

PRIORITIZED LIST OF HEALTH SERVICES
JANUARY 1, 2012

- Line: 58**
Condition: PREVENTIVE DENTAL SERVICES (See Guideline Note 17)
Treatment: CLEANING, FLUORIDE AND SEALANTS
ICD-9: 520.3-520.4,521.8,V07.31,V72.2
CPT: 98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99605-99607
HCPCS: D0120,D0145,D0150,D0180,D1110-D1310,D1330,D1351,D1510-D1555,D4355,D5986,D9920
- Line: 60**
Condition: DENTAL CONDITIONS (EG. INFECTION, PAIN, TRAUMA)
Treatment: EMERGENCY DENTAL SERVICES
HCPCS: D0140,D0160,D0170,D3110,D3221,D7140,D7210,D7260-D7270,D7510,D7520,D7530,D7560,D7670,D7770,
D7910,D7911,D7997,D9110,D9410,D9420,D9440,D9610,D9612
- Line: 232**
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE) (See Guideline Note 53)
Treatment: BASIC PERIODONTICS
HCPCS: D4210,D4211,D4341,D4342,D4910
- Line: 283**
Condition: DENTAL CONDITIONS (TIME SENSITIVE EVENTS)
Treatment: URGENT DENTAL SERVICES
ICD-9: 520.1,520.6,521.6,521.8,522,525.3,526.4-526.5
CPT: 41000,41800,41806,98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99605-99607
HCPCS: D2910-D2920,D2940,D2950,D2955,D2970,D3120,D3220,D3222-D3240,D3351-D3354,D4920,D5410-D5510,
D5850,D5851,D6930,D7111,D9120,D9951
- Line: 372**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)
Treatment: BASIC RESTORATIVE (E.G. COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH)
ICD-9: 521.0,521.3
HCPCS: D2140-D2390,D2930-D2933,D2950,D2951,D2954,D2957,D2980,D6970-D6973,D6977,D6980
- Line: 373**
Condition: DENTAL CONDITIONS (EG. SEVERE CARIES, INFECTION) (See Guideline Notes 34,48)
Treatment: ORAL SURGERY (I.E. EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)
CPT: 41870,41872
HCPCS: D7220-D7251,D7310-D7321,D7450,D7451,D7465,D7471,D7540,D7550,D7960-D7971,D9930
- Line: 414**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3310,D3332
- Line: 436**
Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3320,D3332
- Line: 468**
Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3330,D3332
- Line: 477**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH, PROSTHESIS FAILURE) (See Guideline Note 62)
Treatment: REMOVABLE PROSTHODONTICS (E.G. FULL AND PARTIAL DENTURES, RELINES)
HCPCS: D5110-D5212,D5520-D5761,D5820,D5821
- Line: 480**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3346,D3410,D3430

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- Line: 494**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE (I.E. BASIC CROWNS)
HCPCS: D2710,D2712,D2751,D2752,D2799
- Line: 522**
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE)
Treatment: ADVANCED PERIODONTICS (E.G. SURGICAL PROCEDURES AND SPLINTING)
HCPCS: D4240-D4245,D4260,D4261,D4268-D4321,D4381,D5982
- Line: 533**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3347,D3421,D3426-D3450
- Line: 558**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3348,D3425-D3450
- Line: 621**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS,ONLAYS,GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
HCPCS: D2410-D2544,D2720-D2750,D2780-D2794,D2952,D2953,D2971,D4249,D5213,D5214,D5281,D5810,D5811,D5862-D5875,D6205,D6212,D6214,D6253,D6602-D6607,D6610-D6710,D6780-D6790,D6793,D6794,D6920,D6940,D6950,D6976,D9950
- Line: 631**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: COMPLEX PROSTHODONTICS (I.E. FIXED BRIDGES, OVERDENTURES)
HCPCS: D5860,D5861,D6211,D6241,D6242,D6251,D6252,D6545,D6751,D6752,D6791,D6792,D6975
- Line: 647**
Condition: DENTAL CONDITIONS (EG. MALOCCLUSION)
Treatment: ORTHODONTIA (I.E. FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)
ICD-9: 524.23,524.31,524.33-524.37,524.4,V53.4,V58.5
HCPCS: D0340,D0350,D7280-D7283,D7290-D7294,D8010-D8693
- Line: 648**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: IMPLANTS (I.E. IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)
ICD-9: 525.7
HCPCS: D6010-D6194,D6210,D6240,D6245,D6250
- Line: 675**
Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS
Treatment: COSMETIC DENTAL SERVICES
ICD-9: 520.0-520.3,520.5,520.8-520.9,521.1-521.2,521.7,521.9,524.30,524.39
CPT: 98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99605-99607
HCPCS: D2610-D2664,D2934,D2960-D2962,D3460,D4230,D4231,D6548-D6601,D6608,D6609,D6720-D6750,D6985,D7995,D7996,D9970-D9974
- Line: 676**
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
Treatment: ELECTIVE DENTAL SERVICES
ICD-9: 520.7
CPT: 98966-98969,99051,99060,99201-99215,99241-99255,99366,99441-99444,99605-99607
HCPCS: D2391-D2394,D3470,D3920,D3950,D4263,D4264,D5225,D5226,D7272,D7950,D7953,D7972,D7998,D9910,D9911,D9940-D9942,D9952

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

Line 58

Dental cleaning and fluoride treatments are limited to once per 12 months for adults and twice per 12 months for children up to age 19 (D1110, D1120, D1203, D1204, D1206). More frequent dental cleanings and/or fluoride treatments may be required for certain higher risk populations.

GUIDELINE NOTE 34, ORAL SURGERY

Line 373

Treatment only for symptomatic dental pain, infection, bleeding or swelling (D7220, D7230, D7240, D7241, D7250). To be used in conjunction with making a prosthesis (D7970).

GUIDELINE NOTE 48, FRENULECTOMY/FRENULOTOMY

Line 373

Frenulectomy/frenulotomy (D7960) is included on this line for the following situations:

1. In the presence of ankyloglossia
2. When deemed to cause gingival recession
3. When deemed to cause movement of the gingival margin when frenum is placed under tension.
4. Maxillary labial frenulectomy not covered until age 12 and above.

GUIDELINE NOTE 53, BASIC PERIODONTICS

Line 232

Only for the treatment of severe drug-induced hyperplasia (D4210, D4211). Payable only when there are pockets of 5 mm or greater (D4341).

GUIDELINE NOTE 62, REMOVEABLE PROSTHODONTICS

Line 477

Must have one or more anterior teeth missing or four or more posterior teeth missing per arch with resulting space equivalent to that loss demonstrating inability to masticate; third molars are not a consideration when counting missing teeth (D5211, D5212).