



# Dental Clinical Criteria

---

*Last Revised: 1/2024*

## Contents

Introduction .....	2
Diagnostic .....	4
Restorative .....	5
Endodontics .....	7
Periodontics .....	8
Prosthodontics (Removable) .....	11
Implants and Related Services .....	12
Fixed Prosthodontics .....	14
Oral Surgery .....	16
Orthodontics .....	18
Adjunctive General Services .....	20

# Introduction

---

The clinical criteria for Dental are based upon procedure codes in the Current Dental Terminology® (CDT 2023), American Dental Association®.

CareFirst's Dental Clinical Criteria have been developed, revised and updated periodically. They are reviewed and approved by the CareFirst Dental Advisory Committee (DAC) and/or the Oral and Maxillofacial Surgery Advisory Committee (OMSFAC). The DAC is comprised of the Dental Director who acts as chairperson for the committee and 10 practicing network dentists. The OMSFAC is comprised of the Dental Director, who acts as chairperson for the committee, and four practicing network oral surgeons.

The criteria are derived from reviews of the current dental literature, subject textbooks, other industry information, and

- Practice Parameters, American Association of Periodontology ([www.perio.org](http://www.perio.org))
- Parameters of Care, American Association of Oral and Maxillofacial Surgery ([www.aaoms.org](http://www.aaoms.org))
- Oral Health Policies and Clinical Guidelines, American Academy of Pediatric Dentistry ([www.aapd.org](http://www.aapd.org))
- Position Statements, American Association of Dental Consultants ([www.aadc.org](http://www.aadc.org))
- Dental Practice Parameters, American Dental Association ([www.ada.org](http://www.ada.org))

## Dental benefits

Dental care benefits are provided as defined in the members' contracts. The members' contracts may exclude or impose frequency limits on certain procedures and may vary based on regulatory requirements and/or the level of coverage purchased by the employer group or individual. In-network dentists agree to CareFirst's Schedule of Allowances for covered services. Covered services are allowed a benefit only when dentally or medically necessary as determined by CareFirst.

## Alternate benefits

Member contracts state "in the event there are alternative dental procedures that meet generally accepted standards of professional dental care for a Member's condition, benefits will be based upon the lowest cost alternative." If a Member elects to have a more expensive procedure performed, it is the Member's financial responsibility to pay the difference to the provider between the allowed amount for the alternate benefit and the contracted fee for the selected procedure.

## The professional review process

- All review of clinical information is performed by licensed dental professionals.
- Only a licensed dentist may deny a procedure as "not medically or dentally necessary", "cosmetic in nature" or "experimental or investigational".
- Only a licensed dentist may consider a procedure or claim on appeal.
- Administrative denials are based on member contract provisions (i.e., benefit limitations, exclusions and annual contract period maximum) and do not require the review of a licensed professional.

### Required clinical information

Procedures requiring professional review always require supporting clinical documentation. Please refer to the list of required documentation included as part of this document. As licensed dentists are reviewing your submitted information, please ensure that the images are of diagnostic quality to avoid a request for improved images. The information you send to CareFirst represents your patient's clinical situation and should be represented in the most clear way possible.

### Sending your Clinical Information to CareFirst

**Electronic claims:** CareFirst prefers and accepts electronic dental claims from multiple third party vendors (Vyne/RSS, DentalXChange (DXC)), ChangeHealthCare (CHC)—use payer ID:00580.

**Paper claims:** Mail your claims to the address indicated on the back of the member's membership card.

**Attachments and clinical documentation:** The submission of electronic attachments (radiographs, progress notes, charting, photos, etc.) is highly recommended and may be submitted to CareFirst through an electronic attachment vendor of choice. If you need to send attachments and clinical documentation as a hard copy with your claim, always be sure that your image is clear and diagnostic so as to expedite the clinical review process. Note: CareFirst no longer accepts physical, diagnostic models for orthodontic review.

# Diagnostic

---

**Requests for services must meet the following basic criteria:**

## Tests and examinations

*D0145—Collection of microorganisms for culture and sensitivity*

- Considered for benefit only in cases when moderate to severe infection requires identification of the infective organism to effectively target antimicrobial therapy.

## Oral pathology laboratory

*D0486—Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report*

- Pathological analysis of cytological sample of disaggregated transepithelial cells.
- Written report of findings.

# Restorative

## Requests for services must meet the following basic criteria:

### *Inlay / Onlay Restorations (D2510—D2644)*

- Limited to permanent teeth.
- Any restorative procedure must be required as a result of extensive caries or trauma.
- A direct restoration is not feasible.
- Patient has a documented allergy to direct restorative materials.
- Onlays must completely cover at least one cusp of the posterior tooth and involve multiple surfaces.
- Onlays must cover the complete incisal edge of an anterior tooth and more than one surface.
- Free of endodontic signs/symptoms
- The tooth must present with a minimum of 50 percent bone support.
- The patient must be free of active periodontal disease.

### *Crowns (Single Restorations) (D2710—D2928)*

- Limited to permanent teeth.
- Any restorative procedure must be required as a result of extensive caries or trauma.
- A direct or other more conservative restoration is not feasible.
- An endodontically treated tooth must show adequate root canal fill without excessive over fill and be asymptomatic.
- The tooth must present with a minimum of 50 percent bone support.
- The patient must be free of active periodontal disease.

## Other restorative services

### *Buildup (D2950)*

- Limited to permanent teeth.
- The tooth must be sufficiently broken down that a buildup is required for adequate support and retention of a crown, e.g., 50% or more of the natural tooth structure is missing.
- Buildups are not considered for inlays or onlays as dentally necessary due to the retention of multiple tooth surfaces.
- Minor restorations of carious areas, liners, bases or blocking out undercuts in a preparation do not qualify as a buildup (D2949).
- Closing of endodontic access cavity does not qualify as a build-up.

### *Post and core (D2952—D2954)*

- Limited to permanent teeth.
- The tooth must be endodontically treated.
- The endodontically treated tooth must show adequate root canal fill without excessive over- or under-fill.
- The tooth must present with a minimum of 50 percent bone support.
- The tooth must be sufficiently broken down where a more conservative base or buildup would be contraindicated.
- The risk of root fracture or splitting the root by placing a post is minimal.

### *Veneers (D2960—D2962)*

- Limited to permanent anterior teeth.
- Will not be covered if performed solely for cosmetic reasons.
- Must be required as a result of caries or trauma.
- A direct or other more conservative restoration is not feasible.
- The tooth must present with a minimum of 50 percent bone support.
- The patient must be free of active periodontal disease and gross caries.
- Must be free of endodontic signs or symptoms.

### *Excavation of non-restorable tooth (D2989)*

- A narrative and periapical or bite-wing x-ray are required for clinical review and each case will be considered on an individual basis.

# Endodontics

## Requests for services must meet the following basic criteria:

### *Endodontic therapy on primary teeth (D3230, D3240)*

- Tooth must demonstrate advanced caries or trauma.
- Root fracture must be absent.
- Clinical crown must be sufficient to retain a restoration, prefabricated resin or stainless steel crown.
- Tooth must not be near exfoliation—root resorption may not exceed 50 percent.

### *Endodontic therapy on permanent teeth (initial treatment and re-treatment) (D3230, D3240)*

- Allowed services for teeth # 2–15, 18–31. Third molars that are necessary to support the occlusion may be considered (#1, 16–17, 32).
- All canals must be instrumented, cleaned and sealed within 2mm of the radiographic apex.
- Tooth must present with documented endodontic pathology and symptoms.
- Tooth must be restorable.
- Tooth must present with at least 50 percent bone support.
- Patient must be free of periodontal disease.

### *Bone graft in conjunction with periradicular surgery (D3428—D3429)*

- Documented surgical defect must be large enough to require graft for adequate healing without significant residual defect.

### *Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery*

- Biologic materials must result in significant improvement in tissue regeneration and healing.
- May be considered inclusive (no additional fee is paid by the member or CareFirst) by CareFirst when used in conjunction with bone grafting and/or guided tissue regeneration (GTR).

### *Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery (D3432)*

- Use of the resorbable barrier for GTR must result in significant improvement in tissue regeneration and healing.
- This code is not to be used for resorbable or non-resorbable membranes, allogenic grafting materials or other extra charges. the grafting codes include the material unless otherwise indicated.

### *Canal preparation and fitting of preformed dowel or post (D3950)*

- This service is considered inclusive when submitted in conjunction with post/core placement by the same practitioner on the same tooth.
- This service may be covered by an endodontist when performed as ancillary to endodontic therapy but not by the dentist who is preparing the canal for the post and also placing the post and fabricating the core.



# Periodontics

## *Gingival flap procedure, including root planing (D4240-D4241)*

- 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 techniques).
- 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 gingivectomy or osseous surgery procedures.

## *Osseous surgery (D4260—D4261)*

- 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 by CareFirst.

## *Bone replacement graft—first site in quadrant (D4263)*

- 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 when placing implants on the same date of service. The appropriate codes for that are D6103 and D6104.

- Do not use this code when performing periradicular surgery on the same date of service. The appropriate code for that is D3428.

## *Bone replacement graft—each additional site in quadrant (D4264)*

- 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.
- This code should be used for any site adjacent to the primary bone graft site.
- May be considered inclusive when used in conjunction with bone grafting and/or GTR.
- Do not use this code when placing implants on the same date of service. The appropriate codes for that are D6103 and D6104.
- Do not use this code when performing periradicular surgery on the same date of service. The appropriate code for that is D3428.

## *Biologic materials to aid in soft and osseous tissue regeneration (D4265)*

- May be considered inclusive when used in conjunction with bone grafting and/or GTR.
- 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.
- This code is not to be used for resorbable or non-resorbable membranes, allogenic grafting materials or other extra charges. The grafting codes include the material unless otherwise indicated.
- CareFirst will consider allowing a benefit for this service when traditional regenerative procedures alone are unlikely to provide resolution of the tissue defect.

## Periodontics

- A narrative detailing the necessity of the material is required in determining this additional regenerative benefit.
- Do not use this code in conjunction with periradicular surgery.

### *Guided tissue regeneration (GTR)—resorbable or nonresorbable barrier, per site (D4266, D4267)*

- 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 required in determining this additional regenerative benefit.
- Do not use this code in conjunction with periradicular surgery.

### *Removal of non-resorbable barrier (D4286)*

- Procedure to remove the barrier membrane that does not resorb over time on its own.
- Although it is in the periodontal category, this code can be used when removing nonresorbable barrier membranes after endodontic or oral surgery bone graft procedures.

### *Connective tissue graft procedures (pedicle, subepithelial connective tissue and free soft tissue graft procedures)*

- A minimum amount of attached gingiva remains, i.e., < 2mm.
- 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 inclusive to frenulectomy or frenuloplasty by CareFirst

### *Soft tissue allograft (D4270)*

- Must meet same criteria as other soft tissue grafts.
- No donor site is required.
- Allograft material is inclusive. No additional charge for the graft material is allowed.

### *Combined connective tissue and double pedicle graft (D4276)*

- Must meet same criteria as other soft tissue grafts.
- Appropriate to correct advanced gingival recession.

### *Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in the same graft site (D4277, D4278)*

- A minimum amount of attached gingiva remains i.e., < 2mm.
- 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 allograft material such as Alloderm.
- Not to be reported in conjunction with frenulectomy or frenuloplasty.

### *Autogenous connective tissue graft procedure (including donor and recipient surgical sites) (D4283)*

- Use D4273 for the first site in the quadrant and D4283 for each additional contiguous site in that quadrant.
- Includes donor and graft site.

### *Non-autogenous connective tissue graft (including recipient surgical site and donor material) (D4275, D4285)*

## Periodontics

- Use D4275 for the first site in the quadrant and D4285 for each additional site in that quadrant.
- Includes donor material and recipient surgical site.

### *Periodontal scaling and root planing (D4341, D4342)*

- Gingival pockets  $\geq$  4mm.
- 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 (4) quadrants in same appointment must be accompanied by rationale for doing four (4) quadrants in the same visit, anesthesia used, length of appointment and degree of provider (DDS, DMD, RDH).
- May be repeated every two (2) 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.

### *Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation (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 must be 14 years or older. There are exceptions with adequate clinical documentation.
- This procedure is necessary when:

- Oral exam and periodontal charting indicate the patient presents with:
  - Generalized moderate to severe gingival inflammation involving ten (10) or more teeth
  - Moderate to heavy plaque and/or calculus
  - 2–4 mm pocketing. There may be pseudopocketing.
  - Bleeding points
  - No vertical or horizontal bone loss
  - No loss of attachment

### *Periodontal maintenance (D4910)*

- Is a benefit under most dental plans when preceded by a definitive periodontal procedure (not D4346 or D4355 only) by no more than two (2) years and no fewer than 90 days.
- Allowed up to twice per contract year beginning 4–6 weeks post definitive periodontal procedure. May be allowed up to four times per year for members with identified chronic illnesses.
- Includes selective SRP, if required and polishing teeth.

### *Gingival irrigation (D4921)*

- Not a covered benefit as there is insufficient scientific evidence regarding clinical efficacy.

# Prosthodontics (Removable)

---

## Requests for services must meet the following basic criteria:

- Replacement of any fixed or removable prosthesis is limited to five (5) years.
- There must be at least one (1) missing tooth (2–15, 18–31).
- Teeth 1, 16, 17 and 32 are not eligible for replacement.

### *Overdentures—partial or complete (D5863, D5864, D5865 and D5866)*

- At least 50 percent bone support.
- Retained teeth must be permanent teeth at appropriate tooth positions for good retention and stability.
- Implants and mini implants may be used to enhance retention and stability.
- Implants may be acceptable when there are no retained natural teeth and insufficient stability and retention to retain prosthodontic appliance is anticipated or exists.

# Implants and Related Services

## Requests for services must meet the following basic Clinical Criteria:

1. Limited to the replacement of permanent teeth (2–15, 18–31 only).
2. Replacements of teeth 1, 16, 17 and 32 are not covered unless in functional occlusion and necessary to maintain occlusal support.
3. Implant must have good crown-to-root ratio.
4. Must be fully osseo-integrated.
5. Must not have more than two (2) implant body threads exposed above the alveolar crest.
6. Implant must not be closer than 1.5 mm to adjacent roots or implants.
7. The alveolar ridge implant placement site must present with good quality bone of adequate mass and density.
8. Active periodontal disease must be treated and under control before implant placement to avoid possible complications. When there is untreated generalized periodontal disease throughout the remaining dentition, a more conservative treatment modality may be offered as an alternate benefit to restore the edentulous space and replace all missing teeth, e.g., a fixed bridge or a full/partial denture.
9. Implants may be contraindicated in young patients whose growth is expected to continue.
10. Immediate placement of an implant body into an extraction site is an acceptable procedure in many cases. These procedures may include placement of autogenous or allograft bone material in conjunction with GTR membrane, as needed to restore

osseous height or width, if a bony defect is present.

11. Biologic mediators, Extracellular Matrix Derivative (EMD) may be considered inclusive by CareFirst when used in conjunction with bone grafting and/or GTR.
12. No benefit will be allowed in conjunction with a mini implant supported fixed prosthetic device (crown, bridge).

## Other General Considerations:

1. Implants may not be covered in some plans.
2. If implants are not covered, then all services associated with the implant service including but not limited to maintenance and repairs, periodontal services for implants and implant removal are excluded from coverage.
3. In the case of surgical placement of implants, there is no alternative surgical treatment option; therefore, no alternate benefit is available. An alternate benefit may be applied to the prosthetic portion of the implant treatment plan (implant abutments and crowns, removable full or partial dentures).

## Implants and Related Services

### *Surgical placement of implant body (D6010)*

- Clinical criteria on previous page applies
- Submit diagnostic radiographic pre-op and post-op images, adding photographic images, if helpful.

### *Second stage implant surgery (D6011)*

- This codes describes the surgical access to an implant body for placement of a healing cap or to enable placement of an abutment.
- Most implants do not require a second stage surgery. Will be permitted a benefit allowance only in limited situations when uncovering an implant is critically necessary. Rationale for need should be submitted with the claim.
- Includes flap procedure and suturing.
- Not medically necessary for mini-implant.

### *Surgical placement of mini implant (D6013)*

- Mini implants are indicated for retention of full dentures that would otherwise be unstable.
- Not indicated to retain or support fixed partial dentures.
- Not indicated to retain or support crowns.
- Includes the retrofitting of existing prosthesis.
- Does not require surgical flap and osteotomy.
- Does not require second stage surgery.
- Does not require surgical stent for placement.

### *Bone graft or repair of periimplant defect (D6103)*

- Necessary when there is an osseous or soft tissue defect at an existing implant site.
- May be necessary when surgical intervention is required to access the defect.
- Does not include flap entry and closure.
- Does not include barrier membrane or biologic materials.
- Do not use codes D4263, D4264 or D7953.

### *Bone graft at time of implant placement (D6104)*

- Bone graft may be indicated to repair an osseous defect or improve significantly debilitated architecture.
- Grafting may be indicated when implant is placed immediately into an extraction socket, if there is a need to improve the bony architecture, as noted above. Narrative describing the clinical presentation and PA are required to support the need for the graft.
- Do not use D4263, D4264 or D7953 to report bone grafting in conjunction with implant placement.

### *Guided Tissue Regeneration—resorbable or non-resorbable, per implant (D6106, D6107)*

- 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 required in determining this additional regenerative benefit.

### *Removal of non-resorbable barrier (D4286)*

- Procedure to remove the barrier membrane that does not resorb over time on its own.
- Although it is in the periodontal category, this code can be used when removing non-resorbable barrier membranes after bone graft procedures around an implant.

# Fixed Prosthodontics

## Requests for services must meet the following basic criteria:

### *Pontics (D6205—D6252)*

- Limited to the replacement of functional permanent teeth (#2-15, 18-31). Consideration will be given for functional third molar replacements if the support of the occlusion is incomplete without those teeth.
- Pontic space must be 75 percent the mesial-distal length of the missing tooth.
- The associated retainer teeth or implants must demonstrate a good five (5) year prognosis.
- If the retainer is denied, the pontic will be denied.
- Two (2) pontic length, maximum allowed.
- Cantilevers should not involve more than one (1) pontic and the related abutment must have at least 75 percent bone support.
- The patient must be free of active periodontal disease.
- Non-functional teeth are not considered for benefits.

### *Retainers Inlays / Onlays (D6600—D6634)*

- Limited to permanent teeth.
- Inlays and onlays used as bridge retainers require a narrative that includes rationale for their use.
- Any restorative procedure must be required as a result of caries or trauma or may be allowed to support retention of a fixed bridge.
- Onlay must completely cover at least one (1) cusp of the posterior tooth and involve multiple surfaces.

- Onlays must cover the complete incisal edge of an anterior tooth and more than one (1) surface.
- The tooth must present with a minimum of 50 percent bone support.
- The patient must be free of active periodontal disease.
- Non-functional teeth are not considered for benefits.

### *Retainers crowns (D6710—D6794)*

- Limited to the replacement of functional permanent teeth (#2-15, 18-31). Consideration will be given for functional third molar replacements if the support of the occlusion is incomplete without those teeth.
- Endodontics must be completed before teeth are prepared and the bridge is placed.
- The tooth must present with a minimum of 50 percent bone support.
- The patient must be free of active periodontal disease.
- If pontics are allowed an alternate benefit, the abutment crowns (retainers) will be considered for benefits independently based upon their clinical status.
- Non-functional teeth are not considered for benefits.
- Provisional retainer crowns are not covered and are considered inclusive to the final bridge.
- Abutment teeth should demonstrate zero mobility.

## Fixed Prosthodontics

### *Pediatric partial denture, fixed (D6985)*

- A fixed prosthetic restoration replaces one (1) or more missing teeth in the primary, transitional or permanent dentition.
- This restoration attaches to natural teeth, tooth roots, or implants and it is not removable by the patient.
- Growth must be considered when using fixed restorations in the developing dentition.  
Recommendations:
- Fixed prosthetic restorations to replace one (1) or more missing teeth may be indicated to:
  - establish esthetics;
  - maintain arch space or integrity in the developing dentition;
  - prevent or correct harmful habits; or
  - improve function.



# Oral Surgery

**Requests for services must meet the following basic criteria:**

## Extractions (surgical)

*Determination of type of extraction depends primarily on the anatomic position of the tooth/remnants and also on the technique required to remove the tooth or its remnants.*

- D7210—Surgical extraction requires demonstrable need to cut hard and/or soft tissue; closure with suture(s) is necessary
- D7220—Soft tissue impaction—occlusal surface of the tooth is covered by soft tissue and requires a flap to uncover the tooth
- D7230—Partial bony impaction—up to 50% of the crown of the tooth is covered by bone.
- D7240—Full bony impaction—over 50% of the crown of the tooth is covered by bone.
- D7241—Full bony impaction with complications—difficulty in removing the tooth must be documented and demonstrated by radiographs
- D7250—Removal of residual tooth roots—requires cutting soft and hard tissue to remove the roots
- D7251—Coronectomy—rationale for removal of the crown only must be submitted, along with radiographic demonstration of need.

## Other Surgical Procedures

*Oroantral fistula closure and Primary closure of a sinus perforation (D7260)*

- Oral—antral communication must require surgical intervention for repair and healing.

*Mobilization of erupted or malpositioned tooth to aid eruption (D7282)*

- Tooth must be ankylosed.
- May not be associated with an extraction.

*Biopsy of oral tissue (D7284, D7285, D7286)*

- For pathological examination of abnormal tissue or lesion.

- Not to be used with apicoectomy / periradicular surgery.
- Copy of the pathology report and rationale for biopsy should be included with the claim submission.

*Brush biopsy (D7288)*

- Brush biopsy is used as a screening technique and is usually not covered due to many false positives.
- Sample collection of abnormally appearing mucosa or oral mucosal lesion.
- Biopsy may be required for definitive diagnosis.

*Surgical excision of soft tissue lesions and intra-osseous lesions and excision of bone tissue (D7410-D7490)*

- Tissue's appearance must be documented and appear abnormal or suspicious on the image provided with the claim.

## Other Repair Procedures

*Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla (D7950)*

- Procedure is considered necessary and appropriate when:
  - Performed to repair a significant osseous defect in the maxilla or mandible which may be caused by disease or injury, beyond that of a periodontal defect, commonly referred to as a block graft.
  - The procedure includes ridge augmentation or reconstruction to increase height, width and/or volume of the alveolar ridge.
  - The procedure includes obtaining and placing the graft material (autogenous graft or allograft) and any related follow up visit.
  - Placement of a barrier membrane, if used, may be reported separately.

### *Sinus augmentation with bone or bone substitutes (D7951)*

- The area must be edentulous.
- Must be done for implant site preparation.
- May be appropriate at time of implant placement when implant stability cannot be obtained with existing bone.
- Short, wide implant body use is contraindicated.
- Placed in the absence of sinus pathology.
- Implant and implant services are covered services in the plan.

### *Bone replacement graft for ridge preservation (D7953)*

- Post extraction site presents with compromised bone mass.
- Benefit for a bone graft is allowed when the graft is critical to the success of the future implant (that has been approved for benefits).
- At least one osseous plate is fenestrated or presents with dehiscence or is fractured resulting in a major defect.
- Particular consideration for benefits will be given to:
  - Maxillary molar and premolar regions that may require grafting to provide adequate space between the sinus and the implant.
  - Maxillary and mandibular anterior regions that may require bone grafts for compromised (very thin osseous plate) facial bony walls.
  - Mandibular molar regions when the nerve canal position is too close to the edentulous ridge for proper implant placement.

### *Guided Tissue Regeneration—resorbable or non-resorbable, per site (D7956, D7957)*

- 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 required in determining this additional regenerative benefit.
- Use this code when grafting in an edentulous space.

### *Removal of non-resorbable barrier (D4286)*

- Procedure to remove the barrier membrane that does not resorb over time on its own.
- Although it is in the periodontal category, this code can be used when removing non-resorbable barrier membranes after bone graft procedures in an edentulous area.

### *Frenulectomy and Frenuloplasty (D7961—D7963)*

- Procedure is considered necessary and appropriate when:
  - The patient is an infant who is having difficulty latching for breastfeeding.
  - Excessive lingual attachment is impeding speech or swallowing.
  - High labial attachment is preventing eruption of teeth.
  - High labial attachment is creating a diastema or causing tooth rotation.
  - Necessary to avoid or proceed with orthodontic treatment.

### *Surgical reduction of fibrous tuberosity (D7972)*

- Soft tissue must be hypertrophied and interfere with occlusion or the restorative space for prosthetic restoration.
- Excessive tissue interferes with appropriate denture flange extension.
- Removal of osseous exostoses or tori are covered under D7471-D7473, D7485.

# Orthodontics

## CareFirst Dental Contracts

### Commercial Contracts (excludes Affordable Care Act (ACA) plans)

Requests for orthodontic services for members covered under CareFirst Dental Contracts are provided according to contract—no Dental Director Review is required.

Benefit is provided to members that meet the following criteria:

- Orthodontic coverage is provided in the member's contract,
- The member is eligible to receive orthodontic benefit (for example, a member's contract may provide coverage for orthodontic services but limited to dependents) and
- The orthodontic treatment is to reduce or eliminate an existing malocclusion.

### Affordable Care Act (ACA) Contracts—embedded pediatric benefits

Orthodontic benefits for members covered under ACA contracts are limited to comprehensive orthodontic treatment (procedure codes D8070—D8090). All other orthodontic treatment procedure codes are considered excluded from contract and, therefore, a benefit will not be provided—examples of non-covered services include:

- Limited orthodontic treatment (D8010—D8040)
- Minor treatment appliances to control harmful habits (D8210 and D8220).

Requests for orthodontic comprehensive services for members covered under ACA contracts require a pre-treatment estimate (PTE) and must meet the following requirements:

*Comprehensive Orthodontic Treatment (ACA Contracts only) (D8080, D8090 only)*

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:

- Has fully erupted permanent teeth with at least 1/2 to 3/4 of the clinical crown being exposed (unless the tooth is impacted or congenitally missing); and
- Has a severe, dysfunctional, handicapping malocclusion that meets a minimum score of 15 on the Handicapping Labio-Lingual Deviations Index (HLD) or a minimum score of 25 on the Salzmann Evaluation Index (depends upon jurisdiction). Points are not awarded for aesthetics, therefore, additional points for aesthetics correction will not be considered as part of the determination.
- The following documentation must be submitted with the request for a PTE:
  1. Current ADA claim form with service code requested and fee;
  2. Images of diagnostic study models, properly trimmed, with individual occlusal views, articulated profile and frontal views, clear enough to measure overjet, overbite, crowding, spacing, etc. High quality facial photographs that equally illustrate the dentition and arch/tooth relationships are acceptable. (Plaster or stone models are no longer accepted.)
  3. Cephalometric head film with measurements and analysis;
  4. Panoramic or full series radiographs;
  5. Clinical summary with diagnosis;
  6. Appropriate State mandated HLD or Salzmann Evaluation assessment form completed and signed by the orthodontist (dentist); and
  7. Treatment plan including anticipated duration of active treatment.

## Orthodontic Treatment

- Covered benefit for comprehensive orthodontic treatment, if a PTE is approved, includes:
  1. Retainers—one (1) set (included in comprehensive orthodontics).
  2. Retainer replacement allowed one (1) per arch per lifetime within 24 months of date of debanding, if necessary.
  3. Rebonding or recementing fixed retainer.
  4. Orthodontic therapy is covered once per lifetime.
  5. Periodic treatment visits; not to exceed 24 months (the member must be eligible for Covered Dental Services on each date of service, except as specifically stated in the Extension of Benefits section of the Agreement).

### **Please Note:**

1. The pre-treatment estimate is required before any treatment begins. Diagnostic records and examination do not require PTE. If treatment commences before authorization is received from CareFirst, no benefit will be allowed.

# Adjunctive General Services

## Anesthesia

Submission for IV anesthesia or sedation should include the initial fifteen (15) minutes and each additional fifteen (15) minute increment.

Intravenous general anesthesia (deep sedation) or moderate (conscious) sedation is covered with the following services:

## Procedure Codes That Allow Sedation/Anesthesia

- Endodontics Codes
  - Apicoectomy—D3410, D3421, D3425, D3426
  - Root amputation—D3450
  - Hemisection—D3920
- Periodontal Codes
  - Osseous surgery—D4260, D4261
  - Osseous graft—D4263, D4264
  - Pedicle graft—D4270
  - Free soft tissue graft—D4271, D4273, D4277, D4278
- Implants (surgical service, only)
  - Surgical placement of implant body—D6010
  - Implant removal—D6100
  - Bone graft for repair of peri-implant defect—D6103
- Oral Surgery Codes
  - Surgical impactions—D7220, D7230, D7240, D7241, D7250
  - Surgical extractions—D7210 general anesthesia is not covered if billed for a single surgical tooth extraction on a claim. If a statement of medical necessity is submitted with the claim, it will be considered.
  - Oral closures—D7260, D7261
  - Tooth implantation—D7270, D7272
  - Surgical exposure—D7280, D7282
  - Placement of device to facilitate eruption of impacted tooth D7283
  - Surgical repositioning—D7290
  - Alveoloplasty—D7310, D7320, D7311, D7321
  - Vestibuloplasty—D7340, D7350
  - Excision tumor/cyst—D7440, D7441, D7450, D7451, D7460, D7461, D7465
  - Removal of exostosis—D7471, D7472, D7473, D7485, D7490
  - Incision & Drainage—D7510, D7520, D7511, D7521
  - Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla—D7950
  - Bone replacement graft for ridge preservation—per site—D7953
  - Excision Hyperplastic tissue—D7970, D7971, D7972

