630	Repair/replace broken clasp	2 per year		
D5640	Replace broken tooth – per tooth	2 per year	Tooth numbers 1-32 must be documented on the claim form for payment consideration	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D5650	Add tooth to existing partial	2 per year	Tooth numbers 1-32 must be documented on the claim form for payment consideration	
D5660	Add clasp to partial			
DENTURE REBASED PROCEDURES				\$25
D5710	Rebase complete maxillary denture	1 per 5 years		
D5711	Rebase complete mandibular denture	1 per 5 years		
D5720	Rebase maxillary partial denture	1 per 5 years		
D5721	Rebase mandibular partial denture	1 per 5 years		
DENTURE RELINE PROCEDURES				\$25
D5730	Reline complete maxillary denture (chair side)	1 per 2 years	Not covered within first 6 months of placement unless it is for an immediate denture	
D5731	Reline complete mandibular denture (chair side)	1 per 2 years	Not covered within first 6 months of placement unless it is for an immediate denture	
D5740	Reline maxillary partial denture (chair side)	1 per 2 years	Not covered within first 6 months of placement	
D5741	Reline mandibular partial denture (chair side)	1 per 2 years	Not covered within first 6 months of placement	
D5750	Reline complete maxillary denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement	
D5751	Reline complete mandibular denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement	
D5760	Reline maxillary partial denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement	
D5761	Reline mandibular partial denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement	
PROSTHODONTIC FIXED				
FIXED PARTIAL DENTURE PONTICS – EACH ABUTMENT AND EACH PONTIC CONSTITUTE A UNIT IN A BRIDGE				\$25
D6211	Pontic – cast predominantly base metal	1 per 5 years	Requires PA. Tooth numbers 1-32 must be documented on the claim form for payment consideration	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D6211	Pontic – cast predominantly base metal	1 per 5 years	Requires PA. Tooth numbers 1-32 must be documented on the claim form for payment consideration	
D6241	Pontic – Porcelain fused to predominantly based metal	1 per 5 years	Requires PA. Tooth numbers 1-32 must be documented on the claim form for payment consideration	
D6545	Retainer – cast metal for resin bonded fixed prosthesis	1 per 5 years	Requires PA. Tooth numbers 1-32 must be documented on the claim form for payment consideration	
OTHER FIXED DENTURE SERVICES				\$25
D6930	Recement fixed partial bridge	1 per year		
ORAL AND MAXILLOFACIAL SURGERY (COVERED UNDER THE MEDICAL PLAN)				
EXTRACTION – INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE ANY NECESSARY SUTURE INCLUDED IN FEE FOR EXTRACTION				\$25
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	
D7220	Removal of impacted tooth – soft tissue	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	
D7230	Removal of impacted tooth – partially bony	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	
D7240	Removal of impacted tooth – completely bony	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	
OTHER SURGICAL PROCEDURES				\$25
D7260	Oroantral fistula closure		Requires PA	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D7270	Tooth reimplantation and/or stabilization of accidental avulsed or displaced tooth		Tooth numbers 1-32 and primary teeth #A, B, I, J, K, L, S, and T must also be documented on the claim form for payment consideration	
D7280	Surgical access of unerupted tooth		Tooth numbers 1-32 must also be documented on the claim form for payment consideration	
D7283	Placement of device to facilitate eruption of impacted tooth		Tooth numbers 1-32 must also be documented on the claim form for payment consideration	
D7285	Biopsy of oral tissue – hard (bone, tooth)			
D7286	Biopsy of oral tissue – soft (all others)			
ALVELOPLASTY – SURGICAL PREPARATION OF RIDGE FOR DENTURE				\$25
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant	1 quadrant UR, UL, LL, LR per lifetime	Quadrant 10=UR, 20=UL, 30=LL, 40=LR must also be documented on the claim form for payment consideration. Alveoplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery	
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant	1 quadrant UR, UL, LL, LR per lifetime	Quadrant 10=UR, 20=UL, 30=LL, 40=LR must also be documented on the claim form for payment consideration	
VESTIBULOPLASTY				\$25
D7340	Vestibuloplasty – ridge extension (second epithelization)		Requires PA with documentation and radiographs as appropriate	
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied & hyperplastic tissue)		Requires PA with documentation and radiographs as appropriate	
D7410	Excision of benign lesion up to 1.25 cm			
D7411	Excision of benign lesion > 1.25 cm			
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm			
D7441	Excision of malignant tumor – lesion diameter > than 1.25 cm			

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm			
D7451	Removal benign odontogenic cyst or tumor lesion > 1.25 cm			
D7460	Removal of benign nonodontogenic cyst or tumor lesion diameter up to 1.25 cm			
D7461	Removal of benign nonodontogenic cyst or tumor lesion diameter greater > 1.25			
EXCISION OF BONE TISSUE				\$25
D7471	Removal of lateral exostosis (maxilla or mandible)		UA=01, LA=02 must be documented on the claim form for payment consideration. Must be billed with the number codes	
D7472	Removal of torus palatines			
D7473	Removal of torus mandibularis			
D7485	Surgical reduction of osseous tuberosity			
D7490	Radical resection of mandible with bone graft		Requires PA with documentation and radiographs as appropriate	
SURGICAL INCISION				\$25
D7510	Incision of Drainage (I&D) of abscess – intraoral soft tissue			
D7520	I&D of abscess – extraoral soft tissue			
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue			
D7550	Partial ostectomy - sequestrectomy for removal of non-vital bone		Requires PA with documentation. This code should only be used if a more specific code is not available	
D7560	Maxillary sinusotomy for removal of tooth fragment of foreign body			

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
TREATMENT OF SIMPLE FRACTURES				\$25
D7610	Maxilla – open reduction			
D7620	Maxilla – closed reduction			
D7630	Mandible – open reduction			
D7640	Mandible – closed reduction			
D7671	Alveolus – open reduction			
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches		Requires PA with documentation and radiographs as appropriate	
TREATMENT OF FRACTURES (COMPOUND)				\$25
D7710	Maxilla – open reduction			
D7720	Maxilla – closed reduction			
D7730	Mandible – open reduction			
D7740	Mandible – closed reduction			
D7750	Malar and/or zygomatic arch – open reduction			
D7770	Alveolus – open reduction stabilization of teeth			
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches		Requires PA	
REPAIR OF TRAUMATIC WOUNDS				\$25
D7910	Suture of recent small wounds up to 5 cm		Excludes closure of surgical incisions	
D7911	Complicated suture – up to 5 cm	1 unit; not reimbursable with D7912	Excludes closure of surgical incisions	
D7912	Complicated suture – greater than 5 cm	1 unit; not reimbursable with D7911	Excludes closure of surgical incisions	
D7920	Skin graft		Requires PA	
D7941	Osteotomy mandibular rami		Requires PA	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft		Requires PA	
D7941	Osteotomy – mandibular rami		Requires PA	
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft		Requires PA	
D7944	Osteotomy – segmented or subapical – per sextant or quadrant		Requires PA	
D7946	LeFort I (maxilla-total)		Requires PA	
D7947	LeFort I (maxilla – segmented)		Requires PA	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for mid-face hypoplasia or retrusion) – without bone graft		Requires PA	
D7949	LeFort II or LeFort III – with bone graft		Requires PA	
D7950	Osseous, osteoperiosteal or cartilage graft of the mandible or facial tones			
D7955	Repair of maxillofacial soft and/or hard tissue defect			
D7960	Frenuloplasty		Requires PA	
D7970	Excision of hyperplastic tissue – per arch		Requires PA	
D7980	Sialolithotomy		Requires PA	
D7981	Excision of Salivary gland		Requires PA	
D7982	Sialodochoplasty		Requires PA	
D7991	Coronoidectomy		Requires PA	
ORTHODONTICS				\$25
D8010	Limited orthodontic treatment of the primary dentition	2 per year	Requires PA with documentation, radiographs	
D8020	Limited orthodontic treatment of the transitional dentition	2 per year	Requires PA with documentation, radiographs	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D8030	Limited orthodontic treatment of the adolescent dentition	2 per year	Requires PA with documentation, radiographs	
D8040	Limited orthodontic treatment of the adult dentition	2 per year	Requires PA with documentation, radiographs	
D8050	Interceptive orthodontic treatment of the primary dentition	2 per year	Requires PA with documentation, radiographs	
D8060	Interceptive orthodontic treatment of the transitional dentition	2 per year	Requires PA with documentation, radiographs	
D8070	Comprehensive orthodontic treatment of the transitional dentition	1 per lifetime	Requires PA with documentation, radiographs	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1 per lifetime	Requires PA with documentation, radiographs	
D8090	Comprehensive orthodontic treatment of the adult dentition	1 per lifetime	Requires PA with documentation, radiographs	
D8210	Removable Appliance therapy	2 per lifetime		
D8220	Fixed appliance therapy	2 per year	Requires PA with documentation, radiographs	
D8680	Orthodontic retention (removal of appliances construction and placement of retainer		Requires PA with documentation, radiographs	
D8692	Replacement of lost or broken retainer	2 per Lifetime		
D8693	Rebonding or recementing; and/or repair, as required of fixed retainers	1 per lifetime	Requires PA	
D8699	Unspecified orthodontic procedure by report		Requires PA	
PALLATIVE TREATMENT				\$25
D9110	Palliative (emergency) treatment of dental pain – minor procedure			
ANESTHESIA				\$25
D9220	Deep sedation/general anesthesia – First 30 minutes	Maximum 1 unit/day	Class 4 anesthesia permit required	

CDT CODES	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D9221	Deep sedation/general anesthesia – each additional 15 minute unit, up to 2 additional units.		Class 4 anesthesia permit required; Must be billed with D9221	
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	Maximum 1 unit/day		
D9241	Intravenous conscious sedation/analgesia – First 30 minutes	Maximum 1 unit	Class 3 or 4 permit required	
D9242	Intravenous conscious sedation/analgesia – Each additional 15 minute unit	Maximum 2 units	Class 3 or 4 permit required; Must be billed with D9241	
OTHER SERVICES				
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)		Not reimbursable on same day as D1020, D1040, D1045, D1050	
D9420	Hospital or ambulatory surgical center call			

***Prior authorization must be obtained when service limits are exceeded**

Revised: January 22, 2013

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Appendix C

**West Virginia Children's Health Insurance Program
Request for Precertification for Comprehensive
Orthodontic Treatment**

Patient Name: _____ DOB: _____

I.D. Number: _____ Exam Date: _____

Provider Name: _____ Provider Phone: _____

Provider Fax: _____ Provider # _____

Provider Address: _____

City: _____ State: _____ ZIP: _____

Complete Diagnosis:

Current Treatment Status:

Recommendation for Orthodontic Treatment:

Orthodontic Treatment – Procedure Code _____

Post-Treatment Stabilization – Procedure Code _____

Total Fee (Usual and Customary Fee) _____

Precertification from HealthSmart assures claims will be paid when submitted EXCEPT when the child dis-enrolls from the plan on or before the date of service. If the precertification request is denied, the parent or guardian is responsible for paying for procedures completed without a precertification approval.*

***It is the provider's responsibility to verify eligibility of WVCHIP member card by calling the WVCHIP Helpline at 1-877-982-2447.**

Information Required for Assessing Handicapping Malocclusion

- 1. Overjet _____ 2. Overbite _____
 - 3. Molar Relationship R _____ L _____
 - 4. Skeletal Relationship I _____ II _____ III _____
 - 5. Missing Teeth _____
 - 6. Impacted Teeth _____
 - 7. Crowding _____
 - 8. Cleft Palate Yes _____ No _____
 - 9. Cross Bite
 - A – Anterior Teeth _____
 - B – Posterior Teeth L _____
 - C – Posterior Teeth R _____
 - 10. Open Bite
 - A – Anterior Teeth _____
 - B – Posterior Teeth L _____
 - C – Posterior Teeth R _____
 - 11. Comments: _____
-

Send precertification request form and documentation (panoramic Film; cephalometric tracing; cephalometric x-ray; photographs – a standard series of 5 Intra and 3 Extra Oral photographs that meets the American Board of Orthodontics standards, and treatment plan, including findings, diagnosis, prognosis, length of treatment, and phases of treatment) to:

HealthSmart
P.O. Box 2451
Charleston, WV 25329-2451

Provider's Signature

Date



American Dental Association
www.ada.org

Comprehensive completion instructions for the ADA Dental Claim Form are found in Section 4 of the ADA Publication titled *CDT-2007/2008*. Five relevant extracts from that section follow:

GENERAL INSTRUCTIONS

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #10 window envelope. Please fold the form using the 'tick-marks' printed in the margin.
- B. In the upper-right of the form, a blank space is provided for the convenience of the payer or insurance company, to allow the assignment of a claim or control number.
- C. All Items in the form must be completed unless it is noted on the form or in the following instructions that completion is not required.
- D. When a name and address field is required, the full name of an individual or a full business name, address and zip code must be entered.
- E. All dates must include the four-digit year.
- F. If the number of procedures reported exceeds the number of lines available on one claim form, the remaining procedures must be listed on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

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

NATIONAL PROVIDER IDENTIFIER (NPI)

49 and 54 **NPI (National Provider Identifier):** This is an identifier assigned by the Federal government to all providers considered to be HIPAA covered entities. Dentists who are not covered entities may elect to obtain an NPI at their discretion, or may be enumerated if required by a participating provider agreement with a third-party payer or applicable state law/regulation. An NPI is unique to an individual dentist (Type 1 NPI) or dental entity (Type 2 NPI), and has no intrinsic meaning. Additional information on NPI and enumeration can be obtained from the ADA's Internet Web site: www.ada.org/goto/npi

ADDITIONAL PROVIDER IDENTIFIER

52A and 58 **Additional Provider ID:** This is an identifier assigned to the billing dentist or dental entity other than a Social Security Number (SSN) or Tax Identification Number (TIN). It is not the provider's NPI. The additional identifier is sometimes referred to as a Legacy Identifier (LID). LIDs may not be unique as they are assigned by different entities (e.g., third-party payer; Federal government). Some Legacy IDs have an intrinsic meaning.

PROVIDER SPECIALTY CODES

56A **Provider Specialty Code:** Enter the code that indicates the type of dental professional who delivered the treatment. Available codes describing treating dentists are listed below. The general code listed as 'Dentist' may be used instead of any other dental practitioner code.

Category / Description Code	Code
Dentist A dental professional qualified by a doctorate in dental surgery (D.D.S) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Dental provider taxonomy codes listed above are a subset of the full code set that is posted at: www.wpc-edi.com/codes/taxonomy

Should there be any updates to ADA Dental Claim Form completion instructions, the updates will be posted on the ADA's web site at: www.ada.org/goto/dentalcode



WVCHIP
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Suite 101
Charleston, WV 25301



Healthy Teeth are Important!
Teeth help you eat, talk, and smile.

Dental Care should begin early, even before the first tooth appears. It is important to develop good oral hygiene habits early in order to help make your child's teeth last a lifetime.

To find a WVCHIP dental provider near you go to the web site insurekidsnow.gov