

# History of Document

## Introduction

**11/6/12**

Periodic review and update: Added “Electronic dental claims available effective January 2013”.

**1/8/14**

Periodic review and update: First paragraph changed (CDT 2013 to CDT 2014). Second paragraph added “and/or the Oral Maxillofacial Surgery Advisory Committee” to the first sentence, changed “9” to “10” practicing network dentists”, added new sentence “The OMSFAC is comprised of the Dental Director who acts as a chairperson for the committee and 6 network oral surgeons”. Under Dental Benefits added a new sentence “Covered services are allowed a benefit only when dentally or medically necessary as determined by CareFirst. Under Alternate Benefits added “treats or” to last sentence. Under Sending your Clinical Information to CareFirst changed Electronic claims bullet deleted “will accept” added “accepts” and “Use payer ID: 00580”.

**1/1/15**

CDT 2015 and periodic review and updates:

First paragraph changed (CDT 2014 to CDT 2015). Second paragraph split first sentence “CareFirst’s Dental Criteria...and updated periodically. They are reviewed...”

Under “Dental Benefits” – second sentence “The members’ contracts...by the employer group” added “or individual”.

Under “Alternate Benefits” – revised paragraph “Member contracts state, ‘in the event...”

Under “Sending your Clinical Information to CareFirst” – added Tesia Clearinghouse as an electronic attachment vendor.

**1/1/16**

First sentence “The clinical criteria are based upon procedure codes in the Current Dental Terminology (CDT 2016), American Dental Association”, updated CDT 2015 to 2016.

**1/1/17**

Periodic review and update: First paragraph changed (CDT 2016 to CDT 2017). Under “Sending your Clinical Information to CareFirst,” second bullet “Attachments and Clinical Documentation...,” deleted reference to National Electronic Attachments, Inc. (NEA) to accommodate other electronic vendors offering service – replaced with “an electronic attachment vendor of choice.”

**1/1/18**

Periodic review and update: First paragraph changed (CDT 2017 to CDT 2018). Second

Paragraph, third sentence “The DAC is comprised of the Dental Director...and “10” practicing network dentists.” Changed “10” to “12” practicing network dentists.

**1/1/19**

Periodic review and update: First paragraph changed (CDT 2018 to CDT 2019).

Second paragraph, last sentence “The OMSFAC is comprised of the Dental Director...and six (6), changed “six (6)” to “five” network oral surgeons.

Under “Required Clinical Information”, “Sending your Clinical Information to CareFirst”, changed the order of the bullets.

## Diagnostics

**1/1/16**

Under “Tests and examinations” – Procedure code D0425 deleted by ADA (CDT 2016) effective 1/1/16, removed reference to this code.

**1/1/19**

Under “Oral Pathology Laboratory” – nomenclature for procedure code D0486 was corrected.

## Restorative

**1/8/14**

Periodic review and update: Under Crowns D2710

– D2799, second bullet added “extensive”, forth bullet added “and be asymptomatic”.

### 1/1/15

CDT 2015 and periodic review and updates:

Under “Inlay/Onlay Restorations D2510 – D2664”, added new bullet “Free of endodontic signs/symptoms”.

### 1/1/16

Under “Other restorative services” – Procedure code D2970 deleted by ADA (CDT 2016) effective 1/1/16, removed reference to this code.

## Other Restorative Services

### 11/6/12

Periodic review and update: Clinical guidelines added for temporary crown (fractured tooth) D2970.

### 1/8/14

CDT 2014: Under Buildup D2950, third bullet added “(D2949)”

Periodic review and update: Under Veneers D2960 – D2962, first bullet added “anterior”.

### 1/1/15

CDT 2015 and periodic review and updates:

Under “Other restorative services” – second bullet, deleted “not for onlays and inlays”, added “Buildups not considered for inlays or onlays as dentally necessary due to the retention of multiple tooth surfaces”.

Added bullet “Closing of endodontic access cavity does not qualify as a buildup”.

## Endodontics

### 11/6/12

Periodic review and update: Clinical guidelines added for canal preparation and fitting of performed dowel or post D3950.

### 1/8/14

Periodic review and update: Added clinical guidelines for endodontic therapy on permanent teeth section as indicated below:

“Endodontic therapy on permanent teeth D3310 – D3330, D3346 – D3348

- Allowed services for teeth 2 – 15, 18 – 31
- All canals must be instrumented, cleaned and sealed within 2mm of the radiographic apex.
- Tooth must present with endodontic pathology
- Tooth must be restorable
- Tooth must present with at least 50 percent bone support
- Patient must be free of periodontal disease”

CDT 2014 update: Added clinical guidelines for Bone graft in conjunction with periradicular surgery – D3428, D3429, Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery – D3431 and Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery – D3432.

### 1/1/15

CDT 2015 and periodic review and updates:

Under Endodontic therapy on permanent teeth – D3310. – D3330, D3346 – D3348, third bullet added “symptoms”.

Under “Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery – D3431”, added bullet “May be considered incidental by CareFirst when used in conjunction with bone grafting and/or GTR”.

Under “Biologic materials to aid in soft an osseous tissue regeneration in conjunction with periradicular surgery – D3431, second bullet “May be considered incidental...added “by CareFirst”.

## Periodontics

### 11/6/12

Periodic review and update: D4240, D4241 – added “code may not be used in conjunction with D4210, D4211, D4260 and D4261”.

Clinical guidelines added for D4263, D4264, D4265, D4266 and D4267.

D4273 – added “not to be reported in conjunction with frenulectomy (D7960) or frenuloplasty (D7963)”.

CDT 2013 update: Clinical guidelines added for new ADA CDT 2013 effective 1/1/13 – procedure codes D4277, D4278.

### 1/8/14

Periodic review and update: Under Osseous surgery D4260, D4261, added new bullet "D4210, D4211, D4240, D4241 are considered incidental to D4260, D4261".

Under Subepithelial connective tissue graft procedures, per tooth D4273, changed forth bullet from "Not to be reported in conjunction with frenulectomy (D7960) or frenuloplasty (D7963)" to "Considered incidental to frenulectomy (D7960) or frenuloplasty (D7963)".

Under Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft D4277, changed forth bullet from "Not to be reported in conjunction with frenulectomy (D7960) or frenuloplasty (D7963)" to "Considered incidental to frenulectomy (D7960) or frenuloplasty (D7963)".

CDT 2014 update: Clinical guidelines added for new ADA CDT 2014 procedure code D4921.

### 1/1/15

CDT 2015 and periodic review and updates:

Under "Bone replacement graft – first site in quadrant D4263", added bullets: "Do not use this code with implants (see codes D6103, D6104)" and "Do not use this code in conjunction with periradicular surgery (see code D3428)".

Under "Bone replacement graft – each additional site in quadrant D4264", added bullets: "May be considered incidental when used in conjunction with bone grafting and/or GTR", "Do not use this code with implants D6103, D6104)", "Do not use this code in conjunction with periradicular surgery".

Under "Biologic materials to aid in soft and osseous tissue regeneration D4265", added bullet: "Do not use this code in conjunction with periradicular surgery (D3432)".

Under "Guided tissue regeneration – resorbable barrier, per site D4266", added bullet: "Do not use this code in conjunction with periradicular surgery".

Under "Subepithelial connective tissue graft procedures, per tooth D4273", third bullet corrected typo - added "of" "Procedure includes both recipient...including use "of" allograft material

such as Alloderm", forth bullet "Considered incidental to frenulectomy...added "by CareFirst".

Added "Soft tissue allograft D4275"

Added "Combined connective tissue and double pedicle graft D4276"

Under "Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft D4277" – third bullet corrected typo - added "of" "Procedure includes both recipient...including use "of" allograft material such as Alloderm", forth bullet "Considered incidental to frenulectomy...added "by CareFirst". Under "Gingival irrigation D4321", "Not a covered benefit...insufficient scientific evidence..." added "scientific".

### 1/1/16

Added new ADA CDT 2016 procedure codes and clinical guidelines to D4283 and D4285 effective 1/1/16.

### 1/1/17

CDT 2017 update: Clinical guidelines added for new ADA CDT 2017 procedure code D4346.

### 1/1/18

Added clinical guidelines for ADA CDT procedure code D4270.

### 1/1/19

Under "Bone replacement graft – first site in quadrant D4263", added new bullet "May be considered incidental when used in conjunction with bone grafting and/or GTR".

Under "Bone replacement graft – each additional site in quadrant D4264", added procedure code "D3428" to the last bullet.

Under "Guided tissue regeneration (GTR) – resorbable barrier, per site D4266", added procedure code "D3432" to the last bullet.

## Prosthodontics - Removable

### 1/16/13

CDT 2014 update: Added "Prosthodontics – removable" section and clinical guidelines for overdentures procedure codes D5863 – D5866.

### 1/1/18

Under "Bone replacement graft – first site in quadrant D4263", added new bullet "May be considered incidental when used in conjunction with bone grafting and/or GTR".

Under "Bone replacement graft – each additional site in quadrant D4264", added procedure code "D3428" to the last bullet.

Under "Guided tissue regeneration (GTR) – resorbable barrier, per site D4266", added procedure code "D3432" to the last bullet.

### 1/15/15

CDT 2015 and periodic review and updates:

Under "Overdentures – complete D5863, D5865" forth bullet added "...and insufficient stability and retention to retain prosthodontic appliance".

Under "Overdentures – partial D5864, D5866", forth bullet added "in the arch".

### 1/1/17

Under "Overdentures – complete D5863, D5865" fourth bullet, added "...is anticipated or exists."

## Implants and Related Services

### 11/6/12

CDT 2013 update: Clinical guidelines added for new ADA CDT 2013 effective 1/1/13 – procedure codes D6103, D6104.

### 1/1/15

CDT 2015 and periodic review and updates:

General Clinical Criteria heading changed to "Requests for services must meet the following basic clinical criteria".

Under "General Clinical Criteria" #12 – added "(LEAT)", #14 – deleted "(D4265) have not been approved by the FDA for this use and are, therefore, not covered", #14 added "may be considered incidental by CareFirst when used in conjunction with bone grafting and/or GTR".

Under "General Considerations", heading changed to "Other General Considerations" Under "General Considerations", "Second stage implant surgery D6011", first bullet, second sentence – deleted "Usually". Under "Second stage implant surgery D6011" – first bullet, second sentence deleted "Usually".

Under "Bone graft or repair of periimplant defect D6103" – first bullet deleted "Reported" added "Necessary". Second bullet, deleted "Surgical", added "May be necessary when surgical".

### 1/1/19

Under "Second stage implant surgery D6011", second bullet "Surgical access to an implant body...of an abutment", added "...is considered inclusive to the placement of the implant".

Fixed Prosthodontics

## Fixed Partial Denture Bridges

### 11/6/12

CDT 2013 update: Deleted procedure codes D6254, D6795, D6970, D6972, D6973,

D6976, D6977 – deleted text reference and guidelines to codes. Clinical guidelines added for pediatric partial denture, fixed – D6985.

### 1/8/14

Periodic review and update: Under General Clinical Criteria, item #7 changed "2 mm" to "1.5 mm", added new item "16. No benefit will be allowed in conjunction with a mini implant supported fixed prosthetic device (crown, bridge)".

Under General Considerations, item #4, deleted "in the form of" from last sentence. CDT 2014 update: Under General Considerations, added clinical guidelines for new CDT 2014 procedure codes D6011 and D6013.

### 1/1/17

Updated AADP reference manual to latest version "V37/NO6 15/16 – MAY 2015."

### 1/1/19

Under "Retainer Inlays / Onlays D6545 – D6634, second bullet "Any restorative procedure must be required as a result of caries or trauma", added "or may be allowed to support retention of a fixed bridge".

Under "Retainer crowns D6710 – D6794 (D6793 is not covered), second bullet "An endodontically treated tooth must show adequate root canal fill without excessive over fill", added "or periapical pathology".

### Oral Surgery

**11/6/12**

CDT 2013 update: Added new ADA CDT 2013 procedure code "sinus augmentation via a vertical approach (D7952) to the D7951 clinical guidelines.

**1/1/17**

Periodic review and update: New clinical guidelines added for osseous, osteoperiosteal or cartilage graft D7950, frenulectomy D7960 and frenuloplasty D7963.

### Orthodontic Treatment

**1/8/14**

Health Care Reform update: Added new Orthodontic Treatment section and clinical criteria in compliance with the Affordable Care Act, Essential Pediatric Dental Benefit.

**1/1/15**

CDT 2015 and periodic review and updates:

Under "Comprehensive Orthodontic Treatment D8070 – 8090", under "Benefits for orthodontic services will only be available until the end of the calendar year in which the member turns age 19 if the member:" – second bullet "...Salzmann Evaluation Criteria Index..." – deleted the word "Criteria".

**1/1/17**

Under "Please Note," deleted bullet #2.

### Adjunctive General Services

**1/1/16**

Under Unclassified Treatment – added new clinical guidelines for D9120 effective 1/1/16.

