CareFirst
Family of health care plans

# Part 2: Preventive

## COMPREHENSIVE DENTAL REFERENCE GUIDE

Please use the Comprehensive Dental Reference Guide when preparing your claims and pre-treatment estimates for CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., (collectively, "CareFirst"), CareFirst BlueCross BlueShield Medicare Advantage, The Dental Network, and the Federal Employee Program®.

- **CDT code descriptions**
- **Utilization review perspectives on clinical presentations appropriate for benefit allowance**
- **CareFirst-required documentation to allow for processing**
- **Identification of codes that require a clinical review by our staff of licensed dentists**

Selecting the most appropriate code to describe treatment rendered and providing required documentation streamlines the claims submission process.

*These descriptions and directions are based on standard plan designs. Individual patient plans may vary. Verify benefits and eligibility for each patient before the appointment.*

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# Preventive: D1000–D1999

The information provided is based on general clinical policy and can vary for each patient's plan. Verify benefits and eligibility for each patient before the appointment, as there are differences among plans. The following information gives generalized clinical requirements and guidance for each CDT code.

| Preventive | | | |
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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D1110 | Prophylaxis—adult | Benefits are typically allowed (at least) two times per contract year.<br>Benefits for a prophy within one day of perio cleaning procedures (D4341, D4342, D4355 or D4910 ) are not available as they are considered inclusive of the perio procedures.<br>Benefits for a prophy are not available less than one month after scaling in the presence of gingival inflammation, D4346, is performed. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1120 | Prophylaxis—child | Benefits are typically allowed (at least) two times per contract year.<br>Benefits for a prophy within one day of perio cleaning procedures (D4341, D4342, D4355 or D4910) are not available as they are considered inclusive of the perio procedures. Benefits for a prophy are not available less than one month after scaling in the presence of gingival inflammation, D4346, is performed. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1206 | Topical application of fluoride varnish | Benefits are typically allowed (at least) two times per contract year, which would be any combination of topical application of fluoride varnish (D1206) or topical application of fluoride (D1208).<br>A fluoride benefit is provided for non-Risk members up to the end of the year in which the member turns 19.<br>Effective 8/1/21, the age limit no longer applies to Risk members. Fluoride is available to all patients who have a Risk plan. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |

*Check patient eligibility including age and frequency limitations for each service.

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D1208 | Topical application of fluoride | Benefits are typically allowed (at least) two times per contract year, which would be any combination of topical application of fluoride varnish (D1206) or topical application of fluoride (D1208).<br>A fluoride benefit is provided for non-Risk members up to the end of the year in which the member turns 19.<br>Effective 8/1/21, the age limit no longer applies to Risk members. Fluoride is available to all patients who have a Risk plan. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1310 | Nutritional counseling for control of dental disease | This service is considered inclusive of other services submitted and is not a covered benefit. | n/a |
| D1320 | Tobacco counseling for the control and prevention of oral disease | This service is considered inclusive of other services submitted and is not a covered benefit. | n/a |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral and systemic health effects associated with high-risk substance use | This service is considered inclusive of other services submitted and is not a covered benefit. | n/a |
| D1330 | Oral hygiene instructions | This service is considered inclusive of other services submitted and is not a covered benefit. | n/a |
| D1351 | Sealant—per tooth | Benefits are typically allowed every three years per permanent molar tooth.<br>A sealant benefit is typically provided up to the end of the year when the member turns 19. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient—permanent tooth | Typically not covered. | n/a |
| D1353 | Sealant repair, per tooth | This service is considered inclusive of the sealant procedure and is not a covered benefit. | n/a |
| D1354 | Interim caries arresting medicament application—per tooth | This benefit is limited to one application per tooth surface/ lifetime. It is allowed when there is no history of restoration, including Caries preventive medicament application (D1355), on the surface reported on the same service date or before the medicament placement. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1355 | Caries preventive medicament application—per tooth | This benefit is limited to one application per tooth surface/ lifetime. It is allowed when there is no history of restoration, or interim caries arresting medicament application (D1354), on the surface reported on the same service date or before the medicament placement. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |

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| D1510 | Space maintainer—fixed—unilateral | Check eligibility (including age limits) and frequency limitations for this service for each patient.<br>Include the tooth number of the lost primary tooth/teeth on the claim form.<br>The benefit is allowed for prematurely lost primary teeth only. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1516 | Space maintainer—fixed—bilateral, maxillary | Check eligibility (including age limits) and frequency limitations for this service for each patient.<br>Include the tooth number of the lost primary tooth/teeth on the claim form.<br>The benefit is allowed for prematurely lost primary teeth only. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1517 | Space maintainer—fixed—bilateral, mandibular | Check eligibility (including age limits) and frequency limitations for this service for each patient.<br>Include the tooth number of the lost primary tooth/teeth on the claim form.<br>The benefit is allowed for prematurely lost primary teeth only. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1520 | Space maintainer—removable—unilateral | Check eligibility (including age limits) and frequency limitations for this service for each patient.<br>Include the tooth number of the lost primary tooth/teeth on the claim form.<br>The benefit is allowed for prematurely lost primary teeth only. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1526 | Space maintainer—removable—bilateral, maxillary | Check eligibility (including age limits) and frequency limitations for this service for each patient.<br>Include the tooth number of the lost primary tooth/teeth on the claim form.<br>The benefit is allowed for prematurely lost primary teeth only. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1527 | Space maintainer—removable—bilateral, mandibular | Check eligibility (including age limits) and frequency limitations for this service for each patient.<br>Include the tooth number of the lost primary tooth/teeth on the claim form.<br>The benefit is allowed for prematurely lost primary teeth only. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1551 | Re-cement or rebond bilateral space maintainer—maxillary | This benefit is typically available one time per 12 months per tooth. It is not available until six months have elapsed from the insertion date.<br>Include the tooth number of the lost primary tooth/teeth on the claim form. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |

*Check patient eligibility including age and frequency limitations for each service.

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D1552 | Re-cement or rebond bilateral space maintainer—mandibular | This benefit is typically available one time per 12 months per tooth. It is not available until six months have elapsed from the insertion date.<br>Include the tooth number of the lost primary tooth/teeth on the claim form. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1553 | Re-cement or re-bond unilateral space maintainer—per quadrant | This benefit is typically available one time per 12 months per tooth. It is not available until six months have elapsed from the insertion date.<br>Include the tooth number of the lost primary tooth/teeth on the claim form. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1556 | Removal of a fixed unilateral space maintainer—per quadrant | A benefit is only available if the appliance is removed by a dentist other than the dentist who originally placed the appliance. If submitted by the dentist who originally placed the appliance, the service is considered inclusive and is non-billable. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1557 | Removal of fixed bilateral space maintainer—maxillary | A benefit is only available if the appliance is removed by a dentist other than the dentist who originally placed the appliance. If submitted by the dentist who originally placed the appliance, the service is considered inclusive and is non-billable. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1558 | Removal of fixed bilateral space maintainer—mandibular | A benefit is only available if the appliance is removed by a dentist other than the dentist who originally placed the appliance. If submitted by the dentist who originally placed the appliance, the service is considered inclusive and is non-billable. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1575 | Distal shoe space maintainer—fixed—unilateral | Check eligibility (including age limits) and frequency limitations for this service for each patient.<br>Include the tooth number of the lost primary tooth/teeth on the claim form.<br>The benefit is allowed for prematurely lost primary teeth only. | No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient. |
| D1701 | Pfizer-BioNTech Covid-19 vaccine administration—first dose (SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1) | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |
| D1702 | Pfizer-BioNTech Covid-19 vaccine administration—second dose (SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2) | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |
| D1703 | Moderna Covid-19 vaccine administration—first dose (SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1) | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D1704 | Moderna Covid-19 vaccine administration—second dose (SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2) | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |
| D1705 | AstraZeneca Covid-19 vaccine administration—first dose (SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1) | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |
| D1706 | AstraZeneca Covid-19 vaccine administration—second dose (SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2 | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |
| D1707 | Janssen Covid-19 vaccine administration (SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE)—Reject V26Pfizer-BioNTech Covid-19 vaccine administration—first dose (SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1) | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |
| D1781 | Vaccine administration—Human Papillomavirus—Dose 1 | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |
| D1782 | Vaccine administration—Human Papillomavirus—Dose 2 | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |
| D1783 | Vaccine administration—human papillomavirus—Dose 3 | Vaccine administration is typically considered a medical procedure. It may be billed under the patient's medical plan. It may or may not be covered. | n/a |
| D1999 | Unspecified preventive procedure, by report | D1999 was used during COVID-19 to pay for additional costs related to PPE. Effective 11/1/2020, this code is considered inclusive of other diagnostic or preventive procedures, and benefits are not available. | n/a |

*Check patient eligibility including age and frequency limitations for each service.