

Part 5: Periodontics

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.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between CareFirst Dental's Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Periodontics: D4000–D4999

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.

Periodontics			
Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D4210	Gingivectomy or gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant	Benefits typically available once every five years unless billed with a restoration on the same service date.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D4211	Gingivectomy or gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant	Benefits typically available once every five years unless billed with a restoration on the same service date.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure—per tooth	Benefits typically available once every five years unless billed with a restoration on the same service date.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D4230	Anatomical crown exposure—four or more contiguous teeth or bounded tooth spaces per quadrant	Benefits typically are available once per tooth per lifetime, but will not receive a benefit if billed with a crown, as the service is considered inclusive on the same service date.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D4231	Anatomical crown exposure—one to three teeth or bounded tooth spaces per quadrant	Benefits typically are available once per tooth per lifetime, but will not receive a benefit if billed with a crown, as the service is considered inclusive on the same service date.	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.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between CareFirst Dental's Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc. and CareFirst Advantage PPO, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD®, the Cross and Shield Symbols, and Federal Employee Program® are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Periodontics

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D4240	Gingival flap procedure, including root planing—four or more contiguous teeth or tooth bounded spaces per quadrant	Benefits are typically available once every five years. Gingival pockets must be moderately deep (5–8 mm) with loss of attachment. Tissue flap must be necessary to access root calculus (modified Kirkland or Widman surgery). May be required to access or determine the presence of a cracked tooth, fractured root or external root resorption. No additional benefit is allowed for the use of a laser. Code may not be used in conjunction with D4210, D4211, D4260 and D4261.	Requires clinical review; pre-treatment estimate recommended. Periapical radiograph/ full-mouth series radiographs and periodontal charting, prior history of pre-surgical preparation (e.g., root planing/ scaling).
D4241	Gingival flap procedure, including root planing—one to three contiguous teeth or tooth bounded spaces per quadrant	Benefits are typically available once every five years. Gingival pockets must be moderately deep (5–8 mm) with loss of attachment. Tissue flap must be necessary to access root calculus (modified Kirkland or Widman surgery). May be required to access or determine the presence of a cracked tooth, fractured root or external root resorption. No additional benefit is allowed for the use of a laser. Code may not be used in conjunction with D4210, D4211, D4260 and D4261.	Requires clinical review; pre-treatment estimate recommended. Periapical radiograph/ full-mouth series radiographs and periodontal charting, prior history of pre-surgical preparation (e.g., root planing/ scaling).
D4245	Apically positioned flap	Benefits are typically available once every five years. Gingival pockets must be moderately deep (5–8 mm) with loss of attachment. Tissue flap must be necessary to access root calculus (modified Kirkland or Widman surgery). May be required to access or determine the presence of a cracked tooth, fractured root or external root resorption. No additional benefit is allowed for the use of a laser.	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photographs recommended.
D4249	Clinical crown lengthening—hard tissue	Benefits are typically limited to once per tooth per lifetime. When performed in conjunction with osseous surgery, crown lengthening is included as part of the most inclusive procedure. This procedure is carried out to expose sound tooth structure by removal of bone before restorative or prosthodontic procedures. It is not generally provided in the presence of periodontal disease. Sufficient healing time is required prior to final restoration. This procedure is a benefit only when bone is removed and sufficient time is allowed for healing.	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.

Periodontics

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D4260	Osseous surgery (including flap entry and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant	Benefits are typically available once every five years. Should be preceded by scaling and root planing by at least four to six weeks to reduce gingival and osseous inflammation prior to surgery. In cases where pockets are not expected to be resolved with scaling and root planing (SRP) due to their depth (7+ mm) and plaque control is adequate, it may be more therapeutic to go directly to surgery. A detailed narrative should accompany these requests. Post SRP evaluation should be a factor in determining the need for surgical intervention. Includes reshaping the alveolar process to achieve a more physiologic form. Gingivectomies and/or flap surgeries may be considered inclusive to osseous surgery. If root planing is performed along with the osseous surgery, it is considered inclusive to the surgery and will not receive a separate benefit. General anesthesia is covered with this procedure.	Requires clinical review; pre-treatment estimate recommended. Periapical radiograph/ full-mouth series radiographs and periodontal charting, prior history of pre-surgical preparation (e.g., root planing/ scaling).
D4261	Osseous surgery (including flap entry and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant	Benefits are typically available once every five years. Should be preceded by scaling and root planing by at least four to six weeks to reduce gingival and osseous inflammation prior to surgery. In cases where pockets are not expected to be resolved with scaling and root planing (SRP) due to their depth (7+ mm) and plaque control is adequate, it may be more therapeutic to go directly to surgery. A detailed narrative should accompany these requests. Post SRP evaluation should be a factor in determining the need for surgical intervention. Includes reshaping the alveolar process to achieve a more physiologic form. Gingivectomies and/or flap surgeries may be considered inclusive to osseous surgery. If root planing is performed along with the osseous surgery, it is considered inclusive to the surgery and will not receive a separate benefit. General anesthesia is covered with this procedure.	Requires clinical review; pre-treatment estimate recommended. Periapical radiograph/ full-mouth series radiographs and periodontal charting, prior history of pre-surgical preparation (e.g., root planing/ scaling).
D4263	Bone replacement graft—retained natural tooth—first site in quadrant	Benefits are typically available once every five years. This procedure involves the use of autografts, allografts or non-osseous grafts to stimulate periodontal regeneration when the disease process has resulted in bone deformity. Bone grafts are frequently performed in conjunction with osseous surgery but may be billed as unique procedures. Do not use this code with implants (see codes D6103–D6104). Do not use this code in conjunction with periradicular surgery (see codes D3428). May be considered incidental when used in conjunction with bone grafting and/or GTR.	Requires clinical review; pre-treatment estimate recommended. Periapical radiograph/ full-mouth series radiographs and periodontal charting, prior history of pre-surgical preparation (e.g., root planing/ scaling).

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

Periodontics

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D4264	Bone replacement graft—retained natural tooth—each additional site in quadrant	Benefits are typically available once every five years. This procedure involves the use of autografts, allografts or non-osseous grafts to stimulate periodontal regeneration when the disease process has resulted in bone deformity. Bone grafts are frequently performed in conjunction with osseous surgery but may be billed as unique procedures. Do not use this code with implants (see codes D6103 – D6104). Do not use this code in conjunction with periradicular surgery (see codes D3428). May be considered incidental when used in conjunction with bone grafting and/or GTR.	Requires clinical review; pre-treatment estimate recommended. Periapical radiograph/ full-mouth series radiographs and periodontal charting, prior history of pre-surgical preparation (e.g., root planing/ scaling).
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Benefits are typically available once every five years. These materials may be used alone or with other regenerative materials such as bone and barrier membranes. This procedure does not include surgical entry and closure, debridement, osseous contouring or placement of graft materials and membranes. CareFirst will consider allowing a benefit for this service when traditional regenerative procedures alone are unlikely to provide resolution of the tissue defect. A narrative detailing the necessity of the material is helpful in determining this additional regenerative benefit. Do not use this code in conjunction with periradicular surgery (D3432).	Requires clinical review; pre-treatment estimate recommended. Statement of medical necessity for biologic material (specify material name and type), prior history pre-surgical prep.
D4266	Guided tissue regeneration, natural teeth—resorbable barrier—per site	Benefits are typically available once every five years. This procedure may be used as appropriate following surgical exposure and debridement to help close and protect the wound before approximation of the mucoperiosteal flap. GTR is appropriate when the surrounding soft and hard tissue is insufficient to retain the graft material. A narrative detailing the necessity of the membrane material is helpful in determining this additional regenerative benefit. Do not use this code in conjunction with periradicular surgery (D3428).	Requires clinical review; pre-treatment estimate recommended. Statement of medical necessity, prior history pre-surgical prep; post-operative periapical radiograph for implant and endodontically treated teeth, if applicable
D4267	Guided tissue regeneration, natural teeth—nonresorbable barrier—per site	Benefits are typically available once every five years. This procedure may be used as appropriate following surgical exposure and debridement to help close and protect the wound before approximation of the mucoperiosteal flap. GTR is appropriate when the surrounding soft and hard tissue is insufficient to retain the graft material. A narrative detailing the necessity of the membrane material is helpful in determining this additional regenerative benefit. Do not use this code in conjunction with periradicular surgery (D3428).	Requires clinical review; pre-treatment estimate recommended. Statement of medical necessity, prior history pre-surgical prep; post-operative periapical radiograph for implant and endodontically treated teeth, if applicable
D4268	Surgical revision procedure—per tooth	Benefits are typically available once every five years.	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.

Periodontics

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D4270	Pedicle soft tissue graft procedure	Benefit is typically available once every five years. If a frenectomy is performed on the same service date, it is considered inclusive to the grafting surgery.	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photograph
D4273	Autogenous connective tissue graft procedure—first tooth	Benefit is typically available once every five years. A minimum amount of attached gingival remains, i.e., < 2 mm. Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration, to increase the band of keratinized/attached gingival, and/or to thicken the gingival housing at a prospective implant site. Procedure includes both recipient bed preparation and obtaining donor tissue, including use of allograft material such as Alloderm. Considered incidental to frenulectomy	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photograph
D4274	Mesial/distal wedge procedure—single tooth (not performed in conjunction with surgical procedure in the same area)	Benefit is typically available once every five years. This procedure is performed in an edentulous area adjacent to a tooth, allowing removal of a tissue wedge to gain access for debridement, permit close flap adaptation, and reduce pocket depths.	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photograph
D4275	Non-autogenous connective tissue graft—first tooth	Benefit is typically available once every five years. A minimum amount of attached gingival remains, i.e., < 2 mm. Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration, to increase the band of keratinized/attached gingival, and/or to thicken the gingival housing at a prospective implant site. Considered incidental to frenulectomy (D7960) or frenuloplasty (D7963). No donor site is required. Allograft material is inclusive. No additional charge for the graft material is allowed.	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photograph

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

Periodontics

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D4276	Combined connective tissue and double pedicle graft, per tooth	Benefit is typically available once every five years. A minimum amount of attached gingiva remains, i.e., < 2 mm. Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration, to increase the band of keratinized/attached gingiva, and/or to thicken the gingival housing at a prospective implant site. Appropriate to correct advanced gingival recession.	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photograph
D4277	Free soft tissue graft procedure—first tooth	Benefit is typically available once every five years. A minimum amount of attached gingiva remains i.e., < 2 mm. Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration to increase the band of keratinized/attached gingiva, and/or to thicken the gingival housing at a prospective implant site. Procedure includes both recipient bed preparation and obtaining donor tissue, including use of allograft material such as Alloderm. Considered incidental to frenulectomy (D7960) or frenuloplasty (D7963).	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photograph
D4278	Free soft tissue graft procedure—each additional tooth	Benefit is typically available once every five years. A minimum amount of attached gingiva remains i.e., < 2 mm. Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration to increase the band of keratinized/attached gingiva, and/or to thicken the gingival housing at a prospective implant site. Procedure includes both recipient bed preparation and obtaining donor tissue, including use of allograft material such as Alloderm. Considered incidental to frenulectomy (D7960) or frenuloplasty (D7963).	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photograph
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)—each additional contiguous tooth, implant or edentulous tooth position in same graft site	Benefit is typically available once every five years. Code D4283 is used in conjunction with D4273 when more than on tooth position in the same graft site is involved. A minimum amount of attached gingiva remains i.e., < 2 mm. Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration to increase the band of keratinized/attached gingiva, and/or to thicken the gingival housing at a prospective implant site. Procedure includes both recipient bed preparation and obtaining donor tissue, including use of allograft material such as Alloderm. Considered incidental to frenulectomy (D7960) or frenuloplasty (D7963).	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photograph

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

Periodontics

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D4285	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	Benefit is typically available once every five years. Code D4285 is used in conjunction with D4275 when more than one tooth position in the same graft site is involved. Includes donor material and recipient surgical site. A minimum amount of attached gingiva remains i.e., < 2 mm. Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration to increase the band of keratinized/attached gingiva, and/or to thicken the gingival housing at a prospective implant site.	Requires clinical review; pre-treatment estimate recommended. Full-mouth series or periapical and bitewing (must demonstrate bone levels); Periodontal charting must include measurements of remaining attached gingiva; Rationale including measurements of remaining attached gingiva clearly stated, Intraoral photograph
D4286	Removal of non-resorbable barrier	Benefit is typically available once every five years and is allowed with a history of D4267, D6107 or D7957.	Date of placement of original non-resorbable barrier.
D4322	Splint—intra-coronal, natural teeth or prosthetic crowns	Typically, only covered under some DHMO plans and the ACA pediatric plans or possibly under medical benefit if needed post-traumatic accident.	No documentation required for a dental claim; if submitted under the accidental benefit under medical, full case notes and imaging will be required along with the full treatment plan for the patient.
D4323	Splint—extra-coronal, natural teeth or prosthetic crowns	Typically, only covered under some DHMO plans and the ACA pediatric plans or possibly under medical benefit if needed post-traumatic accident.	No documentation required for a dental claim; if submitted under the accidental benefit under medical, full case notes and imaging will be required along with the full treatment plan for the patient.
D4341	Periodontal scaling and root planing—four or more teeth per quadrant	Benefit is typically available once every 24 months per quadrant or partial quadrant based on necessity. This service is considered inclusive to osseous surgery and will not be paid in addition on the same service date. If submitted with a D4910 or D4355, the D4910 or D4355 will be considered inclusive to the D4341/42. Gingival pockets > 4 mm. Radiographic evidence of active horizontal and/or vertical bone loss must be apparent. There must be loss of attachment or apical migration of the attachment. SRP of four quadrants in same appointment must be accompanied by rationale for doing four quadrants in the same visit, anesthesia used, length of appointment and degree of provider (DDS, DMD, RDH). May be repeated every two years, only if medically necessary. May be necessary as a pre-surgical or definitive therapy. Contraindicated as a definitive therapy in cases where the bone loss is so severe that there would be little to no therapeutic effect.	Full-mouth series or periapical and bitewing radiographs (must demonstrate bone levels); periodontal charting

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

Periodontics

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D4342	Periodontal scaling and root planing—one to three teeth, per quadrant	<p>Benefit is typically available once every 24 months per quadrant or partial quadrant based on necessity. This service is considered inclusive to osseous surgery and will not be paid in addition on the same service date. If submitted with a D4910 or D4355, the D4910 or D4355 will be considered inclusive to the D4341/42. Gingival pockets > 4 mm. Radiographic evidence of active horizontal and/or vertical bone loss must be apparent. There must be loss of attachment or apical migration of the attachment.</p> <p>SRP of four quadrants in same appointment must be accompanied by rationale for doing four quadrants in the same visit, anesthesia used, length of appointment and degree of provider (DDS, DMD, RDH). May be repeated every two years, only if medically necessary. May be necessary as a pre-surgical or definitive therapy. Contraindicated as a definitive therapy in cases where the bone loss is so severe that there would be little to no therapeutic effect.</p>	Full-mouth series or periapical and bitewing radiographs (must demonstrate bone levels); periodontal charting
D4346	Scaling in presence of generalized moderate or severe gingival inflammation—full-mouth, after oral evaluation	Benefit is typically available once every 24 months with age limitations (typically minimum age of 14). If submitted with a prophy, the prophy will be considered inclusive to the D4346. Must be preceded by an oral evaluation (D0120, D0150, D0180). May be performed on the same day as an oral evaluation. Full-mouth procedure. Patient should be 14 years or older. D4346 is necessary when: Oral exam and periodontal charting indicate the patient presents with: Generalized moderate to severe gingival inflammation involving 10 or more teeth. Moderate to heavy plaque and/or calculus; 2-4 mm pocketing. There maybe pseudopocketing, bleeding points, no vertical or horizontal bone loss, no loss of attachment.	No documentation is required. Approval depends on the plan design's frequency limitations for the individual patient.
D4355	Full-mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Benefit is available once every 36 months. If submitted with a prophy, the prophy will be considered inclusive to the D4355. . Must be preceded by an oral evaluation (D0120, D0150, D0180). May be performed on the same day as an oral evaluation. Full-mouth procedure. Patient should be 14 years or older; exceptions made with adequate clinical documentation.	No documentation required unless patient is below minimum age; approval depends on the plan design's frequency limitations for the individual patient.
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Benefits are available with the EPO plan only and will not be covered if submitted on the same service date as any cleaning procedure.	No documentation required unless patient is below minimum age; approval depends on the plan design's frequency limitations for the individual patient.

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

Periodontics

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D4910	Periodontal maintenance	Benefit is available two times per contract year if it is submitted with a service date that is 90 days or more after completion of definitive periodontal therapy (D4240, D4241, D4260, D4261, D4263, D4264, D4341, D4342). History of periodontal treatment must be on file.	Documentation of periodontal history required (D4210, D4211, D4240, D4241, D4260, D4261, D4263, D4264, D4266, D4267, D4273, D4341 and D4342) if not on file with CareFirst.
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Benefits are typically not covered except for ACA plans. The definition of the treating dentist includes dentists and staff in the same dental office. The fee for dressing change performed by a dentist or staff in the same dental office is considered inclusive within 30 days following the surgical procedure.	n/a
D4921	Gingival irrigation—per quadrant	Benefits are considered inclusive to the primary procedure performed; if submitted alone, it is not a covered benefit.	n/a
D4999	Unspecified periodontal procedure, by report	Benefit is dependent on the actual service performed, if not adequately captured with another CDT code.	Requires clinical review; pre-treatment estimate recommended. Narrative and necessary radiographs are required outlining procedure and rationale. Use of this code for laser treatment will be denied.

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