DELTA DENTAL®

# Dentist Handbook 2024

These national processing policies reflect data code set requirements set forth under the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related regulations. It is the policy of Delta Dental to comply with all such requirements as well as to require all Delta Dental member companies and their participating dentists to comply with such requirements. Consistent with HIPAA, Delta Dental exercises its right to determine benefits in accordance with applicable policies and plan documents. In determining benefits, Delta Dental adheres to the following national processing policies, except to the extent prohibited under applicable law or specific group and individual contract provisions (described below). Claim submissions shall not be manipulated so as to inflate the charges or otherwise attempt to circumvent the policies or applicable law. Delta Dental member companies shall ensure that their application of these processing policies is consistent with their contractual obligations to groups and individuals.

General Policies

General policies (GP) related to each category of procedure codes precede the category code listing. Policies for specific procedure codes are listed in each category after the codes and nomenclature.

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

For the purposes of this manual, the following definitions apply:

| | |
|---|---|
| Allowance: | The amount of Delta Dental's payment for the procedure benefited. |
| Alternative Benefit: | In cases where alternative methods of treatment exist, benefits are provided for the least costly, professionally acceptable treatment. This determination is not to recommend which treatment should be provided. It is a determination of benefits under terms of the patient's coverage. The dentist and patient should decide the course of treatment. If the treatment rendered is other than the one benefited, the difference between Delta Dental's allowance and the approved amount for the actual treatment rendered is collectable from the patient. |
| Approved Amount: | The total fee a participating dentist agrees to accept as payment in full for a procedure. It includes both the Delta Dental allowance and the patient responsibility. Participating dentists agree not to collect from the patient any difference between the approved amount and their actual fee for the procedure. |

| | |
|---|---|
| Denied/Deny: | If the benefit for a procedure or service is denied, the procedure or service is not a benefit of the patient's coverage and the approved amount is collectable from the patient. Specific group/individual contract provisions take precedence over processing policies. It is recommended that the dental office contact the appropriate member company for the group/individual account to determine the specific benefits, limitations, and exclusions. |
| In Conjunction With: | In conjunction with means as part of another procedure or course of treatment including, but not limited to, being rendered on the same day. |
| Not billable to the patient: | If the fee for a procedure or service is not billable to the patient, it is not benefited by Delta Dental collectable from the patient by a participating dentist. |
| Processed as: | When a procedure is processed as a different procedure, participating dentists agree to accept all the limitations, processing policies, and approved amounts that apply to the procedure Delta Dental benefits. |
| Specialized Procedure | Describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate. |

All services provided to Delta Dental members are subject to the following general policies:

- Documentation of extraordinary circumstances can be submitted for review by report.
- Individual consideration may be given if additional supporting documentation is provided (e.g. diagnostic quality radiographs, clinical notes, charting, etc.)
- Fees for completion of claim forms and submission of documentation to Delta Dental to enable benefit determination are not benefits. They are not collectable from the patient by a participating dentist.
- Infection control and OSHA compliance are included in the fee for the dental services provided. Separate fees are not billable to the patient by a participating dentist.
- Multistage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays and inlays is the cementation date of the final restoration regardless of the type of cement utilized. The completion date for endodontic treatment is the date the canals are permanently filled.

- Charges for procedures determined not to be necessary or not meeting generally accepted standards of care may be denied or not billable to the patient. Many of the processing policies that follow, describe payment procedures that are based on the timing and sequence of inter-related procedures. However, the timing and sequencing of treatment is the responsibility of the dentist rendering care and should always be determined by the treating dentist based on the patient's needs.
- When a procedure is by report and subject to coverage under medical, it should be submitted to the patient's medical carrier first. When submitting to Delta Dental, a copy of the explanation of payment or payment voucher from the medical carrier should be included with the claim, plus a narrative describing the procedure performed, reasons for performing the procedure, pathology report if appropriate, and any other information deemed pertinent. In the absence of such information, Delta Dental will not benefit the procedure.
- The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist, and is not generally used when conventional methods are adequate.
- Additional supporting documentation may be requested in order to make a benefit determination.
- Narratives are not considered legal documentation. The only acceptable legal written documentation for utilization review are the dental records.
- For payment purposes, local anesthesia is an integral part of the procedure being performed and additional fees are not billable to the patient.

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D0100 - D0999 DIAGNOSTIC

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances.

## A. D0100 - D0199 CLINICAL ORAL EVALUATIONS

**General Policy** - Clinical oral evaluation frequency limitations are determined by group/individual contract.

**General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy** – Oral evaluations are only a benefit when the elements included in the descriptor are completed.

**General Policy** - Benefits for oral evaluations (D0120, D0150, D0160, and D0180) performed without an intent to provide dental services to meet the patient's dental needs will be processed as D0190.

**General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines.

| | | | |
|---|---|---|---|
| **D0120** | Periodic oral evaluation - established patient | An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately. | Benefits for D0120 performed without an intent to provide dental service to meet the patient's dental needs will be processed as D0190. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0140** | Limited oral evaluation – problem focused | An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc. | a. Limited oral evaluation - problem focused is allowed with definitive treatment.<br><br>b. Oral evaluations are only a benefit when the elements included in the descriptor are completed. |
| **D0145** | Oral evaluation for a patient under three years of age and counseling with primary caregiver | Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver. | a. D0145 includes any caries susceptibility tests (D0425) or oral hygiene instructions (D1330) on the same date. When performed on the same date as D0145, any fees for D0425 and D1330 are not billable to the patient.<br><br>b. For patients under the age of three, any other comprehensive evaluation code submitted (D0150, D0160, D0180) is payable as D0145. Any fees in excess of D0145 are not billable to the patient. |
| **D0150** | Comprehensive oral evaluation – new or established patient | Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the | a. Comprehensive oral evaluation is benefited for the first encounter with the dentist/dental office and subsequent submissions by the same dentist/dental office are benefited as periodic oral evaluations (D0120).<br><br>b. Benefits for D0150 performed without an intent to provide dental services to meet the patient's dental needs will be processed as D0190. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc. | |
| **D0160** | Detailed and extensive oral evaluation - problem focused, by report | A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, | Benefit once per dentist/dental office. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | conditions requiring multi-disciplinary consultation, etc. | |
| **D0170** | Re-evaluation - limited, problem focused (established patient, not post-operative visit) | Assessing the status of a previously existing condition. For example: - a traumatic injury where no treatment was rendered but patient needs follow-up monitoring; - evaluation for undiagnosed continuing pain; - soft tissue lesion requiring follow-up evaluation. | The fees for re-evaluation - limited, problem focused are not billable to the patient in conjunction with another procedure by the same dentist/dental office. |
| **D0171** | Re-evaluation – post-operative office visit | None | Procedures include all necessary post-operative care and re-evaluations and the fee is not billable to the patient when submitted by the same dentist/dental office who performed the original procedure. Benefits are denied if different dentist/dental office. |
| **D0180** | Comprehensive periodontal evaluation - new or established patient | This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, an evaluation for oral cancer, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, and occlusal relationships. | a. If a D0180 is submitted with a D4910 on the same date of service by the same dentist/dental office it is benefited as a D0120 and the difference in the approved amount between the D0120 and the D0180 is not billable to the patient.<br><br>b. Benefits for D0180 performed without an intent to provide dental services to meet the patient's dental needs will be processed as D0190. |
| **B. D0190-D0191 PRE-DIAGNOSTICS SERVICES**<br>General Policy - Benefits are determined by group/individual contract. Fees for pre-diagnostic services are not billable to the patient when reported on the same date of service as another evaluation procedure (D0120 – D0150). | | | |
| **General Policy** - Benefits for oral evaluations (D0120, D0150, D0160, and D0180) performed without an intent to provide dental services to meet the patient's dental needs will be processed as D0190. | | | |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0190** | Screening of a patient | A screening including state or federally mandated screenings to determine an individual's need to be seen by a dentist for diagnosis. | When done on the same date as an evaluation/screening (D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0191 and D9310), the fees for D0190 are not billable to the patient as integral to the evaluation by the same dentist/dental office. |
| **D0191** | Assessment of a patient | A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment. | When done on the same date as an evaluation/screening (D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190 and D9310), the fees for D0191 are not billable to the patient as integral to the evaluation by the same dentist/dental office. |
| **C. D0200 - D0399 DIAGNOSTIC IMAGING** | | | |
| **General Policy** - Diagnostic services must be necessary and appropriate relative to an individual dental patient's disease risk and clinical condition. If the necessity and appropriateness for diagnostic radiographic imaging is not evident from the information submitted, or the images have been acquired before such a determination is made, fees for radiographic imaging are not billable to the patient. | | | |
| **General Policy** - Fees for duplication (copying) of diagnostic images for insurance purposes are not billable to the patient. | | | |
| **General Policy** – Images must be of diagnostic quality; properly oriented if submitted for documentation purposes, and with the date of exposure and a patient identifier indicated on all images. If an image is not of diagnostic quality, then the fee for the image is not billable to the patient. | | | |
| **General Policy** - The frequency limitation for an intraoral comprehensive series and panoramic radiographic images are a benefit once every five years. All other imaging frequencies are determined by the group/individual contract. | | | |
| **General Policy** – Limit to two bitewing images for patients under age 10. A D0273 or D0274 submitted for a patient under age 10 will be benefited as D0272 and any fees in excess of the approved amount for D0272 is not billable to the patient. | | | |
| **D. IMAGE CAPTURE WITH INTERPRETATION**<br>**General Policy** – D0210- D0371 include image capture and interpretation. The fee for interpretation of a diagnostic image by a practitioner not associated with the capture of the image is processed according to group/individual contract. In all other instances, interpretation is not billable to the patient. | | | |
| **D0210** | Intraoral - comprehensive series of radiographic images | A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas. | a. Benefits for intraoral complete series of radiographic images are limited to once every five years.<br><br>b. The fees for additional bitewings (D0270-D0274) within 6 months of D0210 are not |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | billable to the patient by the same dentist/dental office. Benefits are denied if done by a different dentist/dental office.<br><br>c. Benefits are limited to either an intraoral complete series radiographic images (D0210) or panoramic radiographic image (D0330) within the five year period. Any additional benefits are denied.<br><br>d. When submitted with intraoral complete series image capture only, the fees for D0709 are not billable to the patient by same dentist/dental office.<br><br>e. The fee for intraoral tomosynthesis – comprehensive series of radiographic images (D0387) capture only is considered part of D0210.<br><br>f. When submitted with intraoral tomosynthesis – comprehensive series of radiographic images (D0372), benefit intraoral tomosynthesis comprehensive series as a D0210 and the additional fees are chargeable to the patient. The fees for the original D0210 are not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

| TYPE OF ENCOUNTER | PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE | | | | |
|---|---|---|---|---|---|
| | Child with Primary Dentition (prior to eruption of first permanent tooth) | Child with Transitional Dentition (after eruption of first permanent tooth) | Adolescent with Permanent Dentition (prior to eruption of third molars) | Adult, Dentate or Partially Edentulous | Adult, Edentulous |
| New Patient* being evaluated for oral diseases | Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time. | Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. | Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. An intraoral comprehensive intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment. | | Individualized radiographic exam, based on clinical signs and symptoms. |
| Recall Patient* with clinical caries or at increased risk for caries** | Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe | | Posterior bitewing exam at 6-18 month intervals | | Not applicable |
| Recall Patient* with no clinical caries and not at increased risk for caries** | Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe | Posterior bitewing exam at 18-36 month intervals | Posterior bitewing exam at 24-36 month intervals | | Not applicable |
| Recall Patient* with periodontal disease | Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically. | | | | Not applicable |
| Patient (New and Recall) for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships | Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships | Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars | Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships. | | |
| Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization | Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions | | | | |

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. Public Health Service, Food and Drug Administration. AMERICAN DENTAL ASSOCIATION. Council on Dental Benefit Programs, Council on Scientific Affairs, Revised 2012.

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0220** | Intraoral – periapical first radiographic image | None | a. When submitted with intraoral periapical - image capture only, the fees for D0707 are not billable to the patient by same dentist/dental office.<br><br>b. The fee for intraoral tomosynthesis periapical image – capture only (D0389) is considered part of D0220 and not billable to the patient. |
| **D0230** | Intraoral – periapical each additional radiographic image | None | a. Individually listed intraoral radiographic images by the same dentist/dental office are considered a complete series if the fee for individual radiographic images (excluding D0330) equals or exceeds the fee for a complete series done on the same date of service. Any fee in excess of the fee for an intraoral comprehensive series (D0210) is not billable to the patient.<br><br>b. Routine working and final treatment radiographic images taken for endodontic therapy by the same dentist/dental office are considered a component of the complete treatment procedure and separate fees are not billable to the patient on the same date of service.<br><br>c. When submitted with intraoral periapical - image capture only, the fees for D0707 are not billable to the patient by same dentist/dental office. |
| **D0240** | Intraoral - occlusal radiographic image | None | When submitted with intraoral – occlusal - capture only, the fees for D0706 are not billable to the patient. |
| **D0250** | Extra-oral – 2D projection radiographic image created | These images include, but are not limited to: Lateral Skull; Posterior- | Benefits for extra-oral – 2D projection radiographic images created using a |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | using a stationary radiation source, and detector | Anterior Skull; Submentovertex, Waters, Reverse Towns; Oblique Mandibular Body; Lateral Ramus | stationary radiation source, and detector are denied unless covered by group/individual contract. |
| **D0251** | Extra-oral posterior dental radiographic image | Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image. | a. Extra-oral posterior dental radiographic image is denied unless covered by group/individual contract.<br><br>b. If there is a history of prior extra-oral radiograph within the frequency limitations for D0330, the fees for D0251 are not billable to the patient.<br><br>c. When submitted with extra-oral posterior image capture only, the fees for D0705 are not billable to the patient by the same dentist/dental office. |
| **D0270** | Bitewing - single radiographic image | None | a. When submitted with intraoral – bitewing image capture only, the fees for D0708 are not billable to the patient by the same dentist/dental office.<br><br>b. The fee for intraoral tomosynthesis bitewing image - capture only (D0388) is considered part of D0270 and not billable to the patient.<br><br>c. The fees for additional bitewings (D0270-D0274) within 6 months of D0210 are not billable to the patient by the same dentist/dental office. Benefits are denied if done by a different dentist/dental office. |
| **D0272** | Bitewings - two radiographic images | None | a. When submitted with intraoral – bitewing image capture only, the fees for D0708 are not billable to the patient by the same dentist/dental office. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | b. The fees for additional bitewings (D0270-D0274) within 6 months of D0210 are not billable to the patient by the same dentist/dental office. Benefits are denied if done by a different dentist/dental office.<br><br>c. The fee for intraoral tomosynthesis bitewing image - capture only (D0388) is considered part of D0272 and not billable to the patient. |
| **D0273** | Bitewings - three radiographic images | None | a. When submitted with intraoral – bitewing image capture only, the fees for D0708 are not billable to the patient by the same dentist/dental office.<br><br>b. The fees for additional bitewings (D0270-D0274) within 6 months of D0210 are not billable to the patient by the same dentist/dental office. Benefits are denied if done by a different dentist/dental office.<br><br>c. The fee for intraoral tomosynthesis bitewing image - capture only (D0388) is considered part of D0273 and not billable to the patient. |
| **D0274** | Bitewings - four radiographic images | None | a. When submitted with intraoral – bitewing image capture only, the fees for D0708 are not billable to the patient by the same dentist/dental office.<br><br>b. The fees for additional bitewings (D0270-D0274) within 6 months of D0210 are not billable to the patient by the same dentist/dental office. Benefits are denied if done by a different dentist/dental office. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | c. The fee for intraoral tomosynthesis bitewing image - capture only (D0388) is considered part of D0274 and not billable to the patient. |
| **D0277** | Vertical Bitewings – 7 to 8 radiographic images | This does not constitute a full mouth intraoral radiographic series. | a. Vertical bitewings are considered bitewings for benefit purposes and are subject to the frequency limitations for bitewing radiographic images as established by the contract. If the fee for the vertical bitewings is equal to or exceeds the fee for an intraoral comprehensive series, it would be considered an intraoral comprehensive series for payment and benefit purposes and frequency limitations. Any fee in excess of the fee for an intraoral comprehensive series (D0210) is not billable to the patient on the same date of service.<br><br>b. If the fee for bitewings and occlusal radiographic images is equal to or exceeds the fee for an intraoral comprehensive series, it would be considered an intraoral comprehensive series for payment and benefit purposes and frequency limitations. Any fee in excess of the fee for an intraoral comprehensive series is not billable to the patient.<br><br>c. The fee for any type of bitewings submitted with an intraoral comprehensive series are considered part of an intraoral comprehensive series (D0210) for payment and benefit purposes. Any fee in excess of an intraoral comprehensive series is not billable to the patient on the same date of service. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | d. In the absence of contract language for bitewing frequency limitations, the fees for D0277 are not billable to the patient within 12 months of an intraoral comprehensive series. |
| **D0310** | Sialography | None | None |
| **D0320** | Temporomandibular joint arthrogram, including injection | None | None |
| **D0321** | Other temporomandibular joint radiographic images, by report | None | None |
| **D0322** | Tomographic survey | None | None |
| **D0330** | Panoramic radiographic image | None | a. Benefits for panoramic radiographic image are limited to once every five years.<br><br>b. Benefits are limited to either a panoramic radiographic image (D0330) or an intraoral complete series (D0210) within the five year period. Any additional benefits are denied.<br><br>c. When submitted with panoramic image capture only, the fees for D0701 are not billable to the patient by same dentist/dental office. |
| **D0340** | 2D cephalometric radiographic image - acquisition, measurement and analysis | Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry. | a. Cephalometric radiographic image is a benefit only in conjunction with orthodontic benefits.<br><br>b. Benefits for a cephalometric radiographic image not taken in conjunction with orthodontic treatment are denied.<br><br>c. When submitted with the 2D cephalometric image capture only, the fees |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | for D0702 are not billable to the patient by the same dentist/dental office. |
| **D0350** | 2D oral/facial photographic image obtained intra-orally or extra-orally | None | a. Benefits for 2D oral/facial images may be paid once per case as orthodontic records.<br><br>b. Benefits for 2D oral/facial images for other procedures are considered elective and therefore are denied.<br><br>c. When billed with 2-D photographic image – image capture only, D0703, the fees for D0703 are not billable to the patient by the same dentist/dental office. |
| **D0364** | Cone beam CT capture and interpretation with limited field of view - less than one whole jaw | None | a. The benefit for cone beam CT capture and interpretation of view restricted to less than one whole jaw is denied unless covered by group/individual contract. When covered, benefit once per 12 months.<br><br>b. Benefits are denied if D0364, D0365, D0366, D0367 were benefitted in the last 12 months.<br><br>c. When submitted in conjunction with the capture only procedure D0380, the fee for D0380 is not billable to the patient.<br><br>d. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient. |
| **D0365** | Cone beam CT capture and interpretation with field of view of one full dental arch – mandible | None | a. The benefit for cone beam CT capture and interpretation with field of view of one full arch - mandible is denied unless covered by group/individual contract. When covered, benefit once per 12 months. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | b. Benefits are denied if D0364, D0365, D0366, D0367 were benefitted in the last 12 months.<br><br>c. When submitted in conjunction with the capture only procedure D0381, the fee for D0381 is not billable to the patient.<br><br>d. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient. |
| **D0366** | Cone beam CT capture and interpretation with field of view one full dental arch – maxilla, with or without cranium | None | a. Cone beam CT capture and interpretation with field of view one full dental arch – maxilla with or without cranium is denied unless covered by group/individual contract. When covered, benefit once per 12 months.<br><br>b. Benefits are denied if D0364, D0365, D0366, D0367 were benefitted in the last 12 months.<br><br>c. When submitted in conjunction with the capture only procedure D0382, the fee for D0382 is not billable to the patient.<br><br>d. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient. |
| **D0367** | Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium | None | a. Cone beam CT capture and interpretation with field of view of both jaws with or without cranium is denied unless covered by group/individual contract. When covered, benefit once per 12 months. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | b. Benefits are denied if D0364, D0365, D0366, D0367 were benefitted in the last 12 months.<br><br>c. When submitted in conjunction with the capture only procedure D0383, the fee for D0383 is not billable to the patient.<br><br>d. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient. |
| **D0368** | Cone beam CT capture and interpretation for TMJ series including two or more exposures | None | a. Cone beam CT capture and interpretation for TMJ series including two or more exposures is denied unless the group/individual contract includes TMJ coverage. When covered, benefit once per lifetime.<br><br>b. When submitted in conjunction with the capture only procedure D0384, the fee for D0384 is not billable to the patient.<br><br>c. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient. |
| **D0369** | Maxillofacial MRI capture and interpretation | None | a. Maxillofacial MRI capture and interpretation is denied.<br><br>b. When submitted in conjunction with the capture only procedure D0385, the fee for D0385 is not billable to the patient.<br><br>c. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0370** | Maxillofacial ultrasound capture and interpretation | None | a. Maxillofacial ultrasound capture interpretation is denied.<br><br>b. When submitted in conjunction with the capture only procedure D0386, the fee for D0386 is not billable to the patient.<br><br>c. When submitted in conjunction with the interpretation procedure D0391, the fee for D0391 is not billable to the patient. |
| **D0371** | Sialoendoscopy capture and interpretation | None | Sialoendoscopy capture and interpretation is denied. |
| **D0372** | Intraoral tomosynthesis – comprehensive series of radiographic images | A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas. | Benefits for intraoral tomosynthesis comprehensive series are denied, unless covered by group/individual contract.<br><br>When covered:<br>a. When billed with intraoral – complete series of radiographic images (D0210) by the same dentist/dental office, the fee for D0210 is not billable to the patient.<br><br>b. When billed with intraoral tomosynthesis – comprehensive series – capture only (D0387) by the same dentist/dental office, the fee for D0387 is not billable to the patient.<br><br>c. When billed with intraoral – complete series of radiographic images – image capture only (D0709) by the same dentist/dental office, the fee for D0709 is not billable to the patient. |
| **D0373** | Intraoral tomosynthesis - bitewing radiographic image | None | Benefits for intraoral tomosynthesis bitewing image are denied, unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | When covered:<br>a. When billed with bitewings (D0270, D0272, D0273, D0274, D0277) by the same dentist/dental office, the fees for D0270, D0272, D0273, D0274, and D0277 are not billable to the patient.<br><br>b. When billed with intraoral tomosynthesis bitewing – radiographic image - capture only (D0388) by the same dentist/dental office, the fee for D0388 is not billable to the patient.<br><br>c. When billed with intraoral – bitewing radiographic image – image capture only (D0708) by the same dentist/dental office, the fee for D0708 is not billable to the patient. |
| **D0374** | Intraoral tomosynthesis - periapical radiographic image | None | Benefits for intraoral tomosynthesis periapical image are denied, unless covered by group/individual contract.<br><br>When covered:<br>a. When billed with intraoral – periapical first radiograph image (D0220) and intraoral periapical each additional radiographic image (D0230) by the same dentist/dental office, the fees for D0220 and D0230 are not billable to the patient.<br><br>b. When billed with intraoral tomosynthesis - periapical radiographic image – capture only (D0389) by the same dentist/dental office, the fee for D0389 is not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | c. When billed with intraoral – periapical radiographic image – image capture only (D0707) by the same dentist/dental office, the fee for D0707 is not billable to the patient. |
| **E. IMAGE CAPTURE ONLY** | | | |
| **D0380** | Cone beam CT image capture with limited field of view – less than one whole jaw | None | a. Cone beam CT image capture with limited field of view – less than one whole jaw is denied.<br><br>b. When submitted in conjunction with the capture and interpretation procedure D0364, the fee for D0380 is not billable to the patient.<br><br>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is re-processed as D0364 and the fees for D0380 and D0391 are not billable to the patient.<br><br>d. The fee for the interpretation of a diagnostic image D0391, when submitted by a different dentist/dental office than that who submitted the capture only procedure D0380 – D0386, is processed according to group/individual contract. |
| **D0381** | Cone beam CT image capture with field of view of one full dental arch – mandible | None | a. Cone beam CT image capture with field of view of one full dental arch – mandible is denied.<br><br>b. When submitted in conjunction with the capture and interpretation procedure D0365, the fee for D0381 is not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is re-processed as D0365 and the fees for D0381 and D0391 are not billable to the patient.<br><br>d. The fee for the interpretation of a diagnostic image D0391, when submitted by a different dentist/dental office than that who submitted the capture only procedure D0380 – D0386, is processed according to group/individual contract. |
| **D0382** | Cone beam CT image capture with field of view one full dental arch – maxilla, with or without cranium | None | a. Cone beam CT image capture with field of view one full dental arch – maxilla, with or without cranium is denied.<br><br>b. When submitted in conjunction with the capture and interpretation procedure D0366, the fee for D0382 is not billable to the patient.<br><br>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is reprocessed as D0366 and the fees for D0382 and D0391 are not billable to the patient.<br><br>d. The fee for the interpretation of a diagnostic image D0391, when submitted by a different dentist/dental office than that who submitted the capture only procedure D0380 – D0386, is processed according to group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0383** | Cone beam CT image capture with field of view of both jaws; with or without cranium | None | a. Cone beam CT image capture with field of view of both jaws, with or without cranium is denied.<br><br>b. When submitted in conjunction with the capture and interpretation procedure D0367, the fee for D0383 is not billable to the patient.<br><br>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is re-processed as D0367 and the fees for D0383 and D0391 are not billable to the patient.<br><br>d. The fee for the interpretation of a diagnostic image D0391, when submitted by a different dentist/dental office than that who submitted the capture only procedure D0380 – D0386, is processed according to group/individual contract. |
| **D0384** | Cone beam CT capture image for TMJ series including two or more exposures | None | a. Cone beam CT capture image for TMJ series including two or more exposures is denied.<br><br>b. When submitted by in conjunction with the capture and interpretation procedure D0368, the fee for D0384 is not billable to the patient.<br><br>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is re-processed as D0368 and the fees for D0384 and D0391 are not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | d. The fee for the interpretation of a diagnostic image D0391, when submitted by a different dentist/dental office than that who submitted the capture only procedure D0380 – D0386, is processed according to group/individual contract. |
| **D0385** | Maxillofacial MRI image capture | None | a. Maxillofacial MRI image capture is denied.<br><br>b. When submitted in conjunction with the capture and interpretation procedure D0369, the fee for D0385 is not billable to the patient.<br><br>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is re-processed as D0369 and the fees for D0385 and D0391 are not billable to the patient.<br><br>d. The fee for the interpretation of a diagnostic image D0391, when submitted by a different dentist/dental office than that who submitted the capture only procedure D0380 – D0386, is processed according to group/individual contract. |
| **D0386** | Maxillofacial ultrasound image capture | None | a. Maxillofacial ultrasound image capture is denied.<br><br>b. When submitted in conjunction with the capture and interpretation procedure D0370, the fee for D0386 is not billable to the patient.<br><br>c. When submitted by the same dentist/dental office in conjunction with the interpretation procedure D0391, it is re- |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | processed as D0370 and the fees for D0386 and D0391 are not billable to the patient.<br><br>d. The fee for the interpretation of a diagnostic image D0391, when submitted by a different dentist/dental office than who submitted the capture only procedure D0380 – D0386, is processed according to group/individual contract. |
| **D0387** | Intraoral tomosynthesis – comprehensive series of radiographic images – capture only | A radiographic survey of the whole mouth, intended to display the crowns and roots of all teeth, periapical areas and alveolar bone. | The fee for D0387 intraoral tomosynthesis – comprehensive series of radiographic images capture only is considered part of D0372 and is not billable to the patient by the same dentist/dental office. |
| **D0388** | Intraoral tomosynthesis bitewing –radiographic image - capture only | None | The fee for D0388 intraoral tomosynthesis bitewing capture only is considered part of (D0373) and is not billable to the patient by the same dentist/dental office. |
| **D0389** | Intraoral tomosynthesis - periapical radiographic image – capture only | None | The fee for D0389 intraoral tomosynthesis - periapical capture only is part of D0374 and is not billable to the patient. |
| **F. INTERPRETATION AND REPORT ONLY** | | | |
| **D0391** | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | None | a. The fee for interpretation of a diagnostic image by the practitioner not associated with the capture only procedures D0380 – D0386 is denied.<br><br>b. The fee for the interpretation of diagnostic image D0391 when submitted by the same dentist/dental office as the capture only procedures D0380-D0386 are not billable to the patient.<br><br>c. The fee for the interpretation of a diagnostic image D0391, when submitted by |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | a different dentist/dental office than who submitted the capture only procedure D0380 – D0386, is processed according to group/individual contract. |
| **G. POST PROCESSING OF IMAGE OR IMAGE SETS** | | | |
| General Policy – Benefits for post processing of image or image sets are denied as specialized procedures. | | | |
| **D0393** | Virtual treatment simulation using 3D image volume or surface scan | Virtual simulation of treatment including, but not limited to, dental implant placement, prosthetic reconstruction, orthognathic surgery and orthodontic tooth movement. | Benefits for D0393 are denied as a specialized procedure. |
| **D0394** | Digital subtraction of two or more images or image volumes of the same modality | To demonstrate changes that have occurred over time. | None |
| **D0395** | Fusion of two or more 3D image volumes of one or more modalities | None | None |
| **D0396** | 3D printing of a 3D dental surface scan | 3D printing of a 3D dental surface scan to obtain a physical model. | 3D printing of a surface scan is inclusive of other procedures and is not billable to the patient. |
| **H. D0400 – D0999 TESTS AND EXAMINATIONS** | | | |
| **D0411** | HbA1c in-office point of service testing | None | a. Benefits are denied unless covered by group/individual contract.<br><br>b. When covered by group/individual contract, limited to one test per benefit year.<br><br>c. When D0411 is submitted on the same date/same dentist/dental office as D0412 (blood level glucose level test), the fee for D0412 is not billable to the patient. |
| **D0412** | Blood glucose level test – in-office using a glucose meter | This procedure provides an immediate finding of a patient's blood glucose level at the time of | a. Benefits are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | sample collection for the point-of-service analysis. | b. The fee for D0412 is not billable to the patient on the same date of service as D0411. |
| **D0414** | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report | None | Benefits for laboratory processing of microbial specimens are denied unless covered by the group/individual contract. |
| **D0415** | Collection of microorganisms for culture and sensitivity | None | Bacteriologic studies for determination of sensitivity of pathologic agents to antibiotics are denied as a specialized procedure. |
| **D0416** | Viral culture | A diagnostic test to identify viral organisms, most often herpes virus. | Studies for determining pathologic agents are a specialized procedure and the benefits are denied. |
| **D0417** | Collection and preparation of saliva sample for laboratory diagnostic testing | None | Collection and preparation of a saliva sample for laboratory diagnostic testing is considered experimental and the benefits are denied. |
| **D0418** | Analysis of saliva sample | Chemical or biological analysis of saliva sample for diagnostic purposes. | The benefits for analysis of saliva sample are denied. |
| **D0419** | Assessment of salivary flow by measurement | This procedure is for identification of low salivary flow in patients at risk for hyposalivation and xerostomia, as well as effectiveness of pharmacological agents used to stimulate saliva production. | Benefits are limited to one assessment every three years. Subsequent submissions not billable to the patient within 12 months and denied between 12 and 36 months. |
| **D0422** | Collection and preparation of genetic sample material for laboratory analysis and report | None | Genetic tests for susceptibility to oral diseases are denied unless covered by group/individual contract. |
| **D0423** | Genetic test for susceptibility to diseases – specimen analysis | Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases. | Genetic tests for susceptibility to oral diseases are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0425** | Caries susceptibility tests | Not to be used for carious dentin staining. | Caries susceptibility tests are not a benefit, and the fees are denied as a specialized procedure. |
| **D0431** | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant, malignant lesions not to include cytology or biopsy procedures | None | Benefits for adjunctive pre-diagnostic tests that aid in the detection of mucosal abnormalities are denied as investigational. |
| **D0460** | Pulp vitality tests | Includes multiple teeth and contra lateral comparison(s), as indicated. | Pulp tests are payable per visit, not per tooth, and only for the diagnosis of emergency conditions. Therefore, fees for pulp tests are not billable to the patient as part of any other definitive procedure on the same date of service, by the same dentist/dental office except D0140 limited oral evaluation - problem focused, D9110 palliative treatment, radiographic images (D0210-D0391), consultation (D9310) and sedative filling (D2940). |
| **D0470** | Diagnostic casts | Also known as diagnostic models or study models | a. Diagnostic casts are payable only once when performed in conjunction with orthodontic services. Additional casts taken by the same dentist/dental office during or after orthodontic treatment are included in the fee for orthodontics and separate fees are not billable to the patient. Benefit once per lifetime.<br><br>b. Benefits for diagnostic casts taken in conjunction with any other procedure are denied. |
| **I. ORAL PATHOLOGY LABORATORY** | | | |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0472** | Accession of tissue, gross examination, preparation and transmission of written report | To be used in reporting architecturally intact tissue obtained by invasive means. | See D0472-D0480 below |
| **D0473** | Accession of tissue, gross and microscopic examination preparation and transmission of written report | To be used in reporting architecturally intact tissue obtained by invasive means | See D0472-D0480 below |
| **D0474** | Accession of tissue, gross and microscopic examination including assessment of surgical margins for presence of disease, preparation and transmission of written report | To be used in reporting architecturally intact tissue obtained by invasive means | See D0472-D0480 below |
| **D0475** | Decalcification procedure | Procedure in which hard tissue is processed in order to allow sectioning and subsequent microscopic examination | See D0472-D0480 below |
| **D0476** | Special stains for microorganisms | Procedure in which additional stains are applied to biopsy or surgical specimen in order to identify microorganisms. | See D0472-D0480 below |
| **D0477** | Special stains, not for microorganisms | Procedure in which additional stains are applied to a biopsy or surgical specimen in order to identify such things as melanin, mucin, iron, glycogen, etc. | See D0472-D0480 below |
| **D0478** | Immunohistochemical stains | A procedure in which specific antibody based reagents are applied to tissue samples in order to facilitate diagnosis. | See D0472-D0480 below |
| **D0479** | Tissue in-situ hybridization, including interpretation | A procedure which allows for the identification of nucleic acids, DNA | See D0472-D0480 below |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | and RNA, in the tissue sample in order to aid in the diagnosis of microorganisms and tumors. | |
| **D0480** | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | To be used in reporting disaggregated, non-transepithelial cell cytology sample via mild scraping of the oral mucosa. *accession = preparation of tissue (sectioning, staining, etc.) | See D0472-D0480 below |
| **D0472-D0480, D0486** | D0472-D0480, D0486 policy:<br>a. These procedures must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report the fee for the procedure is not billable to the patient.<br><br>b. If more than one of these procedures is submitted on the same date of service, same site by the same dentist/dental office, benefits are allowed for the most inclusive procedure and the less inclusive procedure is not billable to the patient. | | |
| **D0481** | Electron microscopy | None | See D0481-D0483 below |
| **D0482** | Direct immunofluorescence | A technique used to identify immunoreactants which are localized to the patient's skin or mucous membranes. | See D0481-D0483 below |
| **D0483** | Indirect immunofluorescence | A technique used to identify circulating immunoreactants | See D0481-D0483 below |
| **D0481-D0483** | D0481-D0483 policy:<br>Pathology reports, procedures D0472, D0473, D0474 and D0480 include preparation of tissue (sectioning, staining, etc.) and gross and microscopic evaluation. The fees for D0475 through D0483 are not billable to the patient being a component of the pathology procedures. | | |
| **D0484** | Consultation on slides prepared elsewhere | A service provided in which microscopic slides of a biopsy specimen prepared at another laboratory are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. The findings are delivered by written report. | D0484 is benefited as D9310 (diagnostic service provided by dentist or physician other than practitioner providing treatment). |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0485** | Consultation, including preparation of slides from biopsy material supplied by referring source | A service that requires the consulting pathologist to prepare the slides as well as render a written report. The slides are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. | a. D0485 must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report the fee for the procedure is not billable to the patient.<br><br>b. When billed on the same date of service, same site by the same dentist/dental office, benefits are allowed for the most inclusive procedure and the less inclusive procedure is not billable to the patient.<br><br>c. When multiple procedures are submitted in the same area of the mouth, the more complex would be a benefit. The fees for subsequent procedure codes would be not billable to the patient. |
| **D0486** | Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report | Analysis, and written report of findings, of cytologic sample of disaggregated transepithelial cells. | None |
| **D0502** | Other oral pathology procedures, by report | None | Other oral pathology procedures must be accompanied by a pathology report. Fee for D0502 submitted without the report are not billable to the patient |
| **J. TEST AND EXAMINATIONS** | | | |
| **General Policy**- recognized risk assessment tools include: PreViser, Cambra, CAT, ADA, Cariogram | | | |
| **D0600** | Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum | None | a. The fees for D0600 are not billable to the patient when submitted with an evaluation.<br><br>b. When submitted separately from an evaluation, diagnostic monitoring benefits are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0601** | Caries risk assessment and documentation, with a finding of low risk | Using recognized assessment tools | a. The fee for D0601 is not billable to the patient when submitted for children under the age of three.<br><br>b. Benefits are limited to one risk assessment every 12 months. Subsequent risk assessment codes submissions are not billable to the patient within 12 months.<br><br>c. The fee for D0601 is not billable to the patient when submitted with other risk assessment codes on the same date of service by the same dentist/dental office. |
| **D0602** | Caries risk assessment and documentation, with a finding of moderate risk | Using recognized assessment tools | a. The fee for D0602 is not billable to the patient when submitted for children under the age of three.<br><br>b. Benefits are limited to one risk assessment every 12 months. Subsequent risk assessment codes submissions are not billable to the patient within 12 months.<br><br>c. The fee for D0602 is not billable to the patient when submitted with other risk assessment codes on the same date of service by the same dentist/dental office. |
| **D0603** | Caries risk assessment and documentation, with a finding of high risk | Using recognized assessment tools | a. The fee for D603 is not billable to the patient when submitted for children under the age of three.<br><br>b. Benefits are limited to one risk assessment every 12 months. Subsequent risk assessment codes submissions are not billable to the patient within 12 months. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | c. The fee for D603 is not billable to the patient when submitted with other risk assessment codes on the same date of service by the same dentist/dental office. |
| **D0604** | Antigen testing for a public health related pathogen includes coronavirus | None | Benefits are denied unless covered by group/individual contract. |
| **D0605** | Antibody testing for a public health related pathogen includes coronavirus | None | Benefits are denied unless covered by group/individual contract. |
| **D0606** | Molecular testing for a public health related pathogen, including coronavirus | None | Benefits are denied unless covered by group/individual contract. |
| **D0701** | Panoramic radiographic image – image capture only | None | The fee for a panoramic image capture only is considered part of D0330 and is not billable to the patient. |
| **D0702** | 2-D cephalometric radiographic image – image capture only | None | The fee for a 2D cephalometric image capture only is considered part of D0340 and is not billable to the patient. |
| **D0703** | 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only | None | The fee for 2-D oral/facial photographic image capture only is considered part of D0350 and is not billable to the patient. |
| **D0705** | Extra-oral posterior dental radiographic image – image capture only | Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image. | The fee for the extra-oral posterior- image capture only is considered part of D0251 and is not billable to the patient. |
| **D0706** | Intraoral – occlusal radiographic image – image capture only | None | The fee for the intraoral – occlusal image capture only is considered part of D0240 and is not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D0707** | Intraoral – periapical radiographic image – image capture only | None | The fee for the intraoral – periapical image-capture only is considered part of D0220/D0230 and is not billable to the patient. |
| **D0708** | Intraoral – bitewing radiographic image – image capture only | Image axis may be horizontal or vertical. | The fee for the intraoral – bitewing image capture only is considered part of D0270, D0272, D0273, D0274 and is not billable to the patient. |
| **D0709** | Intraoral – comprehensive series of radiographic images – image capture only | A radiographic survey of the whole mouth, intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas. | The fee for intraoral complete series image - capture only is considered part of D0210 and is not billable to the patient. |
| **D0801** | 3D dental surface scan – direct | None | 3D scans are denied as a specialized procedure. |
| **D0802** | 3D dental surface scan – indirect | A surface scan of a diagnostic cast. | 3D scans are denied as a specialized procedure |
| **D0803** | 3D facial surface scan – direct | None | 3D scans are denied as a specialized procedure. |
| **D0804** | 3D facial surface scan – indirect | A surface scan of constructed facial features. | 3D scans are denied as a specialized procedure. |
| **D0999** | Unspecified diagnostic procedure, by report | Used for procedure that is not adequately described by a code. Describe the procedure. | Unless covered by group/individual contact, benefits for medical procedures such as, but not limited to, urine analysis, blood studies and skin tests are denied, and the approved amount is chargeable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D1000 – D1999 PREVENTIVE

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances.

## A. D1000 - D1199 DENTAL PROPHYLAXIS

**General Policy -** In the absence of group/individual contract language regarding age, a person age 14 and older is considered an adult for benefit determination purposes of a prophylaxis-adult.

**General Policy** - A prophylaxis done on the same date of service by the same dentist/dental office as a periodontal maintenance, scaling in the presence of generalized moderate or severe gingival inflammation, scaling and root planing, or periodontal surgery is considered to be part of and included in those procedures and the fee is not billable to the patient.

**General Policy** - The time limitation for prophylaxis is determined by group/individual contract. Additional prophylaxes are optional and may be charged to the patient. D4910 is counted toward the contract limitation for prophylaxis. In the absence of contract limitations, D4346 and D4355 should be counted toward the contractual limitation for prophylaxis.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines.

| | | | |
|---|---|---|---|
| **D1110** | Prophylaxis-adult | Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors. | a. For benefit purposes, the distinction between the adult and child dentition is determined by group/individual contract. Any fee in excess is not billable to the patient.<br><br>b. When submitted with D4346, fees for D1110 by the same dentist/dental office are not billable to the patient. |
| **D1120** | Prophylaxis - child | Removal of plaque, calculus and stains from the tooth structures and implants in the primary and | a. For benefit purposes, the distinction between the adult and child dentition is determined by contract. In the absence of group/individual contract language |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | transitional dentition. It is intended to control local irritational factors. | regarding age, a person under age 14 is considered a child for benefit determination purposes of a prophylaxis - child. Any fee in excess is not billable to the patient.<br><br>b. When submitted with D4346, fees for D1120 by the same dentist/dental office are not billable to the patient. |
| **B. D1200 – D1299 TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)** | | | |
| **General Policy** - Benefits for fluoride treatments are determined by the group/individual contract. | | | |
| **General Policy** - Using prophylaxis paste containing fluoride or a fluoride rinse or swish in conjunction with a prophylaxis is considered a prophylaxis only. A separate fee for this type of topical fluoride application is not billable to the patient. | | | |
| **General Policy** - Fluoride gels, rinses, tablets, or other preparations intended for home application are denied unless covered by group/individual contract. | | | |
| **General Policy** - The age limitation for topical fluoride gel or varnish treatments is determined by group/individual contract. Professionally applied prescription strength, topical fluoride applications should be a benefit up to age 19. | | | |
| **D1206** | Topical application of fluoride varnish | None | Benefits for topical fluoride varnish when used for desensitization or as cavity liner are denied. |
| **D1208** | Topical application of fluoride – excluding varnish | None | Fluoride gels, rinses, tablets, or other preparations intended for home application are denied. |
| **C. D1300 – D1499 OTHER PREVENTIVE SERVICES** | | | |
| **General Policy** -Age limitations for sealants are subject to group/individual contract. | | | |
| **General Policy** Sealants are a benefit once per tooth on the occlusal surface of permanent molars. | | | |
| **D1301** | Immunization counseling | A review of a patient's vaccine and medical history, and discussion of the vaccine benefits, risks, and consequences of not obtaining the vaccine. Counseling also includes a discussion of questions and concerns the patient, family, or caregiver may have and suggestions on where the patient can obtain the vaccine. | Benefits for immunization counseling are denied unless covered by group/individual contract. |
| **D1310** | Nutritional counseling for control of dental disease | Counseling on food selection and dietary habits as a part of treatment | Benefits for nutritional counseling are denied, unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | and control of periodontal disease and caries. | |
| **D1320** | Tobacco counseling for the control and prevention of oral disease | Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies. | Benefits for tobacco counseling are denied, unless covered by group/individual contract. |
| **D1321** | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use | Counseling services may include patient education about adverse oral, behavioral, and systemic effects associated with high-risk substance use and administration routes. This includes ingesting, injecting, inhaling and vaping. Substances used in a high-risk manner may include but are not limited to alcohol, opioids, nicotine, cannabis, methamphetamine and other pharmaceuticals or chemicals. | Benefits are denied unless covered by group/individual contract. |
| **D1330** | Oral hygiene instructions | This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids. | Benefits for oral hygiene instruction are denied, unless covered by group/individual contract. |
| **D1351** | Sealant - per tooth | Mechanically and/or chemically prepared enamel surface sealed to prevent decay. | a. Fees for sealants completed on the same date of service and on the same surface as a restoration by the same dentist/dental office are not billable to the patient as a component of the restoration.<br><br>b. Benefits for sealants are denied when the patient's claims history indicates a restoration on the occlusal surface of the same tooth.<br><br>c. Benefits for sealants include repair or replacement within 24 months by the same |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | dentist/dental office. Fees for repair or replacement of a sealant are not billable to the patient if performed within 24 months of initial placement by the same dentist/dental office.<br><br>d. Benefits for sealants requested more than 24 months following the initial placement are DENIED unless covered by group/individual contract. |
| **D1352** | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits. | a. Fees for preventive resin restoration completed on the same date of service and on the same surface as a restoration by the same dentist/dental office are considered a component of the restoration and are not billable to the patient.<br><br>b. Benefits for preventive resin restorations are denied when submitted documentation or the patient's claim history indicates a restoration on the occlusal surface of the same tooth.<br><br>c. Preventive resins restorations are a benefit once per tooth on the occlusal surface of permanent molars for patients through age 15. The teeth must be free from overt dentinal caries.<br><br>d. Benefits for preventive resin restorations or sealants include repair or replacement within 24 months by the same dentist/dental office. Fees for repair or replacement of a preventive resin restoration are not billable to the patient if performed within 24 months of initial placement by the same dentist/dental office. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | e. Benefits for preventive resin restorations requested after 24 months are denied or covered based on group/individual contract. |
| **D1353** | Sealant repair - per tooth | None | a. Fees for repairing sealants completed on the same date of service and on the same surface as a restoration by the same dentist/dental office are considered a component of the restoration and are not billable to the patient.<br><br>b. Benefits to repair sealants are denied when submitted documentation or the patient's claims history indicates a restoration on the occlusal surface of the same tooth.<br><br>c. Fees for repair or replacement of a sealant are not billable to the patient if performed within 24 months of initial placement by the same dentist/dental office.<br><br>d. Benefits for repairing sealants requested 24 months or more following the initial placement are denied or covered based on group/individual contract. |
| **D1354** | Application of caries arresting medicament – per tooth | Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure. | a. Benefits are limited to twice per tooth per benefit year.<br><br>b. Benefits for more than twice per tooth per benefit year are denied.<br><br>c. Fees for D1354 on the same date of service as a restoration are not billable to the patient.<br><br>d. Benefits for restorations placed within 2 months of D1354 are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | e. D1354 does not count against fluoride frequency. |
| **D1355** | Caries preventive medicament application – per tooth | For primary prevention or remineralization. Medicaments applied do not include topical fluorides. | Benefits are denied unless covered by group/individual contract. |
| **D. D1500 – D1999 SPACE MAINTAINERS (PASSIVE APPLIANCES)** | | | |
| **General Policy** – Benefits for the repair or replacement of a space maintainer are denied. | | | |
| **General Policy** - Only one space maintainer is benefited per arch, per lifetime except under unusual circumstances. Otherwise, benefits are denied. | | | |
| **General Policy** - Space maintainers for missing primary anterior teeth or missing permanent teeth or for persons age 14 or older are not covered benefits and are denied. | | | |
| **General Policy –** only one unilateral space maintainer is benefited per quadrant, per lifetime except under unusual circumstances. Otherwise, benefits are denied. | | | |
| **D1510** | Space maintainer – fixed, unilateral – per quadrant | Excludes distal shoe space maintainer. | None |
| **D1516** | Space maintainer – fixed – bilateral, maxillary | None | None |
| **D1517** | Space maintainer – fixed – bilateral, mandibular | None | None |
| **D1520** | Space maintainer – removable – unilateral – per quadrant | None | None |
| **D1526** | Space maintainer – removable – bilateral, maxillary | None | None |
| **D1527** | Space maintainer – removable – bilateral, mandibular | None | None |
| **D1551** | Re-cement or re-bond bilateral space maintainer – maxillary | None | a. One recementation or re-bonding is allowed per space maintainer per arch.<br><br>b. Benefits for subsequent requests for recementation or re-bonding are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D1552** | Re-cement or re-bond bilateral space maintainer – mandibular | None | a. One recementation or re-bonding is allowed per space maintainer per arch.<br><br>b. Benefits for subsequent requests for recementation or re-bonding are denied. |
| **D1553** | Re-cement or re-bond unilateral space maintainer – per quadrant | None | a. One recementation or re-bonding is allowed per space maintainer, per quadrant.<br><br>b. Benefits for subsequent requests for recementation or re-bonding are denied. |
| **D1556** | Removal of fixed unilateral space maintainer – per quadrant | None | a. Fees for removal of fixed space maintainer by the same dentist/dental office who placed appliance are not billable to the patient anytime following placement of space maintainer.<br><br>b. Fees for D1556 are not billable to the patient when submitted with recementation done on the same date of service.<br><br>c. Fees for removal of a fixed space maintainer by a different dentist/dental office than who placed the appliance are denied. |
| **D1557** | Removal of fixed bilateral space maintainer – maxillary | None | a. Fees for removal of fixed space maintainer by the same dentist/dental office who placed the appliance are not billable to the patient anytime following placement of space maintainer.<br><br>b. Fees for D1557 are not billable to the patient when submitted with recementation done on the same date of service.<br><br>c. Fees for removal of a fixed space maintainer by a different dentist/dental |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | office than who placed the appliance are denied. |
| **D1558** | Removal of fixed bilateral space maintainer – mandibular | None | a. Fees for removal of fixed space maintainer by the same dentist/dental office who placed the appliance are not billable to the patient anytime following placement of space maintainer.<br><br>b. Fees for D1558 are not billable to the patient when submitted with recementation done on the same date of service.<br><br>c. Fees for removal of a fixed space maintainer by a different dentist/dental office than who placed the appliance are denied. |
| **D1575** | Distal shoe space maintainer – fixed, unilateral – per quadrant | Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has erupted. | a. Benefits for D1575 for children age 9 and over are denied.<br><br>b. Fees for repairs and adjustments by same dentist/dental office are not billable to the patient. |
| **D1701** | Pfizer-BioNTech Covid-19 vaccine administration – first dose | SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1 | Benefits are denied unless covered by group/individual contract. |
| **D1702** | Pfizer-BioNTech Covid-19 vaccine administration – second dose | SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2 | Benefits are denied unless covered by group/individual contract. |
| **D1703** | Moderna Covid-19 vaccine administration – first dose | SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1 | Benefits are denied unless covered by group/individual contract. |
| **D1704** | Moderna Covid-19 vaccine administration – second dose | SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2 | Benefits are denied unless covered by group/individual contract. |
| **D1705** | AstraZeneca Covid-19 vaccine administration – first dose | SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1 | Benefits are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D1706** | AstraZeneca Covid-19 vaccine administration – second dose | SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2 | Benefits are denied unless covered by group/individual contract. |
| **D1707** | Janssen Covid-19 vaccine administration | SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE | Benefits are denied unless covered by group/individual contract. |
| **D1708** | Pfizer-BioNTech Covid-19 vaccine administration – third dose | SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 3 | Benefits are denied unless covered by group/individual contract. |
| **D1709** | Pfizer-BioNTech Covid-19 vaccine administration – booster dose | SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE BOOSTER | Benefits are denied unless covered by group/individual contract. |
| **D1710** | Moderna Covid-19 vaccine administration – third dose | SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 3 | Benefits are denied unless covered by group/individual contract. |
| **D1711** | Moderna Covid-19 vaccine administration – booster dose | SARSCOV2 COVID-19 VAC mRNA 50mcg/0.25mL IM DOSE BOOSTER | Benefits are denied unless covered by group/individual contract. |
| **D1712** | Janssen Covid-19 Vaccine Administration - booster dose | SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM DOSE BOOSTER | Benefits are denied unless covered by group/individual contract. |
| **D1713** | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose | SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 1 | Benefits are denied unless covered by group/individual contract. |
| **D1714** | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose | SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 2 | Benefits are denied unless covered by group/individual contract. |
| **D1781** | Vaccine administration – human papillomavirus - Dose 1 | Gardasil 9 0.5mL intramuscular vaccine injection. | Benefits are denied unless covered by group/individual contract. |
| **D1782** | Vaccine administration – human papillomavirus - Dose 2 | Gardasil 9 0.5mL intramuscular vaccine injection. | Benefits are denied unless covered by group/individual contract. |
| **D1783** | Vaccine administration – human papillomavirus - Dose 3 | Gardasil 9 0.5mL intramuscular vaccine injection. | Benefits are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D1999** | Unspecified preventive procedure, by report | Used for procedure that is not adequately described by a code. Describe the procedure. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D2000 - D2999 RESTORATIVE

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances.

Benefits for multi-stage procedures are only available for completed services as determined by the date of insertion.

**General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy -** Benefits for restorations for altering occlusion, adjusting vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion, abfraction, corrosion, TMD or for periodontal, orthodontic or other splinting are denied.

**General Policy** – Benefits for biomimetic restorations (e.g. Biodentine) are denied as investigational.

**General Policy -** Restorations or surgical procedures to correct congenital or developmental malformations are benefited unless done solely for cosmetic reasons.

Definitions

Attrition

1. The frictional wearing of the teeth over time. Severe attrition, due to bruxing may be evident. (Treatment Planning in Dentistry; Mosby 2006).
2. The loss of tooth structure from tooth to tooth contact. (Lee, Eakle. J Prosthet Dent 1996; 75:487).

Abrasion

1. Wearing away or notching of the teeth by a mechanical means, such as tooth brushing. (Treatment Planning in Dentistry; Mosby 2006).
2. The grinding or wearing away of tooth substance by mastication, incorrect brushing methods, bruxism or similar causes. (Mosby's Dental Dictionary).
3. The abnormal wearing away of a substance or tissue by a mechanical process. (Mosby's Dental Dictionary).
4. The loss of tooth structure from the mechanical rubbing of teeth by some object or objects (no source)
5. The act or result of the grinding or wearing away of a substance, such as a tooth worn by mastication, bruxing or tooth brushing. (The Glossary of Operative Dentistry Terms).

Erosion

1. The wasting away or loss of substance of a tooth by a chemical process that does not involve known bacterial action. (Treatment Planning in Dentistry; Mosby 2006).

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| 2. The process and the results of loss of dental hard tissue that is chemically etched away from the tooth surface, by acid and/or chelation, without bacterial involvement. (ten Cate & Imfeld, Eur J Oral Sci 1996; 104:241).<br>Abfraction<br>Wedge-shaped lesions occurring in the cervical enamel. Can result from occlusal loading and flexure in the area. (Dorland's Illustrated Medical Dictionary, 25th edition 1975). | | | |
| **General Policy** – For benefit purposes, local anesthesia is an integral part of the procedure being performed and additional fees are not billable to the patient. | | | |
| **General Policy** - The fee for a restoration includes services such as, but not limited to, adhesives, etching, liners, bases, direct and indirect pulp caps, local anesthesia, polishing, occlusal adjustment, caries removal and gingivectomy on the same date of service. Fees for the procedures noted above, when performed in conjunction with a restoration, by the same dentist/dental office are not billable to the patient on the same date of service. | | | |
| **General Policy** - If an indirectly fabricated restoration is performed, by the same dentist/dental office within 24 months of the placement of an amalgam or composite restoration, the benefit and patient co-payment allowance for the amalgam or composite restorations will be deducted from an indirectly fabricated restoration benefit. | | | |
| **General Policy** - Fees for the replacement of amalgam or composite restorations within 24 months are not billable to the patient if done by the same dentist/dental office. Benefits may be allowed if done by a different dentist. Special consideration may be given by report. | | | |
| **General Policy**- When multiple restorations involving the proximal and occlusal surfaces of the same tooth are requested or performed, benefits will be limited to that of a multi-surface restoration. A separate benefit may be allowed for a non-contiguous restoration on the buccal or lingual surface(s) of the same tooth. | | | |
| **General Policy** – Benefits are allowed only once per surface in a 24 month interval, irrespective of the number or combination of procedures requested or performed. | | | |
| **General Policy –** Narratives are not considered legal documentation. The only acceptable legal written documentation for utilization review are the dental records. | | | |
| **General Policy** - When restorations not involving the occlusal surface are requested or performed on posterior teeth on the same date of service by the same dentist/dental office, the level of benefits will be limited to that of a one surface restoration. Any fee in excess of the one surface restoration will be not billable to the patient on the same date of service. | | | |
| **General Policy** – If a root canal is performed after crown insertion, benefit a one surface restoration for endodontic access closure of the natural tooth. | | | |
| **General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines. | | | |
| **A. D2100 - D2199 AMALGAM RESTORATIONS** | | | |
| **D2140** | Amalgam - one surface, primary or permanent | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D2150** | Amalgam - two surfaces, primary or permanent | None | None |
| **D2160** | Amalgam - three surfaces, primary or permanent | None | None |
| **D2161** | Amalgam - four or more surfaces, primary or permanent | None | None |
| **B. D2330 - D2399 RESIN – BASED COMPOSITE RESTORATIONS – DIRECT** | | | |
| **General Policy** - Fees for the replacement of amalgam or composite restorations within 24 months are not billable to the patient if done by the same dentist/dental office. Benefits may be allowed if done by a different dentist/dental office. Special consideration may be given by report. | | | |
| **General Policy** - In the event an anterior proximal restoration involves a significant portion of the labial or lingual surface, it may be reported as D2331 or D2332, as appropriate, otherwise treat as D2330. | | | |
| **General Policy** - In a pit and fissure area, if the resin is limited to the enamel it is considered a sealant or preventive resin restoration. If the resin extends into the dentin, the appropriate composite resin codes should be reported. | | | |
| **D2330** | Resin-based composite – one surface, anterior | None | None |
| **D2331** | Resin-based composite - two surfaces, anterior | None | None |
| **D2332** | Resin-based composite - three surfaces, anterior | None | None |
| **D2335** | Resin-based composite - four or more surfaces (anterior) | None | None |
| **D2390** | Resin-based composite crown, anterior | Full resin-based composite coverage of tooth. | None |
| **D2391** | Resin-based composite - one surface, posterior | Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure. | Benefits are determined by group/individual contract. |
| **D2392** | Resin-based composite - two surfaces, posterior | None | Benefits are determined by group/individual contract. |
| **D2393** | Resin-based composite - three surfaces, posterior | None | Benefits are determined by group/individual contract. |
| **D2394** | Resin-based composite - four or more surfaces, posterior | None | Benefits are determined by group/individual contract. |
| **C. D2400 - D2499 GOLD FOIL RESTORATIONS** | | | |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **General Policy** - An alternate benefit will be allowed for an amalgam or resin restoration, according to the policies for amalgam and resin restorations. The additional fee up to the approved amount for the gold foil restoration is chargeable to the patient. | | | |
| **D2410** | Gold foil - one surface | None | None |
| **D2420** | Gold foil - two surfaces | None | None |
| **D2430** | Gold foil - three surfaces | None | None |
| **D. D2500 – D2699 INLAY/ ONLAY RESTORATIONS** | | | |
| **General Policy** - Multistage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. The completion date for fixed partial dentures, crowns, onlays and inlays is the cementation date, regardless of the type of cement utilized. | | | |
| **General Policy** - For inlay restorations, an alternate benefit will be allowed for an amalgam or resin restoration, according to the policies for amalgam and resin restorations. Any additional fee up to the approved amount for the inlay is chargeable to the patient. | | | |
| **General Policy –** Crowns and onlays are not a benefit for children under 12 years of age. Benefits for patient under age 12 are denied. | | | |
| **General Policy** – Crowns, onlays and indirectly fabricated restorations are considered to be an optional benefit unless the tooth is damaged by decay or fracture to the point that it cannot be restored with amalgam or resin. | | | |
| **General Policy** - Restorative benefits are made for the least expensive professionally accepted treatment procedure (LEPAT). Any difference in the fee is denied. | | | |
| **General Policy** - If the deciduous tooth is an "extra tooth" in addition to the normal complement of teeth, an inlay/onlay is not a benefit. Benefits are denied and the approved amount is chargeable to the patient. | | | |
| **General Policy** - If an inlay/onlay is being proposed or has been done where periodontal bone support appears to be inadequate, benefits are denied due to the unfavorable prognosis for the tooth. | | | |
| **General Policy** - Indirectly fabricated restorations include all models, temporaries and other associated procedures. Separate fees for models, temporaries, and other associated procedures by the same dentist/dental office are not billable to the patient. | | | |
| **D2510** | Inlay – metallic – one surface | None | None |
| **D2520** | Inlay - metallic - two surfaces | None | None |
| **D2530** | Inlay - metallic - three or more surfaces | None | None |
| **D2542** | Onlay - metallic - two surfaces | None | None |
| **D2543** | Onlay - metallic - three surfaces | None | None |
| **D2544** | Onlay - metallic - four or more surfaces | None | None |
| **D2610** | Inlay - porcelain/ceramic - one surface | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D2620** | Inlay - porcelain/ceramic - two surfaces | None | None |
| **D2630** | Inlay - porcelain/ceramic - three or more surfaces | None | None |
| **D2642** | Onlay - porcelain/ceramic - two surfaces | None | None |
| **D2643** | Onlay - porcelain/ceramic - three surfaces | None | None |
| **D2644** | Onlay - porcelain/ceramic - four or more surfaces | None | None |
| **D2650** | Inlay - resin-based composite - one surface | None | None |
| **D2651** | Inlay - resin-based composite - two surfaces | None | None |
| **D2652** | Inlay - resin-based composite - three or more surfaces | None | None |
| **D2662** | Onlay - resin-based composite - two surfaces | None | None |
| **D2663** | Onlay - resin-based composite - three surfaces | None | None |
| **D2664** | Onlay - resin-based composite - four or more surfaces | None | The fee for models, temporaries and other associated procedures by the same dentist/dental office are not billable to the patient. |

## E. D2700 – D2899 CROWNS- SINGLE RESTORATION ONLY

**General Policy** - Crowns and indirectly fabricated restorations are considered to be an optional benefit unless the tooth is damaged by decay or fracture to the point that it cannot be restored with amalgam or resin.

**General Policy** - Restorative benefits are made for the least expensive professionally accepted treatment procedure (LEPAT). Any difference in the fee is denied.

**General Policy** - If the deciduous tooth is an “extra tooth” in addition to the normal complement of teeth, a crown is not a benefit. Benefits are denied and the approved amount is chargeable to the patient.

**General Policy** - If a crown is being proposed or has been done where periodontal bone support appears to be inadequate, benefits are DENIED due to the unfavorable prognosis for the tooth.

**General Policy –** Narratives are not considered legal documentation. The only acceptable legal written documentation for utilization review are the dental records.

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **General Policy** - Tooth preparation, temporary restorations, laboratory fees and material, cement bases, impressions, occlusal adjustment, gingivectomies (on the same date of service) and local anesthesia are considered to be included in the fee for a crown restoration. Separate fees for these procedures by the same dentist/dental office are not billable to the patient on the same date of service. | | | |
| **General Policy** - Crowns and onlays are not a benefit for children under 12 years of age. Benefits for patient under age 12 are denied. | | | |
| **General Policy** - Restorations for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abfraction or for periodontal, orthodontic or TMD therapy, or other splinting are not a benefit. Benefits are denied. | | | |
| **General Policy** – Indirectly fabricated restorations include all models, temporaries and other associated procedures. Fees for models, temporaries, and other associated procedures by the same dentist/dental office are not billable to the patient. | | | |
| **D2710** | Crown – resin-based composite (indirect) | None | None |
| **D2712** | Crown - ¾ resin-based composite (indirect) | This procedure does not include facial veneers. | None |
| **D2720** | Crown - resin with high noble metal | None | None |
| **D2721** | Crown - resin with predominantly base metal | None | None |
| **D2722** | Crown - resin with noble metal | None | None |
| **D2740** | Crown - porcelain/ceramic | None | None |
| **D2750** | Crown - porcelain fused to high noble metal | None | None |
| **D2751** | Crown - porcelain fused to predominantly base metal | None | None |
| **D2752** | Crown - porcelain fused to noble metal | None | None |
| **D2753** | Crown - porcelain fused to titanium or titanium alloys | None | None |
| **D2780** | Crown- ¾ cast high noble metal | None | None |
| **D2781** | Crown- ¾ cast predominantly base metal | None | None |
| **D2782** | Crown- ¾ cast noble metal | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D2783** | Crown - ¾ porcelain/ceramic | This procedure does not include facial veneers. | |
| **D2790** | Crown - full cast high noble metal | None | None |
| **D2791** | Crown - full cast predominantly base metal | None | None |
| **D2792** | Crown - full cast noble metal | None | None |
| **D2794** | Crown – titanium and titanium alloys | None | None |
| **D2799** | Interim crown - further treatment or completion of diagnosis necessary prior to final impression | Not to be used as a temporary crown for a routine prosthetic restoration. | a. Temporary, interim or provisional restorations are not separate benefits and should be included in the fee for the permanent restoration. Fees for provisional crown are not billable to the patient.<br><br>b. When a temporary, interim, or provisional crown is billed as a therapeutic measure for a fractured tooth, benefits are subject to individual consideration.<br><br>c. Temporary, interim, or provisional fixed prostheses by the same dentist/dental office are not separate benefits and should be included in the fee for the permanent prosthesis. Fees for provisional crown are not billable to the patient. |
| **F. D2900 – D2999 OTHER RESTORATIVE SERVICES** | | | |
| **D2910** | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | None | a. Fees for the recementation or rebonding by the same dentist/dental office of covered restorations within six months of initial placement are considered part of the fee for the original procedure and are not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | b. Benefit for one recementation or rebonding after six months have elapsed since initial placement. Benefits for recementations or rebonding in excess of one recementation or rebonding by the same dentist/dental office are denied. |
| **D2915** | Re-cement or re-bond indirectly fabricated or prefabricated post and core | None | a. Fees for the recementation or rebonding by the same dentist/dental office of an indirectly fabricated or prefabricated post and core within six months of initial placement are considered part of the fee for the original procedure and are not billable to the patient.<br><br>b. Benefits for recementation or rebonding after six months have elapsed since initial placement, but only once, to the same dentist/ dental office. Benefits for recementations or rebonding in excess of one recementation or rebonding by the same dentist/dental office are denied.<br><br>c. Post recementation or rebonding (D2915) and crown recementation or rebonding (D2920) are not allowed on the same tooth on the same date of service by the same dentist/dental office. The allowance will be made only for D2920 when D2915 and D2920 are submitted together. The fee for D2915 (recement or rebonding indirectly fabricated or prefabricated post and core) is not billable to the patient. |
| **D2920** | Re-cement or re-bond crown | None | a. Fees for the recementation or rebonding by the same dentist/dental office of covered restorations within six months of initial placement are considered part of the fee for |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | the original procedure and are not billable to the patient.<br><br>b. Benefits may be paid for recementation or rebonding after six months have elapsed since initial placement, but only once. Benefits for recementations or rebonding in excess of one recementation or rebonding by the same dentist/dental office are denied. |
| **D2921** | Reattachment of tooth fragment, incisal edge or cusp | None | The fee for reattachment by the same dentist/dental office within 24 months is included in the initial reattachment or restoration and is not billable to the patient. |
| **D2928** | Prefabricated porcelain/ceramic crown – permanent tooth | None | a. The fee for the replacement of a prefabricated porcelain/ceramic crown by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the patient.<br><br>b. Benefits for D2928 are denied if done by different dentist/dental office within 24 months. |
| **D2929** | Prefabricated porcelain/ceramic crown – primary tooth | None | a. D2929 is benefitted once per lifetime.<br><br>b. The fee for replacement of a porcelain/ceramic crown by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the patient. Benefits are denied if done by a different dentist/dental office |
| **D2930** | Prefabricated stainless steel crown - primary tooth | None | a. D2930 is benefitted once per lifetime.<br><br>b. The fee for replacement of a stainless steel crown by the same dentist/dental office |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | within 24 months is not billable to the patient. |
| **D2931** | Prefabricated stainless steel crown - permanent tooth | None | The fee for the replacement of a stainless steel crown within 24 months is included in the initial crown placement and is not billable to the patient. Benefits are denied if done by a different dentist/dental office. |
| **D2932** | Prefabricated resin crown | None | The resin crown is an esthetic restoration benefited only for primary anterior teeth. |
| **D2933** | Prefabricated stainless steel crown with resin window | Open-face stainless steel crown with aesthetic resin facing or veneer. | a. A prefabricated stainless steel crown with resin window is a benefit only on anterior primary teeth. If submitted for a posterior primary tooth or for a permanent tooth, an alternate benefit allowance for prefabricated stainless steel crown - primary tooth (D2930) or prefabricated stainless steel crown - permanent tooth (D2931) is made. The difference between the allowance for the D2930 or D2931 and the approved amount for the D2933 is denied and chargeable to the patient.<br><br>b. A fee for replacement of a stainless steel crown on a primary or permanent tooth within 24 months is included in the initial crown placement and is not billable to the patient.<br><br>c. Replacement within 24 months of initial placement by a different dentist/dental office is denied and the approved amount is chargeable to the patient. |
| **D2934** | Prefabricated esthetic coated stainless steel crown - primary tooth | Stainless steel primary crown with exterior esthetic coating. | a. A prefabricated esthetic coated stainless steel crown is a benefit only on anterior primary teeth. If submitted for a posterior primary tooth or for a permanent tooth, an |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | alternate benefit allowance for prefabricated stainless steel crown - primary tooth (D2930) or prefabricated stainless steel crown - permanent tooth (D2931) is made. The difference between the allowance for the D2930 or D2931 and the approved amount for the D2934 is denied and chargeable to the patient.<br><br>b. A fee for replacement of a stainless steel crown on a primary or permanent tooth by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the patient.<br><br>c. Benefits for replacement within 24 months of initial placement by a different dentist/dental office are denied and the approved amount is collectable from the patient. |
| | **General Policy –** The fees for buildups are not billable to the patient when buildups are performed in conjunction with inlays, ¾ crowns or onlays. | | |
| **D2940** | Protective restoration | Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under a restoration. | a. Protective restorations are covered benefits for emergency relief of pain. The fee for a protective restoration filling is not billable to the patient when performed in conjunction with a definitive restoration by same dentist/dental office on same date of service.<br><br>b. Pulp cap - direct (excluding final restoration) (D3110) or pulp cap - indirect (excluding final restoration) (D3120) are not billable to the patient when billed in conjunction with D2940. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | c. Fees for D2940 are not billable to the patient when performed in conjunction with any restorative codes D2000-D2999, bridge codes (D6200-D6699), D3220-D3330, D3346-D3353, D3410-D3450. |
| **D2941** | Interim therapeutic restoration – primary dentition | Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration. | a. Allow one per primary tooth.<br><br>b. Fees for D2941 are not billable to the patient in conjunction with definitive restorations (D2000-D2999) within 24 months. |
| **D2949** | Restorative foundation for an indirect restoration | Placement of restorative material to yield a more ideal form, including elimination of undercuts | D2949 is a component of the definitive indirect restoration and the fees are not billable to the patient. |
| **D2950** | Core buildup, including any pins when required | Refers to building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation. | Substructures are only a benefit when necessary to retain an indirectly fabricated restoration due to extensive loss of tooth structure from caries or fracture. A material is placed in the tooth preparation for a crown when there is insufficient tooth strength and retention for the crown procedure. Otherwise, fees are not billable to the patient. The procedure should not be reported when the procedure only involves a filler to eliminate any undercut, box form or concave irregularity in the preparation. |
| **D2951** | Pin retention - per tooth, in addition to restoration | None | a. Pin retention is a benefit once per tooth when necessary on a permanent tooth when completed at the same appointment. Fees for additional pins by the same dentist/dental office on the same tooth are not billable to the patient as a component of the initial pin placement.<br><br>b. Fees for pin retention when billed on the same date of service with a core buildup by |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | the same dentist/dental office are not billable to the patient as a component of the buildup. |
| **D2952** | Post and core in addition to crown, indirectly fabricated | Post and core are custom fabricated as a single unit. | a. An indirectly fabricated post and core in addition to crown is a benefit only on an endodontically treated tooth. Fees for post and cores are not billable to the patient when radiographs indicate an absence of endodontic treatment, or an incompletely filled canal space. Unresolved radiolucencies may be a reason to not billable to the patient but should be evaluated based on the time since the completion of the endodontic services and co-joint signs and symptoms.<br><br>b. An indirectly fabricated post and core is a benefit in anterior teeth only when there is insufficient tooth structure to support a cast restoration.<br><br>c. If reported with a restoration or a core buildup, the amalgam or composite core buildup is considered part of the post and core procedure.<br><br>d. When radiographs indicate more than half of the coronal tooth structure remains, fees for post and cores are denied. |
| **D2953** | Each additional indirectly fabricated post - same tooth | To be used with D2952 | Individual consideration may be given by report. |
| **D2954** | Prefabricated post and core in addition to crown | Core is built around a prefabricated post. This procedure includes the core material | a. A prefabricated post and core in addition to crown is a benefit only on an endodontically treated tooth. Fees for post and core are not billable to the patient when radiographs indicate an absence of endodontic treatment, or an incompletely filled canal space, or unresolved pathology |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | associated with the involved tooth. Unresolved radiolucencies may be a reason to not billable to the patient but should be evaluated based on the time since the completion of the endodontic services and co-joint signs and symptoms.<br><br>b. A prefabricated post and core is a benefit in anterior teeth only when there is insufficient tooth structure to support a cast restoration.<br><br>c. When radiographs indicate more than half of the coronal tooth structure remains, fees for post and cores are denied. |
| **D2955** | Post removal | None | The fee for post removal is a component of the fee for the retreatment of a previous root canal therapy and is not billable to the patient |
| **D2957** | Each additional prefabricated post - same tooth | To be used with D2954 | None |
| **D2960** | Labial veneer (resin laminate) - direct | Refers to labial/facial direct resin bonded veneers | D2960 is considered cosmetic and benefits are determined by to group/individual contract. |
| **D2961** | Labial veneer (resin laminate) - indirect | Refers to labial/facial indirect resin bonded veneers | D2961 is considered cosmetic and benefits are determined group/individual contract. |
| **D2962** | Labial veneer (porcelain laminate) - indirect | Refers also to facial veneers that extend interproximally and/or cover the incisal edge. Porcelain/ceramic veneers presently include all ceramic and porcelain veneers. | D2962 is considered cosmetic and benefits are determined to group/individual contract. |
| **D2971** | Additional procedures to customize a crown to fit under an existing partial denture framework | This procedure is in addition to the separate crown procedure documented with its own code. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D2975** | Coping | A thin covering of the coronal portion of a tooth, usually devoid of anatomic contour, that can be used as a definitive restoration. | Copings are considered a specialized procedure and benefits are denied. |
| | **General Policy** – Fees for repairs are not billable to the patient within 24 months of the original restoration by the same dentist/dental office. Benefits are denied if done by a different dentist/dental office. | | |
| **D2976** | Band stabilization - per tooth | A band, typically cemented around a molar tooth after a multi-surface restoration has been placed, to add support and resistance to fracture until a patient is ready for a full cuspal coverage restoration. | a. Benefits are limited to posterior permanent teeth only.<br><br>b. Benefit once per tooth per lifetime. |
| **D2980** | Crown repair necessitated by restorative material failure | None | a. Fees for a crown repair completed on the same date of service as a new crown are not billable to the patient.<br><br>b. Fees for crown repair are not billable to the patient within 24 months of the original restoration by the same dentist/dental office.<br><br>c. Benefits for D2980 are denied within 24 months of the original restoration by different dentist/dental office. |
| **D2981** | Inlay repair necessitated by restorative material failure | None | a. Fees for inlay repairs completed on the same date of service as a new inlay are not billable to the patient.<br><br>b. Fees for inlay repairs are not billable to the patient within 24 months of the original restoration.<br><br>c. Benefits for D2981 are denied within 24 months of the original restoration by different dentist/dental office. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D2982** | Onlay repair necessitated by restorative material failure | None | a. Fees for onlay repairs completed on the same date of service as a new onlay are not billable to the patient.<br><br>b. Fees for onlay repairs are not billable to the patient within 24 months of the original restoration.<br><br>c. Benefits for D2982 are denied within 24 months of the original restoration by different dentist/dental office. |
| **D2983** | Veneer repair necessitated by restorative material failure | None | a. Fees for veneer repairs completed on the same date of service as a new veneer are not billable to the patient.<br><br>b. Fees for veneer repairs are not billable to the patient within 24 months of the original restoration.<br><br>c. Benefits for D2983 are denied within 24 months of the original restoration by different dentist/dental office. |
| **D2989** | Excavation of a tooth resulting in the determination of non-restorability | None | D2989 is considered an incomplete service and the fees are not billable to the patient. |
| **D2990** | Resin infiltration of incipient smooth surface lesions | Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion. | Benefits for resin infiltration of incipient smooth surface lesions are denied as investigational. |
| **D2991** | Application of hydroxyapatite regeneration medicament – per tooth | Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration. | Benefits are denied unless covered by group/individual contract.<br><br>When covered:<br>a. Benefits are limited to twice per tooth per benefit year. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | b. Benefits for more than twice per tooth per benefit year are denied.<br><br>c. Fees for D2991 on the same tooth and on the same date of service as a restoration [D2000-D2999] are not billable to the patient by the same dentist/dental office.<br><br>d. Fees for restorations placed within 6 months of D2991 are not billable to the patient by the same dentist/dental office.<br><br>e. Fees for D1354 on the same tooth and on the same date of service as D2991 are not billable to the patient. |
| **D2999** | Unspecified restorative procedure, by report | Used for a procedure that is not adequately described by a code. Describe the procedure. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D3000 – D3999 ENDODONTICS

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances.

**General Policy** - For benefit purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient.

**General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines.

## A. D3100 – D3199 PULP CAPPING

**General Policy** - Direct or indirect pulp caps provided on the same date of service as the final restoration by the same dentist/dental office are considered part of a single complete restorative procedure and fees are not billable to the patient.

| | | | |
|---|---|---|---|
| **D3110** | Pulp cap - direct (excluding final restoration) | Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair. | Fees for a pulp cap performed in conjunction with a restoration by the same dentist/dental office are not billable to the patient. |
| **D3120** | Pulp cap - indirect (excluding final restoration) | Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and | Fees for an indirect pulp cap performed in conjunction with a restoration by the same dentist/dental office are not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | liners when all caries has been removed. | |
| **B. D3200 – D3229 PULPOTOMY** | | | |
| **D3220** | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament | Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.<br>– To be performed on primary or permanent teeth.<br>– This is not to be construed as the first stage of root canal therapy.<br>– Not to be used for apexogenesis | a. If provided on permanent teeth, process as palliative treatment (D9110) and any fees in excess of D9110 are not billable to the patient.<br><br>b. When done in conjunction with a root canal procedure (D3310-D3330) the fees for D3220 are not billable to the patient. |
| **D3221** | Pulpal debridement, primary and permanent teeth | Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day. | a. The relief of acute pain is benefited as gross pulpal debridement (D3221).<br><br>b. It is not considered a separate procedure when performed by the same dentist/dental office on the same date of service as endodontic therapy (D3230–D3333) and the fees for D3221 are not billable to the patient.<br><br>c. The fees for D9110 in conjunction with D3221 are not billable to the patient by the same dentist/dental office. |
| **D3222** | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy. | a. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/dental office as root canal therapy (D3230–D3333) or codes D3351-D3353.<br><br>b. The fees for D9110 in conjunction with D3222 are not billable to the patient by the same dentist/dental office. |
| **C. D3230 – D3299 ENDODONTIC THERAPY ON PRIMARY TEETH** | | | |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D3230** | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | Primary incisors and cuspids | a. The benefit for root canal therapy is denied when the radiographs reveal insufficient root structure, internal resorption, furcal perforation, or extensive periapical pathosis.<br><br>b. Fees for D3221 and D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/dental office as root canal therapy (D3230–D3333) or codes D3351-D3353.<br><br>c. The fees for D9110 in conjunction with D3230 are not billable to the patient by the same dentist/dental office. |
| **D3240** | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | Primary first and second molars | a. The benefit for root canal therapy is denied when the radiographs reveal insufficient root structure, internal resorption, furcal perforation, or extensive periapical pathosis.<br><br>b. Fees for D3221 and D3222 are not billable to the patient when performed by the same dentist/dental office on the same date of service as endodontic therapy (D3230 – D3333).<br><br>c. The fees for D9110 in conjunction with D3240 are not billable to the patient by the same dentist/dental office. |
| **D. D3300 – D3399 ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES, AND FOLLOW-UP CARE)** | | | |
| **General Policy** – Benefits for techniques, e.g., ultrasonic cleaning, or instrumentation are considered to be part of the procedure and not billable to the patient. | | | |
| **General Policy** - The fee for a root canal includes treatment, working and final fill radiographic images, and temporary restorations. Fees for radiographic images and temporary restorations in the course of endodontic treatment are not billable to the patient. | | | |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **General Policy** - When radiograph indicates obturation of an endodontically treated tooth has been performed without the use of a solid core material, fees for the endodontic therapy and/or restoration of the tooth are not billable to the patient. | | | |
| **General Policy** - A diagnostic film taken to ascertain the presence of pathology is a separate benefit. The initial opening into the canal and routine postoperative visits are considered part of and included in the fee for completed endodontic treatment. Separate fees are not billable to the patient. | | | |
| **General Policy** - Incompletely filled root canals are not a benefit. Fees for the endodontic therapy are not billable to the patient. | | | |
| **General Policy** - Root canal therapy is not a benefit in conjunction with overdentures(D5863-D5866) and benefits are denied. | | | |
| **D3310** | Endodontic therapy, anterior tooth (excluding final restoration) | None | a. Fees for a pulp test (D0460), palliative treatment (D9110) and pulpal debridement (D3221) are not billable to the patient when done on the same date of service as the root canal therapy by the same dentist/dental office are included in the fee for root canal.<br><br>b. Benefit determination for incomplete endodontic therapy is subject to individual consideration if a report indicates the patient failed to complete treatment.<br><br>c. Fees for D3221 and D3222 are not billable to the patient when performed by the same dentist/dental office on the same date of service as endodontic therapy (D3230 – D3333). |
| **D3320** | Endodontic therapy, premolar tooth (excluding final restoration) | None | a. Fees for a pulp test (D0460), palliative treatment(D9110) and pulpal debridement (D3221) are not billable to the patient when done on the same date of service as root canal therapy by the same dentist/dental office are included in the fee for root canal.<br><br>b. Benefit determination for incomplete endodontic therapy is subject to individual consideration if a report indicates the patient failed to complete treatment. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | c. Fees for D3221 and D3222 are not billable to the patient when performed by the same dentist/dental office on the same date of service as endodontic therapy (D3230–D3333). |
| **D3330** | Endodontic therapy, molar tooth (excluding final restoration) | None | a. Fees for a pulp test (D0460), palliative treatment (D9110) and pulpal debridement (D3221) done on the same date of service as the root canal therapy by the same dentist/dental office is included in the fee for the root canal and fees are not billable to the patient.<br><br>b. Benefit determination for incomplete endodontic therapy is subject to individual consideration if a report indicates the patient failed to complete treatment.<br><br>c. Fees for D3221 and D3222 are not billable to the patient when performed by the same dentist/dental office on the same date of service as endodontic therapy (D3230–D3333). |
| | Working radiographic images and post-operative radiographic images on final fill date are considered part of a root canal treatment and the fees are not billable to the patient. | | |
| **D3331** | Treatment of root canal obstruction, non-surgical access | In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root. | a. This procedure is considered a component of a root canal. A separate fee for the procedure by the same dentist/dental office is not billable to the patient on same date of service as the root canal therapy.<br><br>b. The fee for D2955, post removal, is not included as part of treatment of root canal obstruction.<br><br>c. Fees for D3221 and D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/dental office |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | as root canal therapy (D3230–D3333) or codes D3351-D3353. |
| **D3332** | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable. | Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/dental office as root canal therapy (D3230–D3333) or codes D3351-D3353. |
| **D3333** | Internal root repair of perforation defects | Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by same provider. | a. Internal root repair is only a benefit on permanent teeth with incomplete root development or for repair of a perforation.<br><br>b. If submitted on a primary tooth, benefits for D3333 are denied.<br><br>c. If submitted on a permanent tooth, fees for D3333 are not billable to the patient when submitted with apicoectomy on the same date of service.<br><br>d. The procedure is accomplished by recalcification of the defect. In the event surgical intervention is performed by the same dentist/dental office, the fee for the procedure is not billable to the patient in addition to apicoectomy and/or retrograde filling. Also, if reported on a primary tooth the benefits for internal root repair of perforation defects are denied as investigational.<br>e. The fees for D3333 are not billable to the patient if perforation is iatrogenic by the same dentist/dental office submitting the claim.<br><br>f. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/dental office as root canal therapy (D3230–D3333) or codes D3351-D3353. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **E. D3340 – D3349 ENDODONTIC RETREATMENT** | | | |
| **General Policy** - When a radiograph indicates obturation of an endodontically treated tooth has been performed without the use of a solid core material, fees for the endodontic therapy, and/or restoration of the tooth are not billable to the patient. | | | |
| **General Policy** - Retreatment of root canal therapy or retreatment of apical surgery by the same dentist/dental office within 24 months is considered part of the original procedure. Fees for the retreatment by the same office are not billable to the patient. Benefits by a different dentist/dental office are denied. | | | |
| **General Policy** - This procedure may include the removal of a post, pin(s), old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling. This includes complete root canal therapy and separate fees for these procedures by the same dentist/dental office are not billable to the patient 30 days prior to retreatment as included in the fees for the retreatment. Separate fees for these procedures by a different dentist/dental office are denied. | | | |
| **D3346** | Retreatment of previous root canal therapy - anterior | None | None |
| **D3347** | Retreatment of previous root canal therapy - premolar | None | None |
| **D3348** | Retreatment of previous root canal therapy - molar | None | None |
| **F. D3350 – D3354 APEXIFICATION/RECALCIFICATION** | | | |
| **D3351** | Apexification/recalcification – initial visit (apical closure/ calcific repair of perforations, root resorption, etc.) | Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.) | a. Apexification is only benefited on permanent teeth with incomplete root development or for repair of a perforation.<br><br>b. Closure of the apex results in a better fill of the canal. If the apex is fully developed, this treatment is not indicated and benefits are denied.<br><br>c. Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/dental office as root canal therapy (D3230–D3333) or codes D3351-D3353. |
| **D3352** | Apexification/recalcification - interim medication replacement | For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs. | Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/dental office as root canal therapy (D3230–D3333) or codes D3351-D3353. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D3353** | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.) | Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.) | Fees for D3222 are not billable to the patient when performed within 30 days on same tooth by the same dentist/dental office as root canal therapy (D3230–D3333) or codes D3351-D3353. |
| **G. D3355 – D3359 PULPAL REGENERATION** | | | |
| **D3355** | Pulpal regeneration – initial visit | Includes opening tooth, preparation of canal spaces, placement of medication. | Includes opening in tooth, preparation of canal spaces, and placement of medication. This procedure is considered experimental and benefits are denied. |
| **D3356** | Pulpal regeneration – interim medication replacement | None | This procedure is considered experimental and benefits are denied. |
| **D3357** | Pulpal regeneration – completion of treatment | Does not include final restoration. | This procedure is considered experimental and benefits are denied. |
| **H. D3400 – D3499 APICOECTOMY/PERIRADICULAR SERVICES (D3410-D3470, D3920)** | | | |
| **General Policy** - The fees for biopsy (D7285, D7286), frenectomy (D7961 and D7962) and excision of hard and soft tissue lesions (D7410, D7411, D7450, D7451) are not billable to the patient when the procedures are performed on the same date of service, same surgical site/area, by the same dentist/dental office as the above referenced codes. Requests for individual consideration may always be submitted by report for dental consultant review. | | | |
| **D3410** | Apicoectomy - anterior | For surgery on root of anterior tooth. Does not include placement of retrograde filling material | None |
| **D3421** | Apicoectomy - premolar (first root) | For surgery on one root of a premolar. Does not include placement of retrograde filling material. If more than one root is treated, see D3426. | None |
| **D3425** | Apicoectomy - molar (first root) | For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426. | None |
| **D3426** | Apicoectomy (each additional root) | Typically used for premolar and molar surgeries when more than one root is treated during the same | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | procedure. This does not include retrograde filling material placement. | |
| **D3428** | Bone graft in conjunction with periradicular surgery - per tooth; single site | Includes non-autogenous graft material | None |
| **D3429** | Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site. | Includes non-autogenous graft material | None |
| **D3430** | Retrograde filling - per root | For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root - report as D3999 and describe | a. Retrograde filling includes all retrograde procedures per root. A maximum allowance is one retrograde filling per root (not per canal). Any excess of the allowance is not billable to the patient.<br><br>b. The fee for biopsy of oral tissue, when performed in the same location and on the same date of service by the same dentist/dental office, is not billable to the patient as included in the fee for surgical procedures (e.g. apicoectomy). |
| **D3431** | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | None | Benefits are available only when billed for natural teeth. Benefits for these procedures, when billed in conjunction with periradicular surgery, etc. are denied as a specialized technique. |
| **D3432** | Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery | None | Benefits are available only when billed for natural teeth. Benefits for these procedures, when billed in conjunction with periradicular surgery are denied as a specialized technique. |
| **D3450** | Root amputation - per root | Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920. | The fee for root amputation performed on the same date of service as an apicoectomy by the same dentist/dental office is not billable to the patient. |
| **D3460** | Endodontic endosseous implant | Placement of implant material, which extends from a pulpal space into the bone beyond the end of the root | Benefits are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D3470** | Intentional re-implantation (including necessary splinting) | For the intentional removal, inspection and treatment of the root and replacement of a tooth into its own socket. This does not include necessary retrograde filling material placement | Intentional reimplantation is a specialized technique and the benefit is denied and the approved amount is chargeable to the patient. |
| **D3471** | Surgical repair of root resorption - anterior | For surgery on root of anterior tooth. Does not include placement of restoration. | a. Fees for surgical repair of root resorption are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333 D3410-D3426, D3430, D3450, D4210- D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285.<br><br>b. When performed on the same tooth by the same dentist/dental office as D4341 or D4342, the fees for scaling and root planing are not billable to the patient. |
| **D3472** | Surgical repair of root resorption – premolar | For surgery on root of premolar tooth. Does not include placement of restoration. | a. Fees surgical repair of root resorption are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333 D3410-D3426, D3430, D3450, D4210- D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285.<br><br>b. When performed on the same tooth by the same dentist/dental office as D4341 or D4342, the fees for scaling and root planing are not billable to the patient. |
| **D3473** | Surgical repair of root resorption – molar | For surgery on root of molar tooth. Does not include placement of restoration. | a. Fees surgical repair of root resorption are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333 D3410-D3426, D3430, D3450, D3503, D4210- |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285.<br><br>b. When performed on the same tooth by the same dentist/dental office as D4341 or D4342, the fees for scaling and root planing are not billable to the patient. |
| **D3501** | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption. | a. Fees for surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333 D3410-D3426, D3430, D3450, D3471, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285.<br><br>b. When performed on the same tooth by the same dentist/dental office as D4341 or D4342 the fees for scaling and root planing are not billable to the patient. |
| **D3502** | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption. | a. Fees for surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date of service as D3333 D3410-D3426, D3430, D3450, D3472, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285.<br><br>b. When performed on the same tooth by the same dentist/dental office as D4341 or D4342 the fees for scaling and root planing are not billable to the patient. |
| **D3503** | Surgical exposure of root surface without apicoectomy | Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for | a. Fees surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | or repair of root resorption – molar | or in conjunction with apicoectomy or repair of root resorption | office on the same date of service as D3333 D3410-D3426, D3430, D3450, D3473, D4210-D4212, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4268, D4270, D4273 - D4278, D4283, and D4285.<br><br>b. When performed on the same tooth by the same dentist/dental office as D4341 or D4342 the fees for scaling and root planing are not billable to the patient. |
| **I. D3900 - D3999 OTHER ENDODONTIC PROCEDURES** | | | |
| **D3910** | Surgical procedure for isolation of tooth with rubber dam | None | The fee for isolation of tooth with rubber dam should be included in the procedure performed on the same date of service and are not billable to the patient to the same dentist/dental office. |
| **D3911** | Intraorifice barrier | Not to be used as a final restoration. | An intraorifice barrier is considered part of the root canal procedure (D3310-D3348) and the fees are not billable to the patient. |
| **D3920** | Hemisection (including any root removal), not including root canal therapy | Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections. | Benefits for bone replacement grafts (D4263 and D4264) are denied when submitted with D3920. |
| **D3921** | Decoronation or submergence of an erupted tooth | Intentional removal of the coronal tooth structure for preservation of the root and surrounding bone. | |
| **D3950** | Canal preparation and fitting of preformed dowel or post | Should not be reported in conjunction with D2952, D2953, D2954 or D2957 by the same practitioner | Canal preparation and fitting of preformed dowel or post 30 days prior to post or root canal therapy by the same dentist/dental office is included in the fee for the post or root canal. Separate fees are not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D3999** | Unspecified endodontic procedure, by report | Used for procedure that is not adequately described by a code. Describe the procedure | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D4000 – D4999 PERIODONTICS

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances.

**General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy** - For benefit purposes, local anesthesia is an integral part of the periodontal procedures being performed and additional charges are not billable to the patient.

**General Policy** - When more than one surgical procedure involves the same teeth or area on the same date of service, benefits will be based on the most inclusive procedure. Additional procedures may be benefited.

**General Policy** - Unless otherwise stipulated by the group/individual contract, periodontal services are only benefits for the treatment of natural teeth.

**General Policy** - Laser disinfection is a technique, not a procedure. Fees for laser disinfection are not billable to the patient.

**General Policy** – Benefits for laser disinfection as a standalone procedure are denied as investigational.

**General Policy** – Benefits for laser biostimulation as a standalone procedure are denied as investigational.

**General Policy** – Fees for low level laser therapy are not billable to the patient when performed as part of another procedure. When billed as a standalone procedure, low level laser therapy is denied as investigational.

**General Policy –** Narratives are not considered legal documentation. The only acceptable legal written documentation for utilization review are the dental records.

**General Policy** - Periodontal charting is considered as part of an oral evaluation (D0120, D0150, D0160, D0180). If periodontal evaluation and an oral evaluation are billed on the same date of service, the fee for the oral evaluation (D0120, D0150, D0160) is a benefit and the fee for the periodontal evaluation (D0180) is not billable to the patient.

**General Policy** – When periodontal charting is requested for surgical and non-surgical procedures it must be submitted with a periodontal chart dated no more than 12 months prior to the date of service.

**General Policy** - Perioscopy is a technique not a procedure. Fees for Perioscope are not billable to the patient.

**General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines.

## A. D4100 - D4299 SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES)

**General Policy** - Periodontal surgical procedures include all necessary postoperative care, finishing procedures, oral evaluations for three months. Soft tissue grafts may be allowed on the same teeth/sites within 36 months with supporting documentation. When a surgical procedure is billed within three months of the initial surgical procedure in relation to both natural teeth and implants by the same dentist/dental office, the fee for the surgery is not billable to the patient. In the absence of documentation of extraordinary circumstances, the fee for additional surgery by the same dentist/dental office for three years is not billable to the patient. If extraordinary circumstances are present, the benefits will be denied and is chargeable to the patient up to the approved amount for the surgery.

**General Policy** - Periodontally involved teeth which would qualify for surgical pocket reduction benefits under these procedure codes must be documented to have at least 5 mm pocket depths and bone loss beyond 1-1.5 millimeters. If pocket depths are under 5 mm, then benefits are denied.

| | | |
|---|---|---|
| D4210 | D4241 | D4211 |
| D4260 | D4240 | D4261 |

**General Policy** - If surgery is performed less than four weeks after scaling and root planing, the fee for the surgical procedure or the scaling and root planning by the same dentist/dental office may NOT BE BILLABLE TO THE PATIENT following consultant review.

**General Policy** - Partial quadrant benefits will be considered on a prorated basis when three or less qualified diseased teeth/periodontium are documented anywhere within the quadrant.

**General Policy** - Categorizing procedures for reporting and adjudication by quadrant, site or individual tooth will also enhance the standardization of benefits determination.

1. Quadrant - D4210, D4260, D4240, D4341
2. One to three teeth, per quadrant- D4211, D4241, D4261, D4342
3. Per tooth: D4212, D4268, D4273, D4276, D4277, D4278, D4283, D4285, D6081, D6101, D6102, D6103
4. Sites:

| | | | | |
|---|---|---|---|---|
| D4249 | D4266 | D4273 | D4278 | D6101 |
| D4263 | D4267 | D4275 | D4283 | D6102 |
| D4264 | D4268 | D4276 | D4285 | D6103 |
| D4265 | D4270 | D4277 | D6081 | |

| | | | |
|---|---|---|---|
| **D4210** | Gingivectomy or gingivoplasty - four or more | It is performed to eliminate suprabony pockets or to restore | a. Count tooth bounded spaces for pocket reduction surgery that includes a flap |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | contiguous teeth or tooth bounded spaces per quadrant | normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration. | procedure (D4240, D4260). Do not count tooth bounded spaces for D4210, D4211, D4341, D4342.<br><br>b. Benefit once per quadrant per 36 months. |
| **D4211** | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration. | Gingivectomy or gingivoplasty (D4211) performed on the same date of service as the preparation of a crown or other restoration is included in the fee for the restoration, and separate fees from the same dentist/dental office are not billable to the patient. |
| **D4212** | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | None | The fee for D4212 in conjunction with a direct or indirect restoration is not billable to the patient. |
| **D4230** | Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant | This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship. | Benefits are denied unless covered by group/individual contract. |
| **D4231** | Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant | This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship. | Benefits are denied unless covered by group/individual contract. |
| **D4240** | Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant | A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This | a. Count teeth bounded spaces for pocket reduction surgery that includes a flap procedure (D4240, D4241, D4260, D4261).<br><br>b. D4342/D4341 are part of D4240 and the fees for scaling and root planing done on the same date of service in the same quadrant are not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth or fractured root. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes. | |
| **D4241** | Gingival flap procedure, including root planning – one to three teeth or tooth bounded spaces per quadrant | A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, or fractured root. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes. | a. Count teeth bounded spaces for pocket reduction surgery that includes a flap procedure (D4240, D4241, D4260, D4261).<br><br>b. D4342/D4341 are part of D4241 and the fees for scaling and root planing done on the same date of service in the same quadrant are not billable to the patient. |
| **D4245** | Apically positioned flap | Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis. | |
| **D4249** | Clinical crown lengthening - hard tissue | This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease. | a. When performed in conjunction with osseous surgery, fees for crown lengthening are not billable to the patient.<br><br>b. Crown lengthening is a benefit per site and not per tooth when adjacent teeth are included. If D4249 is performed on the same date of service as restoration placement, fees for D4249 are not billable to the patient. |
| **D4260** | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes. | a. Benefits for osseous surgery in excess of two quadrants per date of service are denied in the absence of a narrative explaining the exceptional circumstances.<br><br>b. For sulcular debridement, biostimulation, reduction of bacterial levels or curettage – Claims for gingival curettage as standalone procedures are not billable to the patient. If done in conjunction with D4341/D4342, fees are not billable to the patient as part of the procedure. |
| **D4261** | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bonded spaces per quadrant | This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting | a. Benefits for osseous surgery in excess of two quadrants per date of service are denied in the absence of a narrative explaining the exceptional circumstances. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4261 and should be reported using their own unique codes. | b. For sulcular debridement, biostimulation, reduction of bacterial levels or curettage – Claims for gingival curettage as standalone procedures are not billable to the patient. If done in conjunction with D4341/D4342, fees are not billable to the patient as part of the procedure. |
| **D4263** | Bone replacement graft – retained natural tooth - first site in quadrant | This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site. | a. Benefit bone replacement grafts once per tooth per 36 months on natural teeth only.<br><br>b. Benefits for bone replacement grafts are denied when submitted with apicoectomy sites, implants, mucogingival/soft tissue grafts, periradicular surgery, ridge augmentation or preservation procedures, sinus elevation, defects from cyst removal, hemisections or with extractions. |
| **D4264** | Bone replacement graft – retained natural tooth - each additional site in quadrant | This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites | a. Benefit bone replacement grafts once per tooth per 36 months on natural teeth only.<br><br>b. Benefits for bone replacement grafts are denied when submitted with apicoectomy sites, implants, mucogingival/soft tissue grafts, periradicular surgery, ridge augmentation or preservation procedures, sinus elevation, defects from cyst removal, hemisections or with extractions. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | involved. Not to be reported for an edentulous space or an extraction site. | |
| **D4265** | Biologic materials to aid in soft and osseous tissue regeneration, per site | Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes. | a. Benefits are available only when billed for natural teeth.<br><br>b. Biologic materials may be a benefit when reported with periodontal flap surgery (D4240, D4241, D4245, D4260, and D4261).<br><br>c. Benefits for the D4265 are denied when submitted in the same surgical site as D4263, D4264, D4266, D4267, D4270, D4273, D4275, D4276, D4277, D4283, D4285, D4341, or D4342.<br><br>d. Benefits for D4265 when billed in conjunction with implants, or other oral surgical procedures are denied as a specialized procedure. |
| **D4266** | Guided tissue regeneration, natural teeth - resorbable barrier, per site | This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth. | a. Benefits for D4266 when billed in conjunction with implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections, etc. are denied as a specialized procedure.<br><br>b. Benefits for D4266, in conjunction with mucogingival/soft tissue grafts in the same surgical area, are denied. |
| **D4267** | Guided tissue regeneration, natural teeth – non-resorbable barrier, per site | This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This | a. Benefits for D4267 when billed in conjunctiowith implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections, etc. are denied as a specialized procedure. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | procedure can be used for periodontal defects around natural teeth. | b. Benefits for D4267, in conjunction with mucogingival/soft tissue grafts in the same surgical area, are denied.<br><br>c. Fees for re-entry for removal of the barrier material are not billable to the patient by the same dentist/dental office. |
| **D4268** | Surgical revision procedure, per tooth | This procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured. | a. This procedure is considered a component of the surgical procedure and a separate fee is not billable to the patient.<br><br>b. If retreatment is performed by the same dentist/dental office within 36 months separate fee for the procedure is not billable to the patient. It may be eligible for consideration under consultant review.<br><br>c. If retreatment is performed within the specified time limits by different dentist/dental office the contractual limits apply and benefits for the procedure would be denied. |
| | **General Policy** - Periodontal surgical procedures include all necessary postoperative care, finishing procedures, oral evaluations for three months, as well as any surgical re-entry for three years. When a surgical procedure is billed within three months of the initial surgical procedure by the same dentist/dental office, the fee for the surgery is not billable to the patient. In the absence of documentation of extraordinary circumstances, fees for additional surgery are not billable to the patient for three years. | | |
| **B. D4270 – D4285 MUCOGOGINIVAL GRAFTS** | | | |
| **D4270** | Pedicle soft tissue graft procedure | A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a | Benefits for more than two teeth per quadrant are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | gingival defect if the root is not too prominent in the arch. | |
| **D4273** | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure. | a. Benefits for D4266 and D4267, in conjunction with soft tissue grafts in the same surgical area, are denied.<br><br>b. Benefits for D4273 are denied if membrane is used as opposed to autografts.<br><br>c. Benefits for more than two teeth per quadrant are denied. |
| | **General Policy** – Narratives are not considered legal documentation. The only acceptable legal written documentation for utilization review are the dental records. | | |
| **D4274** | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | This procedure is performed in an edentulous area adjacent to a tooth allowing removal of a tissue wedge to gain access for debridement, and to permit close flap adaptation, and reduce pocket depths. | None |
| **D4275** | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present. | a. Fees for a frenectomy (D7961 and D7962) or frenuloplasty (D7963) are not billable to the patient when performed in conjunction with D4275, D4276 or D4285.<br><br>b. Benefits for more than two teeth per quadrant are denied. |
| **D4276** | Combined connective tissue and pedicle graft, per tooth | Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome. | Fees for a frenectomy (D7961 and D7962) or frenuloplasty (D7963) are not billable to the patient when performed in conjunction with D4270, D4273, D4275, D4276, D4277, D4278, D4283 or D4285. |
| **D4277** | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or | None | a. Benefits for more than two teeth per quadrant are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | edentulous tooth position in graft | | b. Benefits for D4263, D4264, D4266 and D4267 in conjunction with soft tissue grafts in the same surgical area, are denied.<br><br>c. Fees for a frenectomy (D7961 and D7962) or frenuloplasty (D7963) are not billable to the patient when performed in conjunction with soft tissue grafts. |
| **D4278** | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site | Used in conjunction with D4277. | a. Benefits for more than two teeth per quadrant are denied.<br><br>b. Benefits for GTR and or bone grafts, in conjunction with soft tissue grafts in the same surgical area, are denied.<br><br>c. Fees for a frenectomy (D7961 and D7962) or frenuloplasty (D7963) are not billable to the patient when performed in conjunction with soft tissue grafts. |
| **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 | Used in conjunction with D4273. | a. Benefits for more than two teeth per quadrant are denied.<br><br>b. Benefits for GTR and or bone grafts, in conjunction with soft tissue grafts in the same surgical area, are denied.<br><br>c. Fees for a frenectomy (D7961 and D7962) or frenuloplasty (D7963) are not billable to the patient when performed in conjunction with soft tissue grafts. |
| **D4285** | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous | Used in conjunction with D4275. | a. Benefits for GTR and or bone grafts, in conjunction with soft tissue grafts in the same surgical area, are denied.<br><br>b. Fees for a frenectomy (D7961 and D7962) or frenuloplasty (D7963) are not billable to the patient when performed in conjunction with |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | tooth position in same graft site | | soft tissue grafts contiguous tooth position in same graft site. |
| **D4286** | Removal of non-resorbable barrier | none | a. Fees for removal of barrier membrane (D4286) by the same dentist/dental office who placed the barrier (D4267) are not billable to the patient.<br><br>b. Benefits for removal of a barrier membrane (D4286) by a different dentist/dental office than who placed the barrier are denied. |
| **C. D4300 - D4399 NON-SURGICAL PERIODONTAL SERVICES** | | | |
| **D4322** | Splint – intra-coronal; natural teeth or prosthetic crowns | Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength. | a. When submitted as a standalone procedure, benefits are denied unless covered by group/individual contract.<br><br>b. The fees for Intra-coronal splints submitted in conjunction with prosthetic crowns (D2700-D2799), implant prosthetics crowns (D6058-D6067, D6082-D6085, D6086-D6088, D6094, D6097), fixed partial dentures (D6205-D6794) and implant fixed partial denture retainers (D6068-D6077, D6098, D6099, D6120-D6123, D6194, D6195) are not billable to the patient. |
| **D4323** | Splint – extra-coronal; natural teeth or prosthetic crowns | Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength. | a. When submitted as a standalone procedure, benefits are denied unless covered by group/individual contract.<br><br>b. The fees for extra-coronal splints submitted in conjunction with prosthetic crowns (D2700-D2799), implant prosthetics crowns (D6058-D6067, D6082-D6085, D6086-D6088, D6094, D6097), fixed partial dentures (D6205-D6794) and implant fixed partial denture retainers (D6068-D6077, D6098, D6099, D6120-D6123, D6194, D6195) are not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D4341** | Periodontal scaling and root planing – four or more teeth per quadrant | This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others. | a. Fees are not billable to the patient in the absence of radiographic documentation of bone loss and documentation of clinical attachment loss. Limit the benefits to that of a prophylaxis (D1110) or scaling in the presence of generalized moderate to severe gingival inflammation (D4346).<br><br>b. Fees for D4341 are not billable to the patient within 24 months when done by the same dentist/dental office. If treatment is done by a different dentist/dental office within 24 months, benefits are denied.<br><br>c. Adult prophylaxis procedures (D1110), full mouth scaling in the presence of generalized moderate to severe inflammation (D4346) or full mouth debridement (D4355) are considered a component when submitted on the same date of service as D4341. This time limitation, like all other contractual time limitations, should be defined in the group/individual contract. Fees for the prophylaxis procedure by the same dentist/dental office are not billable to the patient.<br><br>d. Fees for scaling and root planing (D4341 or D4342) are not billable to the patient when billed by the same dentist/dental office as D4210, D4211, D4212, D4240, D4241, D4245, D4260, D4261<br><br>e. Fees for scaling and root planing (D4341) are not billable to the patient when done on the same date of service and same tooth as a |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | surgical repair of root resorption (D3471-D3473). |
| **D4342** | Periodontal scaling and root planing - one to three teeth, per quadrant | This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others. | a. Fees are not billable to the patient in the absence of radiographic documentation of bone loss and documentation of clinical attachment loss. Limit benefits to that of a prophylaxis (D1110) or scaling in the presence of generalized moderate to severe gingival inflammation (D4346).<br><br>b. Fees for scaling and root planing (D4341 or D4342) are not billable to the patient on the same date of services and same tooth as D3471-D3473.<br><br>c. Fees for scaling and root planing (D4341 or D4342) are not billable to the patient when billed by the same dentist/dental office as D4210, D4211, D4212, D4240, D4241, D4245, D4260, D4261. |
| **D4346** | Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planning, or debridement procedures. | a. D4346 includes prophylaxis, therefore fees for D1110, D1120 or D4355 are not billable to the patient when submitted with D4346 by the same dentist/dental office.<br><br>b. Fees for D4346 are not billable to the patient when submitted with D4910 by the same dentist/dental office. |
| **D4355** | Full mouth debridement to enable comprehensive periodontal evaluation and | None | a. Benefit once per lifetime unless defined by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | diagnosis on subsequent visit | | b. The fee for D4355 is not billable to the patient when performed by the same dentist/dental office on the same date of service as D0180. |
| **D4381** | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time. | Benefits are denied. |
| **D. D4900 - D4999 OTHER PERIODONTAL SERVICES** | | | |
| **D4910** | Periodontal maintenance | This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered. | a. Benefits for D4910 include prophylaxis and scaling and root planing procedures. Fees for these procedures by the same dentist/dental office are not billable to the patient when billed on the same date of service as the periodontal maintenance.<br><br>b. Fees for D4910 when billed within 30 days of periodontal therapy by the same dentist/dental office are not billable to the patient.<br><br>c. If a D0180 is submitted with a D4910 by the same dentist/dental office it is benefited as a D0120 and the difference in the approved amount between the D0120 and the D0180 is not billable to the patient on the same date of service unless the D0180 is the initial evaluation by the dentist rendering the D4910.<br><br>d. Benefits for D4910 are denied if no history of periodontal therapy. Benefit as D1110 in cases |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | of bone loss without periodontitis (iatrogenic or idiopathic). D4910 should be performed at an interval judged appropriate by the clinician based on clinical parameters. |
| **D4920** | Unscheduled dressing change (by someone other than the treating dentist or their staff) | None | The fee for dressing change performed by the same dentist/dental office is not billable to the patient within 30 days following the surgical procedure. |
| **D4921** | Gingival irrigation with medicinal agent – per quadrant | None | a. When gingival irrigation is submitted as a standalone procedure, medicaments and solutions used for gingival irrigation are not covered benefits and the benefits are denied.<br><br>b. Fees for gingival irrigation are not billable to the patient when performed with any periodontal service. |
| **D4999** | Unspecified periodontal procedure, by report | Use for procedure that is not adequately described by a code. Describe the procedure. | None |
| | **General policy** - Perioscopy is a technique not a procedure. Fees for Perioscope are not billable to the patient. Benefits for Perioscopy as a standalone procedure are denied as investigational. | | |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D5000 – D5899 PROSTHODONTICS

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances.

**General Policy** - For benefit purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient.

**General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy** - For benefit purposes, local anesthesia is an integral part of the procedure being performed and additional charges are not billable to the patient.

**General Policy** – Full or partial dentures include any reline/rebase, adjustment or repair required within six months of delivery; Benefits may be denied if repair or replacement within the contractual time limitation is the patient's fault.

**General policy** - The fee for an immediate denture includes any adjustments, relines, or tissue conditioning within 3 months of delivery. Laboratory relines are benefited 3 months after delivery of an immediate denture to allow adequate time for healing.

**General Policy** - Any characterization, staining, overdentures or metal bases are specialized techniques or procedures and an allowance will be made for conventional dentures. Any additional fee is the patient's responsibility.

**General Policy** - The fees for cast restorations and prosthetic procedures include all models, temporaries and other associated procedures. Any fees charged for these procedures in excess of the approved amounts for the indirectly fabricated restorations or prosthetic procedures by the same dentist/dental office are not billable to the patient on the same date of service.

**General Policy** - Full or partial dentures include any reline/rebase, adjustment or repair required within six months of delivery; except in the case of immediate dentures. Benefits may be denied if repair or replacement within the contractual time limitation is the patient's fault.

**General Policy** – Benefits for restorations for altering occlusion, adjusting vertical dimension, replacing tooth structure lost by attrition, erosion, abfraction, abrasion (wear) or for periodontal, orthodontic or TMD therapy or other splinting procedures are denied.

**General Policy** - Multistage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed, and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays and inlays is the cementation date, regardless of the type of cement utilized.

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **General Policy** - Fees for denture repairs, relines or rebases cannot exceed one-half of the fee for a new appliance, and any excess fee by the same dentist/dental office is not billable to the patient on the same date of service. | | | |
| **General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines. | | | |
| **A. D5000 - D5199 COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)** | | | |
| **D5110** | Complete denture - maxillary | None | None |
| **D5120** | Complete denture - mandibular | None | None |
| **D5130** | Immediate denture - maxillary | Includes limited follow-up care only; does not include required future rebasing/relining procedure(s) | None |
| **D5140** | Immediate denture - mandibular | Includes limited follow-up care only; does not include required future rebasing/relining procedure(s) | None |
| **B. D5200 - D5399 PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)** | | | |
| **General Policy** - A posterior fixed partial denture and a removable partial denture are not benefits in the same dental arch. The benefit is limited to the allowance for the partial removable denture. | | | |
| **General Policy** - Fixed bridges or removable cast partials are not a benefit for patients under age 16. | | | |
| **D5211** | Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth) | None | None |
| **D5212** | Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth) | None | None |
| **D5213** | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D5214** | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | None | None |
| **D5221** | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) | Includes limited follow-up care only; does not include future rebasing/relining procedure(s). | None |
| **D5222** | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) | Includes limited follow-up care only; does not include future rebasing/relining procedure(s). | None |
| **D5223** | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Includes limited follow-up care only; does not include future rebasing/relining procedure(s). | None |
| **D5224** | Immediate mandibular partial denture – cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) | Includes limited follow-up care only; does not include future rebasing/relining procedure(s). | None |
| **D5225** | Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | None | None |
| **D5226** | Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | None | None |
| **D5227** | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D5228** | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | None | None |
| **D5282** | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary | None | None |
| **D5283** | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular | None | None |
| **D5284** | Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth)- per quadrant | None | None |
| **D5286** | Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant | None | None |
| **C. D5400 - D5499 ADJUSTMENTS TO DENTURES** | | | |
| **General Policy** - Full or partial dentures include any adjustment or repair required within six months of delivery. Fees for the adjustment or repair of dentures are not billable to the patient if performed by the same dentist/dental office within six months of initial placement. | | | |
| **General Policy** - Adjustments to complete or partial dentures are limited to two adjustments per denture per 12 months (after six months has elapsed since initial placement). Benefits are denied after two adjustments. | | | |
| **D5410** | Adjust complete denture - maxillary | None | None |
| **D5411** | Adjust complete denture - mandibular | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D5421** | Adjust partial denture - maxillary | None | None |
| **D5422** | Adjust partial denture - mandibular | None | None |
| **D. D5500 - D5599 REPAIRS TO COMPLETE DENTURES** | | | |
| **General Policy** - Fees for repair of a complete denture cannot exceed half the fees for a new appliance, and any excess fee billed by the same dentist/dental office is not billable to the patient on the same date of service. | | | |
| **D5511** | Repair broken complete denture base, mandibular | None | Fees for repairs of complete dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient. |
| **D5512** | Repair broken complete denture base, maxillary | None | Fees for repairs of complete dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient. |
| **D5520** | Replace missing or broken teeth - complete denture (each tooth) | None | Fees for repairs of complete or partial dentures if performed within six months of initial placement by the same dentist/dental office are not billable to the patient. |
| **E. D5600 - D5699 REPAIRS TO PARTIAL DENTURES** | | | |
| **General Policy** - Fee for repair of a partial denture cannot exceed one-half of the fee for a new appliance, and any excess fee by the same dentist/dental office is not billable to the patient on the same date of service. | | | |
| **D5611** | Repair resin partial denture base, mandibular | None | Fees for repairs of resin partial dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient. |
| **D5612** | Repair resin partial denture base, maxillary | None | Fees for repairs of complete dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient. |
| **D5621** | Repair cast partial framework, mandibular | None | Fees for repairs of cast partial dentures, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient. |
| **D5622** | Repair cast partial framework, maxillary | None | Fees for repairs of cast partial dentures, if performed within six months of initial |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | placement by the same dentist/dental office are not billable to the patient. |
| **D5630** | Repair or replace broken retentive clasping materials – per tooth | None | Fees for repair of a partial denture cannot exceed one-half of the fee for a new appliance, and any excess fee by the same dentist/dental office is not billable to the patient on the same date of service. |
| **D5640** | Replace broken teeth - per tooth | None | None |
| **D5650** | Add tooth to existing partial denture | None | None |
| **D5660** | Add clasp to existing partial denture – per tooth | None | Fees for repair of a partial denture cannot exceed one-half of the fee for a new appliance, and any excess fee by the same dentist/dental office is not billable to the patient on the same date of service. |
| **D5670** | Replace all teeth and acrylic on cast metal framework (maxillary) | None | Fees for denture repairs, relines or rebases cannot exceed one-half of the fee for a new appliance, and any excess fee by the same dentist/dental office is not billable to the patient on the same date of service. |
| **D5671** | Replace all teeth and acrylic on cast metal framework (mandibular) | None | Fees for denture repairs, relines or rebases cannot exceed one-half of the fee for a new appliance, and any excess fee by the same dentist/dental office is not billable to the patient on the same date of service. |
| **F. D5700 - D5729 DENTURE REBASE PROCEDURES** | | | |
| **General Policy** - Fee for rebase of a denture cannot exceed one-half of the fee for a new appliance, and any excess fee by the same dentist/dental office is not billable to the patient on the same date of service. | | | |
| **General Policy** - Rebase includes the fee for relining. When a reline is billed in conjunction with a rebase within six months by the same dentist/dental office fees for the reline are not billable to the patient. | | | |
| **General Policy** - Rebase includes adjustments required within six months of delivery. When an adjustment is billed within six months of a reline or rebase by the same dentist/dental office, fees for the adjustment are not billable to the patient. Benefits for adjustments beyond two in a 12-month interval are denied and chargeable to the patient. | | | |
| **D5710** | Rebase complete maxillary denture | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D5711** | Rebase complete mandibular denture | None | None |
| **D5720** | Rebase maxillary partial denture | None | None |
| **D5721** | Rebase mandibular partial denture | None | None |
| **D5725** | Rebase hybrid prosthesis | replacing the base material connected to the framework | None |
| **G. D5730 - D5799 DENTURE RELINE PROCEDURES** | | | |
| **General Policy** - Fee for relines cannot exceed one-half of the fee for a new appliance, and any excess fee by the same dentist/dental office is not billable to the patient on the same date of service. | | | |
| **General Policy** - Relines include adjustments required within six months of delivery. Fees for adjustments by the same dentist/dental office are not billable to the patient if done within six months of initial placement. | | | |
| **General Policy** – Benefits for adjustments beyond two in a 12 month interval are denied and chargeable to the patient. | | | |
| **D5730** | Reline complete maxillary denture (direct) | None | None |
| **D5731** | Reline complete mandibular denture (direct) | None | None |
| **D5740** | Reline maxillary partial denture (direct) | None | None |
| **D5741** | Reline mandibular partial denture (direct) | None | None |
| **D5750** | Reline complete maxillary denture (indirect) | None | None |
| **D5751** | Reline complete mandibular denture (indirect) | None | None |
| **D5760** | Reline maxillary partial denture (indirect) | None | None |
| **D5761** | Reline mandibular partial denture (indirect) | None | None |
| **D5765** | Soft liner for complete or partial removable denture – indirect | A discrete procedure provided when the dentist determines placement of the soft liner is clinically indicated. | None |
| **H. D5800 - D5899 INTERIM PROSTHESIS** | | | |
| **D5810** | Interim complete denture (maxillary) | None | Benefits for temporary complete denture are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D5811** | Interim complete denture (mandibular) | None | Benefits for temporary complete denture are denied. |
| **D5820** | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary | None | Temporary partial-stayplate denture is only a benefit for children 16 years of age or under for missing anterior permanent teeth. |
| **D5821** | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular | None | Temporary partial-stayplate denture is only a benefit for children 16 years of age or under for missing anterior permanent teeth. |
| **I. D5850 - D5899 OTHER REMOVABLE PROSTHETIC SERVICES** | | | |
| **D5850** | Tissue conditioning, maxillary | Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration | The fee for tissue conditioning done on the same date of service the denture is delivered or a reline/rebase is provided by the same dentist/dental office and is not billable to the patient. |
| **D5851** | Tissue conditioning, mandibular | Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration | The fee for tissue conditioning done on the same date of service the denture is delivered or a reline/rebase is provided by the same dentist/dental office and is not billable to the patient. |
| **D5862** | Precision attachment, by report | Each pair of components is one precision attachment. Describe the type of attachment used. | Benefits for precision attachment are denied as a specialized procedure. |
| **General Policy** - Complete and partial overdentures are considered specialized techniques and the benefits for an overdenture procedure are denied. An allowance may be made for a conventional denture, and any excess fee is chargeable to the patient. | | | |
| **D5863** | Overdenture – complete maxillary | None | None |
| **D5864** | Overdenture – partial maxillary | None | None |
| **D5865** | Overdenture – complete mandibular | None | None |
| **D5866** | Overdenture – partial mandibular | None | None |
| **D5867** | Replacement of replaceable part of semi-precision or | None | Benefits for precision attachments are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | precision attachment, per attachment | | |
| **D5875** | Modification of removable prosthesis following implant surgery | Attachment assemblies are reported using separate codes | If implant services are covered, benefits for D5875 are denied, as a specialized procedure. |
| **D5876** | Add metal substructure to acrylic full denture (per arch) | Use of metal substructure in removable complete dentures without a framework. | Benefits are denied as a specialized procedure. |
| **D5899** | Unspecified removable prosthodontic procedure, by report | Use for a procedure that is not adequately described by a code. Describe the procedure. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D5900 – D5999 MAXILLOFACIAL PROSTHETICS** | | | |
| Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.<br><br>Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances. | | | |
| **General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate. | | | |
| **General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient. | | | |
| **General Policy** - For benefit purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient. | | | |
| **General Policy** - Benefits are denied, unless the group/individual contract specifies that maxillofacial prosthetics are a benefit. | | | |
| **General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines. | | | |
| **D5911** | Facial moulage (sectional) | A sectional facial moulage impression is a procedure used to record the soft tissue contours of a portion of the face. Occasionally several separate sectional impressions are made, then reassembled to provide a full facial contour cast. The impression is utilized to create a partial facial moulage and generally is not reusable. | None |
| **D5912** | Facial moulage (complete) | Synonymous terminology: facial impression, face mask impression. A complete facial moulage impression is a procedure used to record the soft tissue contours of the whole | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | face. The impression is utilized to create a facial moulage and generally is not reusable. | |
| **D5913** | Nasal prosthesis | Synonymous terminology: artificial nose. A removable prosthesis attached to the skin, which artificially restores part or all of the nose. Fabrication of a nasal prosthesis requires creation of an original mold. Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time. When a new prosthesis is made from the existing mold, this procedure is termed a nasal prosthesis replacement. | None |
| **D5914** | Auricular prosthesis | Synonymous terminology: artificial ear, ear prosthesis. A removable prosthesis, which artificially restores part or all of the natural ear. Usually, replacement prostheses can be made from the original mold if tissue bed changes have not occurred. Creation of an auricular prosthesis requires fabrication of a mold, from which additional prostheses usually can be made, as needed later (auricular prosthesis, replacement). | None |
| **D5915** | Orbital prosthesis | A prosthesis, which artificially restores the eye, eyelids, and adjacent hard and soft tissue, lost as a result of trauma or surgery. Fabrication of an orbital prosthesis requires creation of an original mold. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | Additional prostheses usually can be made from the same mold, and assuming no further tissue changes occur, the same mold can be utilized for extended periods of time. When a new prosthesis is made from the existing mold, this procedure is termed an orbital prosthesis replacement. | |
| **D5916** | Ocular prosthesis | Synonymous terminology: artificial eye, glass eye. A prosthesis, which artificially replaces an eye missing as a result of trauma, surgery or congenital absence. The prosthesis does not replace missing eyelids or adjacent skin, mucosa or muscle. Ocular prostheses require semiannual or annual cleaning and polishing. Also, occasional revisions to re-adapt the prosthesis to the tissue bed may be necessary. Glass eyes are rarely made and cannot be re-adapted. | None |
| **D5919** | Facial prosthesis | Synonymous terminology: prosthetic dressing. A removable prosthesis, which artificially replaces a portion of the face, lost due to surgery, trauma or congenital absence. Flexion of natural tissues may preclude adaptation and movement of the prosthesis to match the adjacent skin. Salivary leakage, when communicating with the oral cavity, adversely affects retention. | None |
| **D5922** | Nasal septal prosthesis | Synonymous terminology: Septal plug, septal button. Removable | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | prosthesis to occlude (obturate) a hole within the nasal septal wall. Adverse chemical degradation in this moist environment may require frequent replacement. Silicone prostheses are occasionally subject to fungal invasion. | |
| **D5923** | Ocular prosthesis, interim | Synonymous terminology: Eye shell, shell, ocular conformer, conformer. A temporary replacement generally made of clear acrylic resin for an eye lost due to surgery or trauma. No attempt is made to re-establish esthetics. Fabrication of an interim ocular prosthesis generally implies subsequent fabrication of an aesthetic ocular prosthesis. | None |
| **D5924** | Cranial prosthesis | Synonymous terminology: Skull plate, cranioplasty prosthesis, cranial implant. A biocompatible, permanently implanted replacement of a portion of the skull bones; an artificial replacement for a portion of the skull bone. | None |
| **D5925** | Facial augmentation implant prosthesis | Synonymous terminology: facial implant. An implantable biocompatible material generally onlayed upon an existing bony area beneath the skin tissue to fill in or collectively raise portions of the overlaying facial skin tissues to create acceptable contours. Although some forms of pre-made surgical implants are commercially available, the facial augmentation is usually custom made for surgical | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | implantation for each individual patient due to the irregular or extensive nature of the facial deficit. | |
| **D5926** | Nasal prosthesis, replacement | Synonymous terminology: replacement nose. An artificial nose produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age-related topographical variations. | None |
| **D5927** | Auricular prosthesis, replacement | Synonymous terminology: replacement ear. An artificial ear produced from a previously made mold. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age-related topographical variations. | None |
| **D5928** | Orbital prosthesis, replacement | A replacement for a previously made orbital prosthesis. A replacement prosthesis does not require fabrication of a new mold. Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to surgery or age-related topographical variations. | None |
| **D5929** | Facial prosthesis, replacement | A replacement facial prosthesis made from the original mold. A replacement prosthesis does not require fabrication of a new mold. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | Generally, several prostheses can be made from the same mold assuming no changes occur in the tissue bed due to further surgery or age-related topographical variations. | |
| **D5931** | Obturator prosthesis, surgical | Synonymous terminology: Obturator, surgical stayplate, immediate temporary obturator. A temporary prosthesis inserted during or immediately following surgical or traumatic loss of a portion or all of one or both maxillary bones and contiguous alveolar structures (e.g., gingival tissue, teeth). Frequent revisions of surgical obturators are necessary during the ensuing healing phase (approximately six months). Some dentists prefer to replace many, or all teeth removed by the surgical procedure in the surgical obturator, while others do not replace any teeth. Further surgical revisions may require fabrication of another surgical obturator (e.g., an initially planned small defect may be revised and greatly enlarged after the final pathology report indicates margins are not free of tumor). | None |
| **D5932** | Obturator prosthesis, definitive | Synonymous terminology: obturator. A prosthesis, which artificially replaces part or all of the maxilla and associated teeth, lost due to surgery, trauma or congenital defects. A definitive obturator is made when it is deemed that further tissue changes or recurrence of tumor are | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | unlikely and a more permanent prosthetic rehabilitation can be achieved; it is intended for long-term use. | |
| **D5933** | Obturator prosthesis, modification | Synonymous terminology: adjustment, denture adjustment, temporary or office reline. Revision or alteration of an existing obturator (surgical, interim, or definitive); possible modifications include relief of the denture base due to tissue compression, augmentation of the seal or peripheral areas to affect adequate sealing or separation between the nasal and oral cavities. | None |
| **D5934** | Mandibular resection prosthesis with guide flange | Synonymous terminology: resection device, resection appliance. A prosthesis which guides the remaining portion of the mandible, left after a partial resection, into a more normal relationship with the maxilla. This allows for some tooth-to-tooth or an improved tooth contact. It may also artificially replace missing teeth and thereby increase masticatory efficiency. | None |
| **D5935** | Mandibular resection prosthesis without guide flange | A prosthesis which helps guide the partially resected mandible to a more normal relation with the maxilla allowing for increased tooth contact. It does not have a flange or ramp, however, to assist in directional closure. It may replace missing teeth and thereby increase masticatory efficiency. Dentists who treat mandibulectomy patients may prefer | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | to replace some, all or none of the teeth in the defect area. Frequently, the defect's margins preclude even partial replacement. Use of a guide (a mandibular resection prosthesis with a guide flange) may not be possible due to anatomical limitations or poor patient tolerance. Ramps, extended occlusal arrangements and irregular occlusal positioning relative to the denture foundation frequently preclude stability of the prostheses, and thus some prostheses are poorly tolerated under such adverse circumstances. | |
| **D5936** | Obturator prosthesis, interim | Synonymous terminology: immediate postoperative obturator. A prosthesis which is made following completion of the initial healing after a surgical resection of a portion or all of one or both the maxillae; frequently many or all teeth in the defect area are replaced by this prosthesis. This prosthesis replaces the surgical obturator, which is usually inserted at, or immediately following the resection. Generally, an interim obturator is made to facilitate closure of the resultant defect after initial healing has been completed. Unlike the surgical obturator, which usually is made prior to surgery and frequently revised in the operating room during surgery, the interim obturator is | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | made when the defect margins are clearly defined, and further surgical revisions are not planned. It is a provisional prosthesis, which may replace some or all lost teeth, and other lost bone and soft tissue structures. Also, it frequently must be revised (termed an obturator prosthesis modification) during subsequent dental procedures (e.g., restorations, gingival surgery) as well as to compensate for further tissue shrinkage before a definitive obturator prosthesis is made. | |
| **D5937** | Trismus appliance (not for TMD treatment) | Synonymous terminology: occlusal device for mandibular trismus, dynamic bite opener. A prosthesis, which assists the patient in increasing their oral aperture width in order to eat as well as maintain oral hygiene. Several versions and designs are possible, all intending to ease the severe lack of oral opening experienced by many patients immediately following extensive intraoral surgical procedures | None |
| **D5951** | Feeding aid | Synonymous terminology: feeding prosthesis. A prosthesis, which maintains the right and left maxillary segments of an infant cleft palate patient in their proper orientation until surgery is performed to repair the cleft. It closes the oral-nasal cavity defect, thus enhancing sucking and swallowing. Used on an interim basis, this prosthesis achieves | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | separation of the oral and nasal cavities in infants born with wide clefts necessitating delayed closure. It is eliminated if surgical closure can be affected or, alternatively, with eruption of the deciduous dentition a pediatric speech aid may be made to facilitate closure of the defect | |
| **D5952** | Speech aid prosthesis, pediatric | Synonymous terminology: nasopharyngeal obturator, speech appliance, obturator, cleft palate appliance, prosthetic speech aid, speech bulb. A temporary or interim prosthesis used to close a defect in the hard and/or soft palate. It may replace tissue lost due to developmental or surgical alterations. It is necessary for the production of intelligible speech. Normal lateral growth of the palatal bones necessitates occasional replacement of this prosthesis. Intermittent revisions of the obturator section can assist in maintenance of palatalpharyngeal closure (termed a speech aid prosthesis modification). Frequently, such prostheses are not fabricated before the deciduous dentition is fully erupted since clasp retention is often essential. | None |
| **D5953** | Speech aid prosthesis, adult | Synonymous terminology: prosthetic speech appliance, speech aid, speech bulb. A definitive prosthesis, which can improve speech in adult cleft palate patients either by obturating | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | (sealing off) a palatal cleft or fistula, or occasionally by assisting an incompetent soft palate. Both mechanisms are necessary to achieve velopharyngeal competency. Generally, this prosthesis is fabricated when no further growth is anticipated, and the objective is to achieve long-term use. Hence, more precise materials and techniques are utilized. Occasionally such procedures are accomplished in conjunction with precision attachments in crown work undertaken on some or all maxillary teeth to achieve improved aesthetics. | |
| **D5954** | Palatal augmentation prosthesis | Synonymous terminology: superimposed prosthesis, maxillary glossectomy prosthesis, maxillary speech prosthesis, palatal drop prosthesis. A removable prosthesis which alters the hard and/or soft palate's topographical form adjacent to the tongue. | None |
| **D5955** | Palatal life prosthesis, definitive | A prosthesis which elevates the soft palate superiorly and aids in restoration of soft palate functions which may be lost due to an acquired, congenital or developmental defect. A definitive palatal lift is usually made for patients whose experience with an interim palatal lift has been successful, especially if surgical alterations are deemed unwarranted | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D5958** | Palatal lift prosthesis, interim | Synonymous terminology: diagnostic palatal lift. A prosthesis which elevates and assists in restoring soft palate function which may be lost due to clefting, surgery, trauma or unknown paralysis. It is intended for interim use to determine its usefulness in achieving palatalpharyngeal competency or enhance swallowing reflexes. This prosthesis is intended for interim use as a diagnostic aid to assess the level of possible improvement in speech intelligibility. Some clinicians believe use of a palatal lift on an interim basis may stimulate an otherwise flaccid soft palate to increase functional activity, subsequently lessening its need. | None |
| **D5959** | Palatal lift prosthesis, modification | Synonymous terminology: revision of lift, adjustment. Alterations in the adaptation, contour, form or function of an existing palatal lift necessitated due to tissue impingement, lack of function, poor clasp adaptation or the like. | None |
| **D5960** | Speech aid prosthesis, modification | Synonymous terminology: adjustment, repair, revision. Any revision of a pediatric or adult speech aid not necessitating its replacement. Frequently, revisions of the obturating section of any speech aid is required to facilitate enhanced speech intelligibility. Such revisions or repairs do not require | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | complete remaking of the prosthesis, thus extending its longevity. | |
| **D5982** | Surgical stent | Synonymous terminology: periodontal stent, skin graft stent, columellar stent. Stents are utilized to apply pressure to soft tissues to facilitate healing and prevent cicatrization or collapse. A surgical stent may be required in surgical and post-surgical revisions to achieve close approximation of tissues. Usually, such materials as temporary or interim soft denture liners, gutta percha, or dental modeling impression compound may be used. | None |
| **D5983** | Radiation carrier | Synonymous terminology: radiotherapy prosthesis, carrier prosthesis, radiation applicator, radium carrier, intracavity carrier, intracavity applicator. A device used to administer radiation to confined areas by means of capsules, beads or needles of radiation emitting materials such as radium or cesium. Its function is to hold the radiation source securely in the same location during the entire period of treatment. Radiation oncologists occasionally request these devices to achieve close approximation and controlled application of radiation to a tumor deemed amiable to eradication. | None |
| **D5984** | Radiation shield | Synonymous terminology: radiation stent, tongue protector, lead shield. An intraoral prosthesis designed to | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | shield adjacent tissues from radiation during orthovoltage treatment of malignant lesions of the head and neck region. | |
| **D5985** | Radiation cone locator | Synonymous terminology: docking device, cone locator. A prosthesis utilized to direct and reduplicate the path of radiation to an oral tumor during a split course of irradiation. | None |
| **D5986** | Fluoride gel carrier | Synonymous terminology: fluoride applicator. A prosthesis, which covers the teeth in either dental arch and is used to apply topical fluoride in close proximity to tooth enamel and dentin for several minutes daily | None |
| **D5987** | Commissure splint | Synonymous terminology: lip splint. A device placed between the lips, which assists in achieving increased opening between the lips. Use of such devices enhances opening where surgical, chemical or electrical alterations of the lips has resulted in severe restriction or contractures. | None |
| **D5988** | Surgical splint | Synonymous terminology: Gunning splint, modified Gunning splint, labiolingual splint, fenestrated splint, Kingsley splint, cast metal splint. Splints are designed to utilize existing teeth and/or alveolar processes as points of anchorage to assist in stabilization and immobilization of broken bones during healing. They are used to re-establish, as much as possible, normal occlusal relationships during the process of immobilization. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | Frequently, existing prostheses (e.g., a patient's complete dentures) can be modified to serve as surgical splints. Frequently, surgical splints have arch bars added to facilitate intermaxillary fixation. Rubber elastics may be used to assist in this process. Circummandibular eyelet hooks can be utilized for enhanced stabilization with wiring to adjacent bone. | |
| **D5991** | Vesiculobullous disease medicament carrier | A custom fabricated carrier that covers the teeth and alveolar mucosa, or alveolar mucosa alone, and is used to deliver prescription medicaments for treatment of immunologically mediated vesiculobullous disease. | Benefits are denied unless the group/individual contract specifies that maxillofacial prosthetics are a benefit. |
| **D5992** | Adjust maxillofacial prosthetic appliance | None | None |
| **D5993** | Maintenance and cleaning of a maxillofacial prosthesis (extra- and intra-oral) other than required adjustments, by report | None | Maxillofacial prosthesis maintenance and cleaning (D5993) is not a covered benefit and is denied unless covered by group/individual contract. |
| **D5995** | Periodontal medicament carrier with peripheral seal – laboratory processed - maxillary | A custom fabricated, laboratory processed carrier for the maxillary arch that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket. | Benefits are denied unless covered by group/individual contract. |
| **D5996** | Periodontal medicament carrier with peripheral seal - | A custom fabricated, laboratory processed carrier for the mandibular arch that covers the teeth and | Benefits are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | laboratory processed - mandibular | alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket. | |
| **D5999** | Unspecified maxillofacial prosthesis, by report | Used for procedure that is not adequately described by a code. Describe the procedure | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D6000 – D6199 IMPLANT SERVICES

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances.

**General Policy** - For benefit purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient.

**General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy** - Implants are not a benefit for patients under 19 years of age.

**General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines.

| | | | |
|---|---|---|---|
| **D6010** | Surgical placement of implant body: endosteal implant | None | None |
| **D6011** | Surgical access to an implant body (second stage implant surgery) | This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed, or an existing fixture be replaced with another. Examples of fixtures include but are not limited to healing caps, abutments shaped to help contour the gingival margins or the final restorative prosthesis. | a. D6011 is considered part of D6010/D6012/D6013 and fees are not billable to the patient.<br><br>b. Benefits for D6011 are denied if done by a different dentist/dental office. |
| **D6012** | Surgical placement of interim implant body for | None | Benefits are denied, and the approved amount is chargeable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | transitional prosthesis: endosteal implant | | |
| **D6013** | Surgical placement of mini implant | None | Fees for more than one D6013 per tooth/tooth bounded site are not billable to the patient. |
| **D6040** | Surgical placement: eposteal implant | An eposteal (subperiosteal) framework of a biocompatible material designed and fabricated to fit on the surface of the bone of the mandible or maxilla with permucosal extensions which provide support and attachment of a prosthesis. This may be a complete arch or unilateral appliance. Eposteal implants rest upon the bone and under the periosteum. | None |
| **D6050** | Surgical placement: transosteal implant | A transosteal (transosseous) biocompatible device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa providing support and attachment for a dental prosthesis. Transosteal implants are placed completely through the bone and into the oral cavity from extraoral or intraoral. | None |
| **IMPLANT SUPPORTED PROSTHETICS** | | | |
| **General Policy** - Where covered by group/individual contract, benefits for the placement of an implant to natural tooth bridge are denied. Special consideration may be given by report particularly where there is documentation of semi-rigid fixation between the tooth and implant and where other risk factors are not present. | | | |
| **D6051** | Interim implant abutment placement | A healing cap is not an interim abutment. | Benefits are denied, and the approved amount is chargeable to the patient. |
| **D6055** | Connecting bar - implant supported or abutment supported | Utilized to stabilize and anchor a prosthesis. | Benefits are denied unless covered by the group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6056** | Prefabricated abutment – includes modification and placement | Modification of a prefabricated abutment may be necessary. | None |
| **D6057** | Custom fabricated abutment – includes placement | Created by a laboratory process, specific for an individual application. | None |
| **D6058** | Abutment supported porcelain/ceramic crown | A single crown restoration that is retained, supported and stabilized by an abutment on an implant. | None |
| **D6059** | Abutment supported porcelain fused to metal crown (high noble metal) | A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant. | None |
| **D6060** | Abutment supported porcelain fused to metal crown (predominantly base metal) | A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant. | None |
| **D6061** | Abutment supported porcelain fused to metal crown (noble metal) | A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant. | None |
| **D6062** | Abutment supported cast metal crown (high noble metal) | A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant. | None |
| **D6063** | Abutment supported cast metal crown (predominantly base metal) | A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant. | None |
| **D6064** | Abutment supported cast metal crown (noble metal) | A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant. | None |
| **D6065** | Implant supported porcelain/ceramic crown | A single crown restoration that is retained, supported and stabilized by an implant. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6066** | Implant supported crown - porcelain fused to high noble alloys | A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant. | None |
| **D6067** | Implant supported crown - high noble alloys | A single cast metal crown restoration that is retained, supported, and stabilized by an implant. | None |
| **D6068** | Abutment supported retainer for porcelain/ceramic FPD | A ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | None |
| **D6069** | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant | None |
| **D6070** | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant | None |
| **D6071** | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant | None |
| **D6072** | Abutment supported retainer for cast metal FPD (high noble metal) | A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant | None |
| **D6073** | Abutment supported retainer for cast metal FPD (predominantly base metal) | A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant | None |
| **D6074** | Abutment supported retainer for cast metal FPD (noble metal) | A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant | None |
| **D6075** | Implant supported retainer for ceramic FPD | A ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6076** | Implant supported retainer for FPD - porcelain fused to high noble alloys | A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant | None |
| **D6077** | Implant supported retainer for metal FPD - high noble alloys | A metal retainer for a fixed partial denture that gains retention, support and stability from an implant | None |
| **OTHER IMPLANT SUPPORTED PROSTHETICS** | | | |
| **D6080** | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments | This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code, and is indicated for implant supported fixed prostheses. | Benefits for D6080 are denied unless covered by group/individual contract.<br><br>When covered:<br>Benefits are limited to once every 36 months. |
| **D6081** | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure. | This procedure is not performed in conjunction with D1110, D4910 or D4346. | a. Benefits for D6081 are denied unless implants are covered by the group/individual contract.<br><br>b. Fees for D6081 are not billable to the patient when performed in the same quadrant by the same dentist/dental office as D4341/D4342 or D4240/D4241, D4260/D4261 or D6101/D6102.<br><br>c. When covered, benefits are limited to once per tooth per 24 months.<br><br>d. Fees for retreatment by the same dentist/dental office within 24 months of initial therapy are not billable to the patient, if different dentist/dental office then benefits are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | e. Fees for D6081 are not billable to the patient when performed within 12 months of restoration (D6058-D6077, D6085, D6094, D6118, D6119, D6194) placement by same dentist/dental office.<br><br>f. Fees for D6081 are not billable to the patient when performed in conjunction with D1110, D4346 or D4910. |
| **D6082** | Implant supported crown - porcelain fused to predominantly base alloys | A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant. | None |
| **D6083** | Implant supported crown - porcelain fused to noble alloys | A single noble metal-ceramic crown restoration that is retained, supported and stabilized by an implant. | None |
| **D6084** | Implant supported crown - porcelain fused to titanium and titanium alloys | A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant. | None |
| **D6085** | Interim implant crown | Placed when a period of healing is necessary prior to fabrication and placement of the definitive prosthesis. | Benefits for interim implant crowns are denied unless covered by group/individual contract. |
| **D6086** | Implant supported crown - predominantly base alloys | A single metal crown restoration that is retained, supported and stabilized by an implant. | None |
| **D6087** | Implant supported crown - noble alloys | A single metal crown restoration that is retained, supported and stabilized by an implant. | None |
| **D6088** | Implant supported crown – titanium and titanium alloys | A single metal crown restoration that is retained, supported and stabilized by an implant. | None |
| **D6089** | Accessing and retorquing loose implant screw - per screw | None | Benefits are denied unless covered by group/individual contract.<br><br>When covered: |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | a. Benefits are limited to once every 24 months.<br><br>b. Fees for D6089 are not billable to the patient on the same date of service by same dentist/dental office as D6080 or D6090. |
| **D6090** | Repair implant supported prosthesis, by report | This procedure involves the repair or replacement of any part of the implant supported prosthesis. | None |
| **D6091** | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment | None | a. Benefits for D6091 are denied as a specialized procedure unless covered by the group/individual.<br><br>b. If covered, benefits are limited to once per 24 months. Benefits are denied less than 24 months. |
| **D6092** | Re-cement or re-bond implant/abutment supported crown | None | a. Fees for recementation or rebonding of crowns are not billable to the patient if done within six months of the initial seating date by the same dentist/dental office.<br><br>b. Benefit one recementation or rebonding after six months have elapsed since the initial placement. Subsequent requests for recementation or rebonding by the same dentist/dental office are denied.<br><br>c. Benefit when billed by a dentist/dental office other than the one who seated the crown or performed the previous recementation or rebonding. |
| **D6093** | Re-cement or re-bond implant/abutment supported fixed partial denture | None | a. Fees for recementation or rebonding of fixed partial dentures are not billable to the patient if done within six months of the initial seating date by the same dentist/dental office.<br><br>b. Benefit one recementation or rebonding after six months have elapsed since the initial |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | placement. Subsequent requests for recementation or rebonding by the same dentist/dental office are denied.<br><br>c. Benefit when billed by a dentist/dentist office other than the one who seated the crown or performed the previous recementation or rebonding |
| **D6094** | Abutment supported crown – titanium or titanium alloys | A single crown restoration that is retained, supported and stabilized by an abutment on an implant. | None |
| **D6095** | Repair implant abutment, by report | This procedure involves the repair or replacement of any part of the implant abutment. | None |
| **D6096** | Remove broken implant retaining screw | None | Benefits are denied unless implants are covered by group/individual contract. |
| **D6097** | Abutment supported crown - porcelain fused to titanium and titanium alloys | A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant. | None |
| **D6098** | Implant supported retainer - porcelain fused to predominantly base alloys | A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant. | None |
| **D6099** | Implant supported retainer for FPD - porcelain fused to noble alloys | A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant. | None |
| **D6100** | Surgical removal of implant body | None | When implants are covered by the group/individual contract, the fee for D6100 when performed within 3 months of D6010/ D6013 on the same tooth by the same dentist/dental office is not billable to the patient. After 3 months, benefit once per tooth per frequency limitation for implants/prosthetics. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6101** | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure | None | a. Benefits are denied if implants are not covered by group/individual contract.<br><br>b. Fees for D6101 are not billable to the patient when performed in the same surgical site by the same dentist/dental office on the same date of service as D6102.<br><br>c. Fees for D6101 are not billable to the patient when billed in conjunction with D4260 or D4261. |
| **D6102** | Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure | None | a. Unless covered by group/individual contract, benefits are denied.<br><br>b. Any items in the nomenclature listed separately should be not billable to the patient in conjunction with this procedure.<br><br>c. Fees for D6102 are not billable to the patient when billed in conjunction with D4260 or D4261. |
| **D6103** | Bone graft for repair of peri-implant defect – does not include flap entry and closure. | Placement of a barrier membrane or biologic materials to aid in osseous regeneration, are reported separately. | Benefits for these procedures when billed in conjunction with implants, implant removal, ridge augmentation or preservation, in extraction sites, periradicular surgery, etc. are denied. |
| **D6104** | Bone graft at time of implant placement | Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately. | Benefits for these procedures when billed in conjunction with implants, implant removal, ridge augmentation or preservation, in extraction sites, periradicular surgery, etc. are denied. |
| **D6105** | Removal of implant body not requiring bone removal nor flap elevation | None. | a. When implants are covered by the group/individual contract, the fee for D6105 when performed within 6 months of D6010/D6013 on the same tooth by the same dentist/dental office is NOT BILLABLE TO THE PATIENT. Benefits are denied if done by a different dentist/dental office. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | b. After 6 months, benefit once per implant within the frequency limitation for implants/prosthetics. |
| **D6106** | Guided tissue regeneration – resorbable barrier, per implant | This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement. | a. Unless covered by group/individual contract, benefits for GTR when billed in conjunction with implants, soft tissue grafts on implants, ridge augmentation, or ridge preservation/extraction sites, are denied as a specialized procedure.<br><br>b. Benefits for GTR, in conjunction with mucogingival/soft tissue grafts in the same surgical area, are denied. |
| **D6107** | Guided tissue regeneration – non-resorbable barrier, per implant | This procedure does not include flap entry and closure, or, when indicated wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement. | a. When covered by group/individual contract, benefits for GTR when billed in conjunction with mucogingival/soft tissue grafts on implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections etc. are denied as a specialized procedure.<br><br>b. Fees for re-entry for removal of the barrier material are not billable to the patient by the same dentist/dental office. |
| **D6110** | Implant /abutment supported removable denture for edentulous arch – maxillary | None | None |
| **D6111** | Implant /abutment supported removable denture for edentulous arch – mandibular | None | None |
| **D6112** | Implant /abutment supported removable denture for partially edentulous arch – maxillary | None | |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6113** | Implant /abutment supported removable denture for partially edentulous arch – mandibular | None | |
| **D6114** | Implant /abutment supported fixed denture for edentulous arch – maxillary | None | |
| **D6115** | Implant /abutment supported fixed denture for edentulous arch – mandibular | None | |
| **D6116** | Implant /abutment supported fixed denture for partially edentulous arch – maxillary | None | |
| **D6117** | Implant /abutment supported fixed denture for partially edentulous arch – mandibular | None | |
| **D6118** | Implant/abutment supported interim fixed denture for edentulous arch – mandibular | Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic | Benefits for implant/abutment supported interim fixed denture for edentulous arch – mandibular are denied. |
| **D6119** | Implant/abutment supported interim fixed denture for edentulous arch – maxillary | Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic | Benefits for implant/abutment supported interim fixed denture for edentulous arch – maxillary are denied. |
| **D6120** | Implant supported retainer - porcelain fused to titanium and titanium alloy | A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant. | None |
| **D6121** | Implant supported retainer for metal FPD - predominantly base alloys | A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant. | None |
| **D6122** | Implant supported retainer for metal FPD - noble alloys | A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6123** | Implant supported retainer for metal FPD- titanium and titanium alloy | A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant. | None |
| **D6190** | Radiographic/surgical implant index, by report | None | Benefits are denied, unless covered by group/individual contract. |
| **D6191** | Semi-precision abutment – placement | This procedure is the initial placement, or replacement, of a semi-precision abutment on the implant body. | Benefits are denied as a specialized technique/procedure unless covered by the group/individual contract. |
| **D6192** | Semi-precision attachment – placement | This procedure involves the luting of the initial, or replacement, semi-precision attachment to the removable prosthesis. | Benefits are denied as a specialized technique/procedure unless covered by the group/individual contract. |
| **D6194** | Abutment supported retainer crown for FPD – titanium and titanium alloys | A retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. | Add this code to the list of other abutment supported retainer crowns and benefit as determined by contract. |
| **D6195** | Abutment supported retainer - porcelain fused to titanium and titanium alloys | A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant. | None |
| **D6197** | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | None | Benefits are denied unless covered by group/individual contract.<br><br>When covered:<br>a. Fees for replacement of restorative material to close an access opening of a screw retained implant supported prosthesis when performed by the same dentist/dental office within 6 months placement of the implant prosthesis are not billable to the patient.<br><br>b. Benefits are limited to once every 24 months<br><br>c. Fees for D6197 are not billable to the patient on the same date of service by same dentist/dental office as D6080 or D6090. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6198** | Remove interim implant component | Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist. | a. Fees for removal of an interim implant component by the same dentist/dental office who placed the implant component are considered part of the interim abutment placement procedure and are not billable to the patient.<br><br>b. Benefits for removal of an interim implant abutment by a different dentist/dental office than who placed the abutment are denied. |
| **D6199** | Unspecified implant procedure, by report | Use for procedure that is not adequately described by a code. Describe the procedure. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D6200 – D6999 PROSTHODONTICS, FIXED

## Each abutment and each pontic constitutes a unit in a fixed partial bridge

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances.

**General Policy** - Fixed partial denture prosthetic procedures include the routine use of temporary prosthetics during the time for normal laboratory fabrication of the completed prosthesis. Participating dentists have agreed that these temporary prostheses are part of the fee for the fixed prosthetic device. Fees for interim or provisional appliances are not billable to the patient when reported less than six months prior to placement of the permanent prosthesis.

**General Policy** - For benefit purposes, anesthesia is an integral part of the procedures being performed and additional fees are not billable to the patient.

**General Policy** - Benefits will be based on the number of pontics necessary for the space, not to exceed the normal complement of teeth.

**General Policy** - A posterior fixed bridge and partial denture are not benefits in the same arch within the frequency limitations. Benefit is limited to the allowance for the partial denture.

**General Policy** - Fixed prosthodontics are not a benefit for children under 16 years of age. Benefits for children under age 16 are denied.

**General Policy** – Benefits for porcelain and resin inlay bridges are denied.

**General Policy** - The fees for indirectly fabricated restorations and prosthetic procedures include all models, temporaries, laboratory charges and materials, and other associated procedures. Any fees charged for these procedures by the same dentist/dental office in excess of the approved amounts for the indirectly fabricated restorations or prosthetic procedures are not billable to the patient on same date of service.

**General Policy** – Multi-stage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed, and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays, and inlays is the cementation date regardless of the type of cement utilized.

**General Policy** – Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

**General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines.

| D6200 - D6499 FIXED PARTIAL DENTURE PONTICS | | | |
|---|---|---|---|
| **D6205** | Pontic - indirect resin based composite | Not to be used as a temporary or provisional prosthesis. | None |
| **D6210** | Pontic - cast high noble metal | None | None |
| **D6211** | Pontic - cast predominantly base metal | None | None |
| **D6212** | Pontic - cast noble metal | None | None |
| **D6214** | Pontic – titanium and titanium alloys | None | None |
| **D6240** | Pontic - porcelain fused to high noble metal | None | None |
| **D6241** | Pontic - porcelain fused to predominantly base metal | None | None |
| **D6242** | Pontic - porcelain fused to noble metal | None | None |
| **D6243** | Pontic - porcelain fused to titanium and titanium alloys | None | None |
| **D6245** | Pontic - porcelain/ceramic | None | None |
| **D6250** | Pontic - resin with high noble metal | None | None |
| **D6251** | Pontic - resin with predominantly base metal | None | None |
| **D6252** | Pontic - resin with noble metal | None | None |
| **D6253** | Interim pontic- further treatment or completion of diagnosis necessary prior to final impression | Not to be used as a temporary pontic for a routine prosthetic restoration. | Temporary, interim or provisional fixed prostheses are not separate benefits and should be included in the fee for the permanent prostheses. Fees for D6253 are not billable to the patient by the same dentist/dental office as the permanent prostheses. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6500 - D6699 FIXED PARTIAL DENTURE RETAINERS – INLAYS/ ONLAYS** | | | |
| **General Policy** - Any extra abutments needed in excess of what is customary or due to a special condition of that patient's mouth (such as periodontal splinting) are denied and the fees up to the approved amount for the additional abutment is chargeable to the patient. | | | |
| **D6545** | Retainer - cast metal for resin bonded fixed prosthesis | None | None |
| **D6548** | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | None | None |
| **D6549** | Resin retainer – for resin bonded fixed prosthesis | None | None |
| **D6600** | Retainer inlay - porcelain/ceramic, two surfaces | None | None |
| **D6601** | Retainer inlay - porcelain/ ceramic, three or more surfaces | None | None |
| **D6602** | Retainer inlay - cast high noble metal, two surfaces | None | Benefits for D6602 are denied unless covered by group/individual contract. |
| **D6603** | Retainer inlay - cast high noble metal, three or more surfaces | None | Benefits for D6603 are denied unless covered by group/individual contract. |
| **D6604** | Retainer inlay – cast predominantly base metal, two surfaces | None | Benefits for D6604 are denied unless covered by group/individual contract. |
| **D6605** | Retainer inlay – cast predominantly base metal, three or more surfaces | None | Benefits for D6605 are denied unless covered by group/individual contract. |
| **D6606** | Retainer inlay – cast noble metal, two surfaces | None | Benefits for D6606 are denied unless covered by group/individual contract. |
| **D6607** | Retainer inlay – cast noble metal – three or more surfaces | None | Benefits for D6607 are denied unless covered by group/individual contract. |
| **D6608** | Retainer onlay - porcelain/ ceramic, two surfaces | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6609** | Retainer onlay porcelain/ ceramic, three or more surfaces | None | None |
| **D6610** | Retainer onlay – cast high noble metal, two surfaces | None | Benefits for D6610 are denied unless covered by group/individual contract. |
| **D6611** | Retainer onlay – cast high noble metal, three or more surfaces | None | Benefits for D6611 are denied unless covered by group/individual contract. |
| **D6612** | Retainer onlay - cast predominantly base metal, two surfaces | None | Benefits for D6612 are denied unless covered by group/individual contract. |
| **D6613** | Retainer onlay - cast predominantly base metal, three or more surfaces | None | Benefits for D6613 are denied unless covered by group/individual contract. |
| **D6614** | Retainer onlay – cast noble metal, two surfaces | None | Benefits for D6614 are denied unless covered by group/individual contract. |
| **D6615** | Retainer onlay - cast noble metal, three or more surfaces | None | Benefits for D6615 are denied unless covered by group/individual contract. |
| **D6624** | Retainer inlay – titanium | None | Benefits for D6624 are denied unless covered by group/individual contract. |
| **D6634** | Retainer onlay - titanium | None | Benefits for D6634 are denied unless covered by group/individual contract. |
| **C. D6700 - D6799 FIXED PARTIAL DENTURE RETAINERS – CROWN** | | | |
| **D6710** | Retainer crown – indirect resin based composite | Not to be used as a temporary or provisional prosthesis. | None |
| | | | |
| **D6720** | Retainer crown - resin fused to high noble metal | None | None |
| **D6721** | Retainer crown - resin with predominantly base metal | None | None |
| **D6722** | Retainer crown - resin with noble metal | None | None |
| **D6740** | Retainer crown - porcelain/ ceramic | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6750** | Retainer crown - porcelain fused to high noble metal | None | None |
| **D6751** | Retainer crown - porcelain fused to predominantly base metal | None | None |
| **D6752** | Retainer crown - porcelain fused to noble metal | None | None |
| **D6753** | Retainer crown - porcelain fused to titanium and titanium alloys | None | None |
| **D6780** | Retainer crown - 3/4 - cast high noble metal | None | None |
| **D6781** | Retainer crown - 3/4 - cast predominantly base metal | None | None |
| **D6782** | Retainer crown - 3/4 - cast noble metal | None | None |
| **D6783** | Retainer crown - 3/4 porcelain/ceramic | None | None |
| **D6784** | Retainer crown ¾ - titanium and titanium alloys | None | None |
| **D6790** | Retainer crown - full cast high noble metal | None | None |
| **D6791** | Retainer crown - full cast predominantly base metal | None | None |
| **D6792** | Retainer crown - full cast noble metal | None | None |
| **D6793** | Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression | Not to be used as a temporary retainer crown for a routine prosthetic restoration. | Temporary, interim, or provisional fixed prostheses are not separate benefits and should be included in the fee for the permanent prostheses. Separate fees to the same dentist/dental office are not billable to the patient. |
| **D6794** | Retainer crown – titanium and titanium alloys | None | None |

## D. D6900 - D6999 OTHER FIXED PARTIAL DENTURE SERVICES

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D6920** | Connector bar | A device attached to fixed partial denture retainer or coping which serves to stabilize and anchor a removable overdenture prosthesis. | Benefits are denied as a specialized technique unless covered by the group/individual contract. |
| **D6930** | Re-cement or re-bond fixed partial denture | None | The fee for recementation or rebonding of a fixed partial denture by the same dentist/dental office within six months of the seating date is a component of the fee for the original procedure and is not billable to the patient. |
| **D6940** | Stress breaker | A non-rigid connector | Benefits are denied as a specialized procedure, unless covered by the group/individual contract. |
| **D6950** | Precision attachment | A pair of components constitutes one precision attachment that is separate from the prosthesis | Benefits are denied as a specialized procedure, unless covered by the group/individual contract. |
| **D6980** | Fixed partial denture repair necessitated by restorative material failure | None | The fee for repair of a fixed partial denture cannot exceed one-half of the fee for a new appliance and any fee in excess of the allowance by the same dentist/dental office is not billable to the patient on the same date of service. |
| **D6985** | Pediatric partial denture, fixed | This prosthesis is used primarily for aesthetic purposes | Benefits are denied unless covered by the group/individual contract. |
| **D6999** | Unspecified fixed prosthodontic procedure, by report | Used for procedure that is not adequately described by a code. Describe procedure. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances.

**General Policy** - The fee for all oral and maxillofacial surgery includes local anesthesia and suturing on the same date of service as the oral and maxillofacial surgery, and routine postoperative care 30 days following surgery. Separate fees for these procedures by the same dentist/dental office are not billable to the patient and are denied to another dentist/dental office.

**General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy** - By report and subject to coverage under medical: When a procedure is by report and subject to coverage under medical, it should be submitted to the patient's medical carrier first. When submitting to Delta Dental, a copy of the explanation of payment or payment voucher from the medical carrier should be included with the claim, plus a narrative describing the procedure performed, reasons for performing the procedure, pathology report if appropriate, and any other information deemed pertinent. In the absence of such information, the procedure will not be benefited by Delta Dental.

**General Policy** - The fees for exploratory surgery or unsuccessful attempts at extractions are not billable to the patient.

**General Policy** - Restorations or surgical procedures to correct congenital or developmental malformations are benefited unless done solely for cosmetic reasons.

**General Policy** - Impaction codes are based on anatomical position rather than the surgical procedure necessary for removal.

**General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines.

## A. D7000 – D7199 EXTRACTIONS (Includes local anesthesia, suturing if needed, and routine postoperative care)

**General Policy** - The fees for biopsy (D7285, D7286), frenectomy (D7961, 7962) and excision of hard and soft tissue lesions (D7410, D7411, D7450, D7451) are not billable to the patient when the procedures are performed on the same date of service, same surgical site/area, by the same dentist/dental office as the above referenced codes. Requests for individual consideration can always be submitted by report for dental consultant review.

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7111** | Extraction, coronal remnants – primary tooth | Removal of soft tissue-retained coronal remnants | D7111 is considered part of any other (more comprehensive) surgery in same surgical area, same date of service by the same dentist/dental office and the fees are not billable to the patient. |
| **D7140** | Extraction, erupted tooth or exposed root (elevation and/ or forceps removal) | Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary | None |
| **B. D7200 – D7259 SURGICAL EXTRACTIONS (Includes local anesthesia, suturing if needed, and routine postoperative care)** | | | |
| **D7210** | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure | None |
| **D7220** | Removal of impacted tooth - soft tissue | Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation | None |
| **D7230** | Removal of impacted tooth - partially bony | Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal | None |
| **D7240** | Removal of impacted tooth - completely bony | Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal | None |
| **D7241** | Removal of impacted tooth - completely bony, with unusual surgical complications | Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position | None |
| **D7250** | Removal of residual tooth roots (cutting procedure) | Includes cutting of soft tissue and bone, removal of tooth structure, and closure | Fees for removal of residual tooth roots on same date of service as the extraction of the same tooth by the same dentist/dental office are not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7251** | Coronectomy – intentional partial tooth removal, impacted teeth only | Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed | None |
| **C. D7260 – D7299 OTHER SURGICAL PROCEDURES** | | | |
| **General Policy** - The fee for all oral and maxillofacial surgery includes local anesthesia, and suturing if needed on the same date of service, and routine postoperative care 30 days following surgery. A separate fee for these procedures in conjunction with oral and maxillofacial surgery by the same dentist/dental office is not billable to the patient and are denied to another dentist/dental office. | | | |
| **D7260** | Oroantral fistula closure | Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap | None |
| **D7261** | Primary closure of a sinus perforation | Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulous tract. | The fee for D7261 is not billable to the patient when submitted with D7241. |
| **D7270** | Tooth re-implantation and/or stabilization of accidentally avulsed or displaced tooth | Includes splinting and/or stabilization | Includes local anesthesia, suturing, postoperative care and removal of splint by the same dentist/dental office 30 days following the surgical procedure. The fees for these procedures in conjunction with D7270 are not billable to the patient by the same dentist/dental office and are denied to another dentist/dental office. |
| **D7272** | Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization) | None | Benefits for D7272 are denied as a specialized procedure. |
| **D7280** | Exposure of an unerupted tooth | An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted | Benefits are denied in the absence of orthodontic benefits. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7282** | Mobilization of erupted or malpositioned tooth to aid eruption | To move/luxate teeth to eliminate ankylosis; not in conjunction with an extraction. | None |
| **D7283** | Placement of device to facilitate eruption of impacted tooth | Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280. | Benefits are denied unless covered by group/individual contract. |
| **D7284** | Excisional biopsy of minor salivary glands | None | a. A pathology report must be included.<br><br>b. The fee for biopsy of oral tissue is included in the fee for a surgical procedure (e.g., apicoectomy, extractions, etc.) and is not billable to the patient when performed by the same dentist/dental office in the same surgical area and on the same date of service. |
| **D7285** | Incisional biopsy of oral tissue – hard (bone, tooth) | For partial removal of specimen only. This procedure involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision. | None |
| **D7286** | Incisional Biopsy of oral tissue – soft | For partial removal of an architecturally intact specimen only. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision. | a. A pathology report must be included.<br><br>b. The fee for biopsy of oral tissue is included in the fee for a surgical procedure (e.g. apicoectomy, extractions, etc.) and is not billable to the patient when performed by the same dentist/dental office in the same surgical area and on the same date of service.<br><br>c. Biopsy is only a benefit for oral structures. |
| **D7287** | Exfoliative cytology sample collection | For collection of non-transepithelial cytology sample via mild scraping of the oral mucosa. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7288** | Brush biopsy- transepithelial sample collection | For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa | Benefits for brush biopsy are denied unless covered by group/ individual contract.<br><br>When covered:<br>A pathology report must be included. |
| **D7290** | Surgical repositioning of teeth | Grafting procedure(s) is/are additional | Benefit surgical repositioning including grafting procedures when covered by group/individual contract. |
| **D7291** | Transseptal fiberotomy/supra crestal fiberotomy, by report | The supraosseous connective tissue attachment is surgically severed around the involved teeth. Where there are adjacent teeth, the transseptal fiberotomy of a single tooth will involve a minimum of three teeth. Since the incisions are within the gingival sulcus and tissue and the root surface is not instrumented, this procedure heals by the reunion of connective tissue with the root surface on which viable periodontal tissue is present (reattachment). | Benefits for transseptal fiberotomy are denied unless covered by group/individual contract. |
| **D7292** | Placement of temporary anchorage device [screw retained plate] requiring flap | None | Benefits are denied as a specialized procedure. |
| **D7293** | Placement of temporary anchorage device requiring flap | None | Benefits are denied as a specialized procedure. |
| **D7294** | Placement of temporary anchorage device without flap | None | Benefits are denied as a specialized procedure, unless covered by group/individual contract. |
| **D7295** | Harvest of bone for use in autogenous grafting procedure | Reported in addition to those autogenous graft placement procedures that do not include harvesting of bone | a. Benefits are denied unless covered by group/individual contract.<br><br>b. Benefit if the companion oral surgery procedures (D7953 and D7955) are covered under the group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7296** | Corticotomy – one to three teeth or tooth spaces, per quadrant | This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately. | Benefits for corticotomy procedures are denied as a specialized procedure. |
| **D7297** | Corticotomy – four or more teeth or tooth spaces, per quadrant | This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately. | Benefits for corticotomy procedures are denied as a specialized procedure. |
| **D7298** | Removal of temporary anchorage device [screw retained plate], requiring flap | None | a. Benefits are denied as a specialized procedure.<br><br>b. The fee for D7298 is included in the surgery and is not billable to the patient when done by the same dentist/dental office as D7292. Benefits are denied when done by a different dentist/dental office. |
| **D7299** | Removal of temporary anchorage device, requiring flap | None | a. Benefits are denied as a specialized procedure.<br><br>b. The fee for D7299 is included in the surgery and is not billable to the patient when done by the same dentist/dental office as D7292. Benefits are denied when done by a different dentist/dental office. |

## D. D7300 – D7339 ALVEOLOPLASTY- PREPARATION OF RIDGE FOR DENTURES

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7300** | Removal of temporary anchorage device without flap | None | a. Benefits are denied as a specialized procedure. unless covered by group/individual contract.<br><br>b. The fee for D7300 is included in the surgery and is not billable to the patient when done by the same dentist/dental office as D7292. Benefits are denied when done by a different dentist/dental office. |
| **D7310** | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery. | a. Alveoloplasty is included in the fee for extractions (D7140, D7210-D7250). Fees for D7310 are not billable to the patient if performed by the same dentist/dental office, in the same surgical area on the same date of service.<br><br>b. Fees are not billable to the patient no matter how many extractions are performed in the quadrant. |
| **D7311** | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery. | Alveoloplasty is included in the fee for extractions (D7140, D7210-D7250). Fees for D7311 are not billable to the patient if performed by the same dentist/dental office, in the same surgical area on the same date of service. |
| **D7320** | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | No extractions performed in an edentulous area. See D7310 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery. | None |
| **D7321** | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | No extractions performed in an edentulous area. See D7311 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | treatments such as radiation therapy and transplant surgery. | |
| **E. D7340 - D7399 VESTIBULOPLASTY** | | | |
| **General Policy** - All procedures are by report and subject to coverage available under the medical plan. | | | |
| **D7340** | Vestibuloplasty - ridge extension (secondary epithelialization) | None | None |
| **D7350** | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | None | None |
| **F. D7400 - D7429 EXCISION OF SOFT TISSUE LESIONS (Includes non-odontogenic cysts)** | | | |
| **General Policy** - All procedures are by report and subject to coverage available under the medical plan. | | | |
| **General policy** - If considered under dental, pathology report required. If no report is submitted, then the fee for the procedure is not billable to the patient. | | | |
| **D7410** | Excision of benign lesion up to 1.25 cm | None | The fee for D7410 is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same date of service by the same dentist/dental office. |
| **D7411** | Excision of benign lesion greater than 1.25 cm | None | The fee for D7411 is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same date of service by the same dentist/dental office. |
| **D7412** | Excision of benign lesion, complicated | Requires extensive undermining with advancement or rotational flap closure | The fee for D7412 is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same date of service by the same dentist/dental office. |
| **D7413** | Excision of malignant lesion up to 1.25 cm | None | The fee for D7413 is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same date of service by the same dentist/dental office. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7414** | Excision of malignant lesion greater than 1.25 cm | None | The fee for D7414 is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same date of service by the same dentist/dental office. |
| **D7415** | Excision of malignant lesion, complicated | Requires extensive undermining with advancement or rotational flap closure | The fee for D7415 is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same date of service by the same dentist/dental office. |
| **G.** | **D7430 - D7469 EXCISION OF INTRA-OSSEOUS LESIONS** | | |
| **General Policy** - All procedures are by report and are subject to coverage available under the medical plan. | | | |
| **D7440** | Excision of malignant tumor - lesion diameter up to 1.25 cm | None | None |
| **D7441** | Excision of malignant tumor - lesion diameter greater than 1.25 cm | None | None |
| **D7450** | Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm | None | The fee for D7450 is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same date of service by the same dentist/dental office. |
| **D7451** | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | None | The fee for D7451 is not billable to the patient as included in the fee for another surgery in the same area of the mouth on the same date of service by the same dentist/dental office. |
| **D7460** | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | None | None |
| **D7461** | Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm | None | None |
| **D7465** | Destruction of lesion(s) by physical or chemical method, by report | Examples include using cryo, laser or electro surgery | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **H. D7470 - D7599 EXCISION OF BONE TISSUE** | | | |
| **General Policy** - All procedures are by report and are subject to coverage available under the medical plan. | | | |
| **D7471** | Removal of lateral exostosis - (maxilla or mandible) | None | None |
| **D7472** | Removal of torus palatinus | None | None |
| **D7473** | Removal of torus mandibularis | None | None |
| **D7485** | Reduction of osseous tuberosity | None | None |
| **D7490** | Radical resection of maxilla or mandible | Partial resection of maxilla or mandible; removal of lesion and defect with margin of normal appearing bone. Reconstruction and bone grafts should be reported separately | If considered under dental by group/individual contract, pathology report required. |
| **I. D7500 - D7599 SURGICAL INCISION** | | | |
| **General Policy** - All procedures are not a benefit unless specifically covered by group/individual contract and are subject to coverage available under the medical plan. When covered, all procedures are by report and subject to coverage under medical. The fees for procedures that are an integral part of a primary procedure in the same surgical area by the same dentist/dental office should not be reported separately and are not billable to the patient. | | | |
| **General Policy** - All procedures are by report and are subject to coverage available under the medical plan. | | | |
| **D7509** | Marsupialization of odontogenic cyst | Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch. | None |
| **D7510** | Incision and drainage of abscess - intraoral soft tissue | Involves incision through mucosa, including periodontal origins | Fees for D7510 are not billable to the patient when submitted on the same date of service with all surgery (D7000-D7999), endodontic codes (D3000-D3999), and surgical periodontal procedures (D4210-D4278). |
| **D7511** | Incision and drainage of abscess - intraoral soft tissue- complicated (includes drainage of multiple fascial spaces) | Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis | Fees for D7511 are not billable to the patient when submitted on the same date of service with all oral surgery (D7000-D7999), endodontic codes (D3000-D3999), and surgical periodontal procedures (D4210-D4285). |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| D7520 | Incision and drainage of abscess - extraoral soft tissue | Involves incision through skin | Incision and drainage of abscess - extraoral soft tissue is a benefit only if dental-related infection is present. |
| D7521 | Incision and drainage of abscess - extraoral soft tissue- complicated (includes drainage of multiple fascial spaces) | Incision is made extraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis. | Benefits are subject to coverage available under the medical plan. |
| D7530 | Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue | None | When covered by group/individual contract, pathology report is required. |
| D7540 | Removal of reaction-producing foreign bodies, musculoskeletal system | May include, but is not limited to, removal of splinters, pieces of wire, etc., from muscle and/or bone. | When covered by group/individual contract, pathology report is required. |
| D7550 | Partial ostectomy/ sequestretomy for removal of non-vital bone | Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply | When covered by group/individual contract, pathology report is required. |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | None | When covered by group/individual contract, pathology report is required. |
| **J. D7600 - D7699 TREATMENT OF CLOSED FRACTURES** | | | |
| **General Policy** - All procedures are by report and are subject to coverage available under the medical plan. | | | |
| **General Policy** –A separate fee for splinting, wiring or banding is not billable to the patient when performed on the same date of service by the same dentist/dental office rendering the primary procedure. | | | |
| D7610 | Maxilla - open reduction (teeth immobilized, if present) | Teeth may be wired, banded or splinted together to prevent movement. Incision required for interosseous fixation | None |
| D7620 | Maxilla - closed reduction (teeth immobilized, if present) | No incision required to reduce fracture. See D7610 if interosseous fixation is applied | None |
| D7630 | Mandible - open reduction (teeth immobilized, if present) | Teeth may be wired, banded or splinted together to prevent movement. Incision required to reduce fracture | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7640** | Mandible - closed reduction (teeth immobilized, if present) | No incision required to reduce fracture. See D7630 if interosseous fixation is applied | None |
| **D7650** | Malar and/or zygomatic arch - open reduction | None | None |
| **D7660** | Malar and/or zygomatic arch - closed reduction | None | None |
| **D7670** | Alveolus - closed reduction, may include stabilization of teeth | Teeth may be wired, banded or splinted together to prevent movement | None |
| **D7671** | Alveolus, open reduction, may include stabilization of teeth | Teeth may be wired, banded or splinted together to prevent movement | None |
| **D7680** | Facial bones - complicated reduction with fixation and multiple surgical approaches | Facial bones include upper and lower jaw, cheek, and bones around eyes, nose, and ears | None |
| **K. D7700 - D7799 TREATMENT OF OPEN FRACTURES** | | | |
| **General Policy** - All procedures are by report and are subject to coverage available under the medical plan. | | | |
| **General Policy** - A separate fee for splinting, wiring or banding is not billable to the patient when performed on the same date of service by the same dentist/dental office rendering the primary procedure. | | | |
| **D7710** | Maxilla - open reduction | Incision required to reduce fracture | None |
| **D7720** | Maxilla - closed reduction | None | None |
| **D7730** | Mandible - open reduction | Incision required to reduce fracture | None |
| **D7740** | Mandible - closed reduction | None | None |
| **D7750** | Malar and/or zygomatic arch - open reduction | Incision required to reduce fracture | None |
| **D7760** | Malar and/or zygomatic arch - closed reduction | None | None |
| **D7770** | Alveolus - open reduction stabilization of teeth | Fractured bone(s) are exposed to mouth or outside the face. Incision required to reduce fracture | None |
| **D7771** | Alveolus, closed reduction stabilization of teeth | Fractured bone(s) are exposed to mouth or outside the face | None |
| **D7780** | Facial bones - complicated reduction with fixation and multiple approaches | Incision required to reduce fracture. Facial bones include upper and lower | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | jaw, cheek, and bones around eyes, nose, and ears | |
| **L. D7800 - D7899 REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS. PROCEDURES WHICH ARE AN INTEGRAL PART OF A PRIMARY PROCEDURE SHOULD NOT BE REPORTED SEPARATELY** | | | |
| General Policy - All procedures are not a benefit unless specifically covered by group/individual contract and are subject to coverage available under the medical plan. When covered, all procedures are by report and subject to coverage under medical. The fees for procedures that are an integral part of a primary procedure in the same surgical area by the same dentist/dental office should not be reported separately and are not billable to the patient. | | | |
| **D7810** | Open reduction of dislocation | Access to TMJ via surgical opening. | None |
| **D7820** | Closed reduction of dislocation | Joint manipulated into place; no surgical exposure | None |
| **D7830** | Manipulation under anesthesia | Usually done under general anesthesia or intravenous sedation. | None |
| **D7840** | Condylectomy | Removal of all or portion of the mandibular condyle (separate procedure). | None |
| **D7850** | Surgical discectomy, with/without implant | Excision of the intra-articular disc of a joint. | None |
| **D7852** | Disc repair | Repositioning and/or sculpting of disc; repair of perforated posterior attachment | None |
| **D7854** | Synovectomy | Excision of a portion or all of the synovial membrane of a joint. | None |
| **D7856** | Myotomy | Cutting of muscle for therapeutic purposes (separate procedure). | None |
| **D7858** | Joint reconstruction | Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials | None |
| **D7860** | Arthrotomy | Cutting into joint (separate procedure). | None |
| **D7865** | Arthoplasty | Reduction of osseous components of the joint to create a pseudoarthrosis | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | or eliminate an irregular remodeling pattern (osteophytes). | |
| **D7870** | Arthrocentesis | Withdrawal of fluid from a joint space by aspiration | None |
| **D7871** | Non-arthroscopic lysis and lavage | Inflow and outflow catheters are placed into the joint space. The joint is lavaged and manipulated as indicated in an effort to release minor adhesions and synovial vacuum phenomenon as well as to remove inflammation products from the joint space. | The benefits for these services are denied unless the related TMJ services are covered under the group/individual contract. |
| **D7872** | Arthroscopy - diagnosis, with or without biopsy | None | None |
| **D7873** | Arthroscopy: lavage and lysis of adhesions | Removal of adhesions using the arthroscope and lavage of the joint cavities. | None |
| **D7874** | Arthroscopy: disc repositioning and stabilization | Repositioning and stabilization of disc using arthroscopic techniques | None |
| **D7875** | Arthroscopy: synovectomy | Removal of inflamed and hyperplastic synovium (partial/complete) via an arthroscopic technique. | None |
| **D7876** | Arthroscopy: discectomy | Removal of disc and remodeled posterior attachment via the arthroscope | None |
| **D7877** | Arthroscopy: debridement | Removal of pathologic hard and/or soft tissue using the arthroscope | None |
| **D7880** | Occlusal orthotic device, by report | Presently includes splints provided for treatment of temporomandibular joint dysfunction. | None |
| **D7881** | Occlusal orthotic device adjustment | None | a. Benefits for occlusal orthotic device adjustments are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | b. When covered by group/individual contract, fees for all adjustments within six months are not billable to the patient.<br><br>c. Benefit one per year following six months from initial placement. |
| **D7899** | Unspecified TMJ therapy, by report | Used for procedure that is not adequately described by a code. Describe procedure. | None |
| **M. D7900 - D7910 REPAIR OF TRAUMATIC WOUNDS** | | | |
| **General Policy** - Repair of traumatic wounds is limited to oral structures. | | | |
| **D7910** | Suture of recent small wounds up to 5 cm | None | None |
| **N. D7911 - D7919 COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR METICULOUS CLOSURE)** | | | |
| **General Policy** - Complicated suturing is limited to oral structures. | | | |
| **D7911** | Complicated suture - up to 5 cm | None | None |
| **D7912** | Complicated suture - greater than 5 cm | None | None |
| **O. D7920 - D7999 OTHER REPAIR PROCEDURES** | | | |
| **General Policy** - All procedures except D7961, D7962, D7963, D7970 and D7971 are by report and are subject to coverage available under the medical plan. | | | |
| **D7920** | Skin graft (identify defect covered, location and type of graft) | None | None |
| **D7921** | Collection and application of autologous blood concentrate product | None | Benefits are denied as investigational. |
| **D7922** | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | This procedure can be performed at time and/or after extraction to aid in hemostasis. The socket is packed with hemostatic agent to aid in hemostasis and or clot stabilization. | a. Placement of an intra-socket biological dressing to aid in hemostasis or clot stabilization is considered part of the extraction and/or post-operative procedure. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | b. A separate fee is not billable to the patient. |
| **D7939** | Indexing for osteotomy using dynamic robotic assisted or dynamic navigation | A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. | Benefits are denied as specialized technique. |
| **D7940** | Osteoplasty - for orthognathic deformities | Reconstruction of jaws for correction of congenital, developmental or acquired traumatic or surgical deformity | None |
| **D7941** | Osteotomy – mandibular rami | None | None |
| **D7943** | Osteotomy – mandibular rami with bone graft; includes obtaining the graft | None | None |
| **D7944** | Osteotomy - segmented or subapical | Report by range of tooth numbers within segment. | None |
| **D7945** | Osteotomy - body of mandible | Sectioning of lower jaw. This includes the exposure, bone cut, fixation, routine wound closure and normal post-operative follow-up care. | None |
| **D7946** | LeFort I (maxilla - total) | Sectioning of the upper jaw. This includes the exposure, bone cuts, downfracture, repositioning, fixation, routine wound closure and normal post-operative follow-up care. | None |
| **D7947** | LeFort I (maxilla - segmented) | When reporting a surgically assisted palatal expansion without downfracture, this code would entail a reduced service and should be “by report”. | None |
| **D7948** | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft | Sectioning of upper jaw. This includes the exposure, bone cuts, downfracture, segmentation of maxilla, repositioning, fixation, routine wound closure and normal post-operative follow-up care. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7949** | LeFort II or LeFort III - with bone graft | Includes obtaining autografts | None |
| **D7950** | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report | This procedure is for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. It includes obtaining graft material. Placement of a barrier membrane, if used, should be reported separately | a. When billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc., benefits for D7950 are denied as a specialized procedure.<br><br>b. Benefits for platelets are denied as investigational. |
| **D7951** | Sinus augmentation with bone or bone substitutes via a lateral open approach | The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately. | a. When billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc., benefits for D7951 are denied as a specialized procedure.<br><br>b. Benefits for platelets are denied as investigational. |
| **D7952** | Sinus augmentation via a vertical approach | The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes. | When billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc., benefits for D7952 are denied as a specialized procedure. |
| **D7953** | Bone replacement graft for ridge preservation - per site | Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately. | A site is equal to one tooth (extraction or implant removal site).<br><br>a. Benefits when billed in conjunction with implants, implant removal, ridge augmentation, extraction sites, periradicular surgery etc. are denied as an investigational procedure.<br><br>b. Bone replacement grafts for natural teeth are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7955** | Repair of maxillofacial soft and/or hard tissue defect | Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize graft materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches. This procedure does not include edentulous maxilla and mandibular reconstruction for prosthetic considerations. | None |
| | **General Policy** - Repair is by report and subject to coverage available under the medical plan. | | |
| **D7956** | Guided tissue regeneration, edentulous area – resorbable barrier, per site | This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction. | Benefits for GTR when billed in conjunction with implants, soft tissue grafts on implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections etc. are denied as a specialized procedure. |
| **D7957** | Guided tissue regeneration, edentulous area – non-resorbable barrier, per site | This procedure does not include flap entry and closure, or, when indicated wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction. | a. Benefits for GTR when billed in conjunction with implants, mucogingival/soft tissue grafts on implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections etc. are denied as a specialized procedure.<br><br>b. Benefits for GTR, in conjunction with mucogingival/soft tissue grafts in the same surgical area, are denied.<br><br>c Fees for re-entry for removal of the barrier material are not billable to the patient by the same dentist/dental office. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7961** | Buccal/labial frenectomy (frenulectomy) | None | The fee for frenectomy is not billable to the patient when billed on the same date of service as any other surgical procedure(s) in the same surgical area by the same dentist/dental office. |
| **D7962** | Lingual frenectomy (frenulectomy) | None | The fee for frenectomy is not billable to the patient when billed on the same date of service as any other surgical procedure(s) in the same surgical area by the same dentist/dental office. |
| **D7963** | Frenuloplasty | Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure | The fee for frenuloplasty is not billable to the patient on the same date of service as any other surgical procedure(s) in the same surgical site. |
| **D7970** | Excision of hyperplastic tissue - per arch | None | The fee for excision of hyperplastic tissue performed on the same date of service as another surgical procedure in the same surgical area by the same dentist/dental offices is not billable to the patient. |
| **D7971** | Excision of pericoronal gingiva | Removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth. | The fee for excision of pericoronal gingiva performed on the same date of service as another surgical procedure in the same surgical area by the same dentist/dental office is not billable to the patient. |
| **D7972** | Surgical reduction of fibrous tuberosity | None | None |
| **D7979** | Non – surgical sialolithotomy | A sialolith is removed from the gland or ductal portion of the gland without surgical incision into the gland or the duct of the gland; for example via manual manipulation, ductal dilation, or any other non-surgical method. | None |
| **D7980** | Surgical sialolithotomy | Procedure by which a stone within a salivary gland or its duct is removed, either intraorally or extraorally. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7981** | Excision of salivary gland, by report | None | None |
| **D7982** | Sialodochoplasty | Procedure for the repair of a defect and/or restoration of a portion of a salivary gland duct. | None |
| **D7983** | Closure of salivary fistula | Closure of an opening between a salivary duct and/or gland and the cutaneous surface, or an opening into the oral cavity through other than the normal anatomic pathway. | None |
| **D7990** | Emergency tracheotomy | Formation of a tracheal opening usually below the cricoid cartilage to allow for respiratory exchange. | None |
| **D7991** | Coronoidectomy | Removal of the coronoid process of the mandible. | None |
| **D7993** | Surgical placement of craniofacial implant – extra oral | Surgical placement of a craniofacial implant to aid in retention of an auricular, nasal, or orbital prosthesis. | Benefits are denied unless covered by group/individual contract. |
| **D7994** | Surgical placement: zygomatic implant | An implant placed in the zygomatic bone and exiting though the maxillary mucosal tissue providing support and attachment of a maxillary dental prosthesis. | Benefits are denied unless covered by group/individual contract. |
| **D7995** | Synthetic graft - mandible or facial bones, by report | Includes allogenic material. | None |
| **D7996** | Implant-mandible for augmentation purposes (excluding alveolar ridge), by report | None | None |
| **D7997** | Appliance removal (not by dentist who placed appliance), includes removal of archbar | None | The fee for D7997 is denied unless the group/individual contract specifies that the related oral surgery services are a benefit. If covered, the fees are not billable to the patient 45 days following appliance placement. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D7998** | Intraoral placement of a fixation device not in conjunction with a fracture | The placement of intermaxillary fixation appliance for documented medically accepted treatments not in association with fractures. | None |
| | **General Policy** - All procedures are by report and are subject to coverage under medical. This procedure is not billable to the patient by the same dentist/dental office when billed in conjunction with any surgical procedure not in conjunction with fractures for which splinting, wiring or banding is considered part of the complete procedure (e.g., D7270, D7272). | | |
| **D7999** | Unspecified oral surgery procedure, by report | Used for procedure that is not adequately described by a code. Describe the procedure | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D8000 – D8999 ORTHODONTICS

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

**General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy** - Orthodontics, including clinical oral evaluations and all treatment, must be performed by a licensed dentist or his or her supervised staff, acting within the scope of applicable law. The dentist of record must perform a clinical oral evaluation of the patient, regardless if done in person or virtually, to establish the need for orthodontic treatment, and have adequate diagnostic information and appropriate radiographic imaging, to develop a treatment plan.

**General Policy –** treating dentists must have arrangements for patients to seek emergency care**.**

**General Policy** –orthodontic services are only a benefit when they meet generally accepted clinical guidelines.

**General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines.

**General Policy:** Direct to consumer orthodontic treatment requires an attestation by treating dentist.

## LIMITED ORTHODONTIC TREATMENT

Orthodontic treatment utilizing any therapeutic modality with a limited objective or scale of treatment. Treatment may occur in any stage of dental development or dentition.

The objective may be limited by:
- not involving the entire dentition.
- not attempting to address the full scope of the existing or developing orthodontic problem.
- mitigating an aspect of a greater malocclusion (i.e., crossbite, overjet, overbite, arch length, anterior alignment, one phase of multi-phase treatment, treatment prior to the permanent dentition, etc.).
- a decision to defer or forego comprehensive treatment

| | | | |
|---|---|---|---|
| **D8010** | Limited orthodontic treatment of the primary dentition | None | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D8020** | Limited orthodontic treatment of the transitional dentition | None | None |
| **D8030** | Limited orthodontic treatment of the adolescent dentition | None | None |
| **D8040** | Limited orthodontic treatment of the adult dentition | None | None |
| **COMPREHENSIVE ORTHODONTIC TREATMENT**<br>Comprehensive orthodontic care includes a coordinated diagnosis and treatment leading to the improvement of a patient's craniofacial dysfunction and/or dentofacial deformity which may include anatomical, functional and/or esthetic relationships. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances in growing and non-growing patients. Adjunctive procedures to facilitate care may be required. Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development. | | | |
| **D8070** | Comprehensive orthodontic treatment of the transitional dentition | None | Benefits are denied when the supporting documentation does not meet the criteria for coverage. |
| **D8080** | Comprehensive orthodontic treatment of the adolescent dentition | None | Benefits are denied when the supporting documentation does not meet the criteria for coverage. |
| **D8090** | Comprehensive orthodontic treatment of the adult dentition | None | Benefits are denied when the supporting documentation does not meet the criteria for coverage. |
| **MINOR TREATMENT TO CONTROL HARMFUL HABITS** | | | |
| **D8210** | Removable appliance therapy | Removable indicates patient can remove; includes appliances for thumb sucking and tongue thrusting | None |
| **D8220** | Fixed appliance therapy | Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting | None |
| **OTHER ORTHODONTIC SERVICES** | | | |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D8660** | Pre-orthodontic treatment examination to monitor growth and development | Periodic observation of patient dentition, at intervals established by the dentist, to determine when orthodontic treatment should begin. Diagnostic procedures are documented separately | a Fees for D8660 are not billable to the patient with any other oral evaluation (D0120 – D0180). D8660 is included in the oral evaluation frequency limits.<br><br>b. Fees for D8660 are not billable to the patient when submitted with D8070, D8080, D8090. |
| **D8670** | Periodic orthodontic treatment visit | None | None |
| **D8680** | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | None | a. The fee for orthodontic retention is not billable to the patient within 24 months of placement by same dentist/dental office.<br><br>b. Benefits are denied if performed by different dentist/dental office.<br><br>c. Benefits for D8680 submitted after 24 months is denied. |
| **D8681** | Removable orthodontic retainer adjustment | None | Fees for removable orthodontic retainer adjustments are not billable to the patient if performed by the same dentist/dental office providing orthodontic treatment. Benefits are denied if performed by a different dentist/dental office. |
| **D8695** | Removal of fixed orthodontic appliances for reasons other than at completion of treatment | None | Benefits for patient requested removal of fixed orthodontic appliance(s) are denied. |
| **D8696** | Repair of orthodontic appliance – maxillary | Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D8697** | Repair of orthodontic appliance – mandibular | Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders. | None |
| **D8698** | Re-cement or re-bond fixed retainer – maxillary | None | This procedure is included in the orthodontic case fee. A separate fee is not billable to the patient anytime following placement of the fixed retainer by the same dentist/dental office. |
| **D8699** | Re-cement or re-bond fixed retainer – mandibular | None | This procedure is included in the orthodontic case fee. A separate fee is not billable to the patient anytime following placement of the fixed retainer by the same dentist/dental office. |
| **D8701** | Repair of fixed retainer, includes reattachment – maxillary | None | a. The fee for D8701 is not billable to the patient within 24 months following placement of the fixed retainer by the same dentist/dental office. In cases where there are excessive or continuous repairs, individual consideration can always be given.<br><br>b. Benefits for D8701 submitted after 24 months of placement are denied. |
| **D8702** | Repair of fixed retainer, includes reattachment – mandibular | None | a. The fee for D8702 is not billable to the patient within 24 months following placement of the fixed retainer by the same dentist/dental office. In cases where there are excessive or continuous repairs, individual consideration can always be given.<br><br>b. Benefits for D8702 submitted after 24 months of placement are denied. |
| **D8703** | Replacement of lost or broken retainer – maxillary | None | Benefits subject to orthodontic coverage.<br>If covered: |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | Benefits are denied within 12 months of completion of orthodontic treatment. After 12 months, benefit once per lifetime. |
| **D8704** | Replacement of lost or broken retainer – mandibular | None | Benefits subject to orthodontic coverage.<br>If covered:<br>Benefits are denied within 12 months of completion of orthodontic treatment. After 12 months, benefit once per lifetime. |
| **D8999** | Unspecified orthodontic procedure, by report | Used for procedure that is not adequately described by a code. Describe procedure. | None |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|

# D9000 – D9999 ADJUNCTIVE GENERAL SERVICES

Terms of group/individual contracts vary. Policies in this Handbook that address benefits, limitations and exclusions are policies that have not been tailored to reflect the specific terms of applicable group/individual contracts. In all cases, the terms of group/individual contracts take precedence over Dentist Handbook policies. Please contact the member company listed on the patient's identification card for the specific terms of a group/individual contract.

Benefit determinations are subject to individual consideration when accompanied by adequate documentation of extraordinary circumstances

**General Policy** – The term specialized procedure describes a dental service or procedure that is used when unusual or extraordinary circumstances exist and is not generally used when conventional methods are adequate.

**General Policy** - Infection control is included in the fee for the dental services provided. Separate fees are not billable to the patient.

**General Policy -** General anesthesia and intravenous sedation are limited to one hour. Any additional minutes are not billable to the patient unless clinical documentation supports more than an hour was necessary. For example, special health care needs patients may require additional units of anesthesia and may be a benefit according to group/individual contract.

**General Policy** – All services and treatment provided remotely via tele-health modalities, be they synchronous or asynchronous, must be performed by a licensed dentist or their supervised staff, acting within the scope of applicable law. Services and treatment delivered virtually are only a benefit when the elements included in the descriptor of the CDT procedure code are completed and only when they meet generally accepted clinical guidelines.

## A. D9000 - D9199 UNCLASSIFIED TREATMENT

| | | | |
|---|---|---|---|
| **D9110** | Palliative treatment of dental pain - per visit | Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes. | The fee for palliative treatment is not billable to the patient when submitted with all CDT procedures except radiographic images (D0210-D0340) and diagnostic procedure codes (D0120- D0180 and D0460) and is performed by the same dentist/dental office on the same date of service. |
| **D9120** | Fixed partial denture sectioning | Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. | a. This procedure is only a benefit if a portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment.<br><br>b. If D9120 is part of the process of removing and replacing a fixed prosthesis, it is |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | Includes all recontouring and polishing of retained portions. | considered integral to the fabrication of the new fixed prosthesis and fees are not billable to the patient.<br><br>c. Fees for polishing and recontouring of the retained portion of the prosthesis are not billable to the patient. |
| **D9130** | Temporomandibular joint dysfunction – non-invasive physical therapies | Therapy including but not limited to massage, diathermy, ultrasound or cold application to provide relief from muscle spasms, inflammation or pain, intending to improve freedom of motion and joint function. This should be reported on a per session basis. | a. Benefits for non-invasive TMD physical therapies are denied unless covered by group/individual contract.<br><br>b. If covered by group/individual contract, benefit is limited to once every 12 months. |
| **B. D9200 - D9299 ANESTHESIA** | | | |
| **General Policy** - General anesthesia and intravenous sedation are limited to one hour. Any additional minutes are not billable to the patient unless clinical documentation (e.g., anesthesia record) supports more than an hour was necessary. | | | |
| **D9210** | Local anesthesia not in conjunction with operative or surgical procedures | None | None |
| **D9211** | Regional block anesthesia | None | None |
| **D9212** | Trigeminal division block anesthesia | None | None |
| **D9215** | Local anesthesia in conjunction with operative or surgical procedures | None | a. The fee for local anesthesia is not billable to the patient when performed on the same date of service as any other procedure.<br><br>b. The fee for D9215 is not billable to the patient when performed, whether standalone or in conjunction with, any other procedure, unless covered by the group/individual contract. |
| **D9219** | Evaluation for moderate sedation, deep sedation or general anesthesia | None | Fees for evaluation for moderate sedation, deep sedation or general anesthesia are not |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | billable to the patient with moderate, deep sedation or general anesthesia. |
| **D9222** | Deep sedation/general anesthesia – first 15 minutes | Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration. | a. Benefit in conjunction with oral surgical procedures (D7000-D7999) when covered, or when necessary due to concurrent medical conditions. Otherwise, the benefit for deep sedation/general anesthesia is denied. Unless specifically covered by group/individual contract.<br><br>b Benefits for more than one hour of deep sedation are not billable to the patient unless clinical documentation supports more than an hour was necessary. For example, special health care needs patients may require additional units of anesthesia and more than one hour of anesthesia may be a benefit according to group/individual contract.<br><br>c. The benefit for deep sedation/general anesthesia is denied when billed by anyone other than an appropriately licensed and qualified provider. |
| **D9223** | Deep sedation/general anesthesia – each subsequent 15 minute increment | None | a. Benefit in conjunction with oral surgical procedures (D7000-D7999) when covered, or when necessary due to concurrent medical conditions. Otherwise, the benefit for deep sedation/general anesthesia is denied, unless specifically covered by group/individual contract.<br><br>b Benefits for more than one hour of deep sedation are not billable to the patient unless clinical documentation supports more than an hour was necessary. For example, special health care needs patients may require additional units of anesthesia and more than |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | one hour of anesthesia may be a benefit according to group/individual contract.<br><br>c. The benefit for deep sedation/general anesthesia is denied when billed by anyone other than an appropriately licensed and qualified provider. |
| **D9230** | Inhalation of nitrous oxide/anxiolysis, analgesia | None | Benefits for analgesia are denied unless covered by the group/individual contract.<br>If covered:<br>a. Fees for multiple D9230 are not billable to the patient on the same date of service.<br><br>b. Fees for D9230 are not billable to the patient in conjunction with IV sedation (D9239 and D9243) and general anesthesia (D9222 and D9223). |
| **D9239** | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes | Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration. | a. Intravenous moderate (conscious) sedation/analgesia is a benefit only when administered;<br>(1) in a dental office with appropriate monitoring by an appropriately licensed and qualified dentist who is acting in compliance with applicable rules and regulations, and<br>(2) in conjunction with oral surgical procedures (D7000-D7999) when covered, or when necessary due to concurrent medical conditions. Otherwise, the benefit for intravenous moderate (conscious) sedation/analgesia is denied.<br><br>b. Benefits for more than one hour of sedation is not billable to the patient unless clinical documentation (e.g., anesthesia record) supports more than an hour was necessary. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | c. The benefit for intravenous moderate (conscious) sedation/analgesia is denied when billed by anyone other than an appropriately licensed and qualified dentist. |
| **D9243** | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | None | a. Intravenous moderate (conscious) sedation/analgesia is a benefit only when administered;<br>(1) in a dental office with appropriate monitoring by an appropriately licensed and qualified dentist who is acting in compliance with applicable rules and regulations, and<br>(2) in conjunction with oral surgical procedures (D7000-D7999) when covered, or when necessary due to concurrent medical conditions. Otherwise, the benefit for intravenous moderate (conscious) sedation/analgesia is denied.<br><br>b. Benefits for more than one hour of sedation are not billable to the patient unless clinical documentation (e.g., anesthesia record) supports more than an hour was necessary.<br><br>c. The benefit for intravenous moderate (conscious) sedation/analgesia is denied when billed by anyone other than an appropriately licensed and qualified dentist. |
| **D9248** | Non-intravenous conscious sedation | This includes non-IV minimal and moderate sedation. A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or | a. Benefits for non-intravenous conscious sedation are denied, unless the group/individual contract specifies that services are a covered benefit.<br><br>b. Fees for D9248 are not billable to the patient in conjunction with IV sedation (D9239 and D9243) and general anesthesia (D9222 and D9223). |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | analgesic agent(s) and appropriate monitoring.<br><br>The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration. | |
| **C. D9300 - D9399 PROFESSIONAL CONSULTATION** | | | |
| **D9310** | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services. | a. Consultation should be included in the evaluation fee. The fee for the consultation is not billable to the patient when billed in conjunction with an evaluation by the same dentist/dental office.<br><br>b. May be considered for benefits when submitted with definitive treatment.<br><br>c. Consultation (D9310) may be benefited when the service is provided by a dentist or dental specialist whose opinion or advice regarding an evaluation and/or management of a specific problem may be requested by another dentist, physician or appropriate service. The dentist performing the consultation may initiate diagnostic or therapeutic services.<br><br>d. When covered, the consultations count against the contractual oral evaluation frequency limitations. |
| **D9311** | Consultation with a medical health care professional | Treating dentist consults with a medical health care professional concerning medical issues that may | The fees for the consultation with a health care professional concerning medical issues is not billable to the patient. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | affect patient's planned dental treatment. | |
| **D. D9400 - D9599 PROFESSIONAL VISITS** | | | |
| **D9410** | House/extended care facility call | Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed. | Benefits for house calls or extended care facility calls are denied unless covered by group/individual contract. |
| **D9420** | Hospital or ambulatory surgical center call | Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes. | Benefits for hospital or ambulatory call are denied unless covered by group/individual contract. |
| **D9430** | Office visit for observation (during regularly scheduled hours) - no other services performed | None | a. Benefits for office visit for observation are denied.<br><br>b. Fees for an office visit for observation are not billable to the patient when billed with other procedures. |
| **D9440** | Office visit - after regularly scheduled hours | None | Benefits for an office visit-after regularly scheduled hours are denied. |
| **D9450** | Case presentation, subsequent to detailed and extensive treatment planning | None | a. Benefits for extensive treatment planning are denied.<br><br>b. The fee for D9450 may be benefited for complex treatment planning cases involving multiple treatment disciplines and multiple providers of care by report.<br><br>c. When covered, the D9450 is subject to the same frequency limitations and processing policies as a comprehensive evaluation (D0150). |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **E. D9600 - D9899 DRUGS** | | | |
| **D9610** | Therapeutic parenteral drug, single administration | Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents. | None |
| **D9612** | Therapeutic parenteral drugs, two or more administrations, different medications | Includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. This code should not be used to report administration of sedatives, anesthetic or reversal agents. This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date. | None |
| **D9613** | Infiltration of sustained release therapeutic drug, per quadrant | Infiltration of a sustained release pharmacologic agent for long-acting surgical site pain control. Not for local anesthesia purposes. | Benefits for infiltration of sustained release therapeutic drug are denied unless covered by group/individual contract.<br><br>When covered, benefit D9613 once per date of service when submitted with extractions (D7220-D7241) and any additional D9613 submitted on the same date of service are not billable to the patient. |
| **D9630** | Drugs or medicaments dispensed in the office for home use | Includes, but is not limited to oral antibiotics, oral analgesics, and topical fluoride; does not include writing prescriptions. | Benefits for therapeutic drug injection (D9610) or other drugs and/or medicaments (D9630) are denied. |
| **F. D9900 - D9999 MISCELLANEOUS SERVICES** | | | |
| **General Policy** – all teledentistry claims should include either procedure code D9995 or D9996. | | | |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | |
| **D9910** | Application of desensitizing medicament | Includes in-office treatment for root sensitivity. Typically reported on a "per visit" basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations. | Benefits for application of desensitizing medicaments are denied. |
| **D9911** | Application of desensitizing resin for cervical and/or root surface, per tooth | Typically reported on a "per tooth" basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives used under restorations. | Benefits for application of desensitizing medicaments are denied. |
| **D9912** | Pre-visit patient screening | Capture and documentation of a patient's health status prior to or on the scheduled date of service to evaluate risk of infectious disease transmission if the patient is to be treated within the dental practice. | The fee for a pre-visit patient screening is not billable to the patient. |
| **D9920** | Behavior management, by report | May be reported in addition to treatment provided. Should be reported in 15-minute increments. | Benefits for behavior management are denied. |
| **D9930** | Treatment of complications (post-surgical) - unusual circumstances, by report | For example, treatment of a dry socket following extraction or removal of bony sequestrum. | a. The fee for dry socket palliation is not billable to the patient within 30 days following the extraction and included in the fee for the extraction by the same dentist/dental office.<br><br>b. Benefit treatment of routine complications if done by a different dentist/dental office. |
| **D9932** | Cleaning and inspection of removable complete denture, maxillary | This procedure does not include any adjustments. | Fees for cleaning and inspection of a removable complete denture are not billable to the patient when done with a reline or rebase procedure. In all other instances, benefits for cleaning and inspection of a removable complete denture are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | When covered:<br>a. Benefits are limited to fully edentulous patients.<br><br>b. Benefits are included in prophylaxis frequency.<br><br>c. The fee for D9932 is included in D1110 and is not billable to the patient on the same date of service. |
| **D9933** | Cleaning and inspection of removable complete denture, mandibular | This procedure does not include any adjustments. | Fees for cleaning and inspection of a removable complete denture are not billable to the patient when done with a reline or rebase procedure. In all other instances, benefits for cleaning and inspection of a removable complete denture are denied unless covered by group/individual contract.<br><br>When covered:<br>a. Benefits are limited to fully edentulous patients.<br><br>b The fee for D9933 is included in D1110 and is not billable to the patient on the same date of service. |
| **D9934** | Cleaning and inspection of removable partial denture, maxillary | This procedure does not include any adjustments. | Fees for cleaning and inspection of a removable partial denture are not billable to the patient when done with a reline or rebase procedure. In all other instances, benefits for cleaning and inspection of a removable partial denture are denied. |
| **D9935** | Cleaning and inspection of removable partial denture, mandibular | This procedure does not include any adjustments. | Fees for cleaning and inspection of a removable partial denture are not billable to the patient when done with a reline or rebase procedure. In all other instances, benefits for cleaning and inspection of a removable partial denture are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D9938** | Fabrication of a custom removable clear plastic temporary aesthetic appliance | None | Benefits are denied unless covered by group/individual contract. |
| **D9939** | Placement of a custom removable clear plastic temporary aesthetic appliance | None | Benefits are denied unless covered by group/individual contract. |
| **D9941** | Fabrication of athletic mouthguard | None | Benefit are limited once every 24 months for patients 18 and younger. |
| **D9942** | Repair and/or reline of occlusal guard | None | a. Benefits for occlusal guard are denied unless covered by group/individual contract specific.<br><br>b. If covered, the fee for the occlusal guard includes any adjustment or repair required within six months of delivery. Fees for the adjustment or repair of the occlusal guard are not billable to the patient if performed by the same dentist/dental office within six months of initial placement.<br><br>c. If covered, the fee for repair of an occlusal guard cannot exceed one-half of the fee for a new appliance, and any excess fee is not billable to the patient. |
| **D9943** | Occlusal guard adjustment | None | a. Benefits for occlusal guard adjustments are denied unless covered by group/individual contract.<br><br>b. When covered by group/individual contract, all adjustments within six months are not billable to the patient. |
| **D9944** | Occlusal guard – hard appliance, full arch | Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. | Benefits for occlusal guard are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | Not to be reported for any type of sleep apnea, snoring or TMD appliances | |
| **D9945** | Occlusal guard – soft appliance, full arch | Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances. | Benefits for occlusal guard are denied unless covered by group/individual contract. |
| **D9946** | Occlusal guard – hard appliance, partial arch | Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances. | Benefits for occlusal guard are denied unless covered by group/individual contract. |
| **D9947** | Custom sleep apnea appliance fabrication and placement | None | Benefits are denied unless covered by group/individual contract. |
| | Note: subject to coverage under medical plan. | | |
| **D9948** | Adjustment of custom sleep apnea appliance | None | a. Benefits denied unless covered by group/individual contract.<br><br>b. If covered, the fees for adjustments custom sleep apnea appliance, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.<br><br>b. Benefits for an adjustment if performed within six months of initial placement by a different dentist/dental office are denied. |
| **D9949** | Repair of a custom sleep apnea appliance | None | a. Benefits denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | | b. Fees for repair of custom sleep apnea appliance, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.<br><br>c. Benefits for an adjustment if performed within six months of initial placement by a different dentist/dental office are denied. |
| **D9950** | Occlusion analysis - mounted case | Includes, but is not limited to, facebow, interocclusal records tracings, and diagnostic wax-up; for diagnostic casts, see D0470. | Benefits for occlusion analysis are denied. |
| **D9951** | Occlusal adjustment - limited | May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/ enamoplasty. Typically reported on a "per visit" basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics. | Benefits for occlusal adjustment-limited are denied unless covered by group/individual contract. |
| **D9952** | Occlusal adjustment – complete | Occlusal adjustment may require several appointments of varying length, and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be utilized for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, | Benefits for occlusal adjustment - complete are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | orthognathic surgery, or jaw trauma when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma. | |
| **D9953** | Reline custom sleep apnea appliance (indirect) | Resurface dentition side of appliance with new soft or hard base material as required to restore original form and function. | a. Benefits are denied unless covered by group/individual contract.<br><br>b. Fees for reline of custom sleep apnea appliance, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.<br><br>c. Benefits for reline, if performed within six months of initial placement by a different dentist/dental office are denied |
| **D9954** | Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device | Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and occlusal changes. | Benefits are denied unless covered by group/individual contract. |
| **D9955** | Oral appliance therapy (OAT) titration visit | Post-delivery visit for titration of a mandibular advancement device and to subsequently evaluate the patient's response to treatment, integrity of the device, and management of side effects. | Benefits are denied unless covered by group/individual contract. |
| **D9956** | Administration of a home sleep apnea test | Sleep apnea test, for patients who are at risk for sleep related breathing disorders and appropriate candidates, as allowed by applicable laws. Also, to help the dentist in defining the optimal position of the mandible. | Benefits are denied unless covered by group/individual contract. |
| | Note: this is not the original diagnosis | | |
| **D9957** | Screening for sleep related breathing disorders | Screening activities, performed alone or in conjunction with another evaluation, to identify signs and | Benefits are denied unless covered by group/individual contract. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | symptoms of sleep-related breathing disorders. | When covered:<br>a. Benefits are limited to twice per benefit year.<br><br>b. Benefits for more than twice per benefit year are denied. |
| **D9961** | Duplicate/copy patient's records | None | Benefits for patient record duplication are denied. |
| **D9970** | Enamel microabrasion | The removal of discolored surface enamel defects resulting from altered mineralization or decalcification of the superficial enamel layer. Submit per treatment visit. | Benefits for enamel microabrasion are denied. |
| **D9971** | Odontoplasty per tooth | Removal/reshaping of enamel surfaces or projections | Benefits for D9971 when performed with restorations for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear) or for periodontal, orthodontic or other splinting are denied. |
| **D9972** | External bleaching per arch-performed in office | None | Benefits for bleaching of teeth are denied, unless covered by group/individual contract. |
| **D9973** | External bleaching - per tooth | None | a. Benefits for bleaching of teeth are denied, unless covered by group/individual contract.<br><br>b. If covered, Benefit once per 12 months per tooth. Benefits are denied within 12 months of D9972. |
| **D9974** | Internal bleaching - per tooth | None | Benefits for bleaching of teeth are denied, unless covered by group/individual contract. |
| **D9975** | External bleaching for home applications, per arch; includes materials and fabrication of custom trays | None | Benefits for bleaching of teeth are denied unless covered by group/individual contract. |
| **D9985** | Sales Tax | None | Sales/service charges are not a benefit of dental plans and are denied. |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| **D9986** | Missed appointment | None | A missed appointment is not a procedure therefore the benefit is denied. |
| **D9987** | Cancelled appointment | None | A cancelled appointment is not a procedure therefore the benefit is denied. |
| **D9990** | certified translation or sign language services- per visit | None | The fees for translation services are considered inclusive in overall patient management and are not billable to the patient unless covered by group/individual contract. |
| **D9991** | Dental case management – addressing appointment compliance barriers | Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers. | Fees for action taken to schedule and assure compliance with patient appointments are inclusive with office operations and are not billable to the patient. |
| **D9992** | Dental case management – care coordination | Assisting in a patient's decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient. | The fees for care coordination are considered inclusive in overall patient management and are not billable to the patient. |
| **D9993** | Dental case management – motivational interviewing | Patient-centered, personalized counseling using methods such as Motivational Interviewing (MI) to identify and modify behaviors interfering with positive oral health outcomes. This is a separate service from traditional nutritional or tobacco counseling. | a. Benefits for personalized counseling are denied.<br><br>b. Fees for motivational interviewing are not billable to the patient when submitted on same date of service as D1310, D1320, D1330. |
| **D9994** | Dental case management-patient education to improve oral health literacy | Individual, customized communication of information to assist the patient in making appropriate health decisions | a. Benefits for patient education are denied.<br><br>b. Fees for patient education to improve oral health literacy are not billable to the patient |

| CDT Code | ADA CDT Nomenclature | ADA CDT Descriptor | Delta Dental Policy |
|---|---|---|---|
| | | designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which require the expenditure of time and resources beyond that of an oral evaluation or case presentation. | when submitted on same date of service as D1310, D1320, D1330. |
| **D9995** | Teledentistry – synchronous; real-time encounter | Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. | The fees for teledentistry - synchronous are considered inclusive in overall patient management and are not billable to the patient. |
| **D9996** | Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review | Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service | The fees for teledentistry - asynchronous are considered inclusive in overall patient management and are not billable to the patient. |
| **D9997** | Dental case management – patients with special health care needs | Special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made to delivery of treatment to provide customized or comprehensive oral health care services. | The fees for patients with special health care needs are considered administrative and used to identify services provided to a particular type of patient and are not billable to the patient. |
| **D9999** | Unspecified adjunctive procedure, by report | Used for procedure that is not adequately described by a code. Describe procedure | None |