

## MEETING HIGHLIGHTS

**DENTAL SERVICES SUBCOMMITTEE**  
**Clackamas Community College**  
**Wilsonville Training Center Room 112**  
**Wilsonville, Oregon**  
*February 12, 2009*  
*9:30 – 11:30 a.m.*

**Members Present:** Lisa Dodson, MD (Chair); Gary Allen, DMD; Gordon Empey, DMD; Jake Felix, MD; Beryl Fletcher; Cedric Hayden, DDS; Lynn Ironside, Kristi Jacobo; Deborah Loy; Michael Plunkett, MD; Mike Shirtcliff, DMD.

**Members Absent:** None.

**Staff Present:** Darren Coffman; Ariel Smits, MD, MPH; Brandon Repp.

**Guests:** None.

TOPIC	ACTION	RESPONSIBILITY	DATE
<b>Review of Meeting Highlights</b> Darren Coffman first informed those in attendance that the Dental Services Workgroup had been elevated to the status of a permanent subcommittee at the HSC's December 4, 2008 meeting.  The highlights of the November 6, 2008 Dental Services Workgroup meeting were reviewed.	No changes were suggested.		
<b>Overview of Methodology for Prioritizing Health Services</b> Darren Coffman reviewed the revised methodology used by the Health Services Commission that resulted in the January 1, 2008 Prioritized List. The methodology places a high emphasis on prevention and chronic disease management. A formula was used that first considers the importance of the broad category of care that a service falls into and secondly, the impact that the service will likely have on both the individual's health and the health of the population as a whole, with the effectiveness of the treatment being a key factor.	None		

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Review of Prioritization of Dental Services on January 1, 2009 List</b>  Darren Coffman reviewed the initial prioritization of dental services on the 1991 list, their revision as a result of a review by a workgroup convened in 1998 (which also developed the initial dental guidelines at the direction of a budget note to find \$1 M in savings), leading up to the recent placement as a result of the 2008 reprioritization.</p> <p>Mr. Coffman noted that he January 1, 2009 List includes the revisions to the preventive dental services guideline and the placement of the new CDT codes that were recommended to the HSC.</p>	None		
<p><b>Establish Work Plan for Review of Dental Services on Prioritized List</b>  Prior to the next meeting, the members will review the composition of each of eight dental lines and send their comments to staff at a suggested pace of one dental line per week. Comments should include whether or not the code should remain on its current line, move to another line (and which one), and/or whether a guideline should be developed for the service.</p> <p>The subcommittee should also look at those dental services not appearing on the Prioritized List (e.g., diagnostic, ancillary, and excluded services) to see if their current categorization is correct.</p> <p>Additional tasks to be done by the subcommittee at future meetings include:</p> <ul style="list-style-type: none"> <li>• Review current dental services guidelines besides the preventive services guideline</li> <li>• Look at MAC report on recommendations regarding dental services</li> <li>• Consider splitting urgent and emergent care (e.g., sharp tooth vs. chronic maxillary sinus abscess)</li> <li>• Look at the individual and population measure ratings for the prioritization methodology after lines are split or merged to make sure their values have not changed.</li> </ul>	<p>Staff will distribute by e-mail, within the next week, a listing of each dental code and their description for each dental line.</p> <p>Send MAC report and draft DMAP admin rules.</p>	<p>Brandon/ Darren</p> <p>Brandon/ Darren</p>	<p>Within 1 week</p> <p>ASAP</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Establish Work Plan for Review of Dental Services on Prioritized List (Cont'd)</b></p> <ul style="list-style-type: none"> <li>• Determine federal restrictions that don't allow physicians to get paid for looking for cavities.</li> <li>• Review draft changes in DMAP administrative dental rules.</li> </ul>			
<p><b>Begin Review of the Prioritization of Dental Services</b> This agenda item was carried forward to the next meeting.</p>	None		
<p><b>Public Comment</b> No public comment was offered at this time.</p>	None		
<p><b>Next Steps</b> The next meeting of the subcommittee will be held on Monday, April 27<sup>th</sup> from 1:00 - 4:00 pm.</p>	Send e-mail of location of meeting when determined.	Dorothy	ASAP
<p><b>Adjournment</b> The meeting was adjourned by Dr. Dodson at 11:25 am.</p>			

## MEETING HIGHLIGHTS

**DENTAL SERVICES SUBCOMMITTEE**  
**Clackamas Community College**  
**Wilsonville Training Center Room 112**  
**Wilsonville, Oregon**  
*April 27, 2009*  
*1:00 – 4:00 p.m.*

**Members Present:** Lisa Dodson, MD (Chair); Gary Allen, DMD; Gordon Empey, DMD; Jake Felix, MD; Beryl Fletcher; Cedric Hayden, DMD; Lynn Ironside, Kristi Jacobo; Deborah Loy; Michael Plunkett, MD; Mike Shirtcliff, DMD.

**Members Absent:** None.

**Staff Present:** Darren Coffman; Brandon Repp.

**Guests:** None.

TOPIC	ACTION	RESPONSIBILITY	DATE
<b>Review of Meeting Highlights</b> The highlights of the February 12, 2009 Dental Services Workgroup meeting were reviewed.	No changes were suggested.		
<b>Review of Work Plan for Review of Dental Services on Prioritized List</b> Darren commended the members for having perfect attendance for a second time in a row. The subcommittees' future work includes: <ul style="list-style-type: none"> <li>• Review the eight “dental lines.”</li> <li>• Review dental codes not on the Prioritized List: These could include ancillary codes as well as services not covered.</li> <li>• Review the five guidelines associated with dental services.</li> <li>• Identify and review any med-surgical lines including dental services (e.g., cleft palate).</li> </ul>	The goal for this meeting is to review the first three lines.		
<b>Review of Prioritization of Dental Services on January 1, 2009 List</b> Darren began by reviewing the meeting document entitled, “Codes Currently on Dental Services Lines – Responses as of 4/23/09.” Lines with a “checkmark” indicate some type of issue that needs discussion; lines with a “question mark” indicate no response or comment was received about that line.	<b>Items requiring research:</b>  <b>526.4</b> (Inflammatory Conditions Of Jaw) - Might also appear on another line.	Staff	Next meeting

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Review of Prioritization of Dental Services on January 1, 2009 List (Cont'd)</b>  ICD-9-CM and CPT codes are included on the dental lines to accommodate certain providers, such as emergency room physicians and Indian Health Services clinics, who are required by law to use those codes, in addition to or rather than CDT codes.</p> <p>The group discussed conditions which are considered to be “urgent” (should be responded to by the end of the day, addressed within 7-14 days) verses “emergent,” defined as intractable pain, trauma, bleeding that doesn’t stop; swelling in the face or airway (should be responded to in an hour, addressed within 24 hours). Conditions meeting those criteria are noted on <i>Attachment A</i> as “U” or “E.” The subcommittee will divide line 59, DENTAL CONDITIONS (EG. INFECTIONS)/URGENT AND EMERGENT DENTAL SERVICES, into two separate lines. Darren mentioned that the two new lines will need to be evaluated using the Commission’s prioritization process to determine the correct ranking of each line on the Prioritized List.</p> <p>The members wondered if it is possible to find out how much is being spent on particular codes. Darren clarified that the information should be more accessible now that HSC staff has direct access to the utilization data.</p>	<p><b>Items requiring research (Cont'd):</b></p> <p><b>V72.2</b> (Dental Examination) - Should this code be on every dental line?</p> <p><b>D5951</b> (Feeding Aid) - Move to a medical or non-emergent line. Consider cleft palate line.</p> <p><b>D7241</b> (Removal Of Impacted Tooth- Completely Bony, With Unusual Surgical Complications) – Consider adding a guideline note.</p> <p><b>D9410</b> (House / Extended Care Facility Call) - DMAP has this code as not covered (FFS), but it is and “exception” in the encounter system. DMAP can rewrite rules to include a statement clarifying this code is not to be used for preventive services.</p> <p>Please see <i>Attachment A</i> for a summary of all of the subcommittee’s recommendations for Line 59.</p>	<p>Kristi</p> <p>Staff</p> <p>Staff</p> <p>Kristi</p>	<p>Next meeting.</p> <p>Next meeting.</p> <p>ASAP</p> <p>Next meeting.</p>
<p><b>Public Comment</b>  No public comment was offered at this time.</p>	<p>None</p>		
<p><b>Next Steps</b>  The next meeting of the subcommittee will be held on Monday, June 8<sup>th</sup> from 1:00 - 4:00 pm.</p>	<p>Send e-mail of location of meeting when determined.</p>	<p>Dorothy</p>	<p>ASAP</p>
<p><b>Adjournment</b>  The meeting was adjourned by Dr. Dodson at 4:00 pm.</p>			

## Dental Services Lines Recommendations from April 2009

Urgent or Emergent	Line Code	Description	Appropriate on Line?	Comments	
	59	520.1	SUPERNUMERARY TEETH	no	Move to a medical or non-urgent/emergent dental line. Could be in fracture line with guideline to include only impacted teeth.
	59	520.6	DISTURBANCES IN TOOTH ERUPTION	no	Move to a medical or non-urgent/emergent dental line.
	59	521.6	ANKYLOSIS OF TEETH	no	Move to a medical or non-urgent/emergent dental line.
	59	521.8	<i>"Parent code" which cannot be used for billing</i>	-	
U?	59	521.81	CRACKED TOOTH	yes	
	59	521.89	OTHER SPECIFIED DISEASES OF HARD TISSUES OF TEETH	no	Move to a medical or non-urgent/emergent dental line. Consider line 357.
	59	522	<i>"Parent code" which cannot be used for billing</i>	-	
U?	59	522.0	PULPITIS	yes	
U?	59	522.1	NECROSIS OF DENTAL PULP	yes	
U?	59	522.2	DENTAL PULP DEGENERATION	yes	
	59	522.3	ABNORMAL HARD TISSUE FORMATION IN DENTAL PULP	no	Move to a medical or non-urgent/emergent dental line.
U?	59	522.4	ACUTE APICAL PERIODONTITIS OF PULPAL ORIGIN	yes	
E	59	522.5	PERIAPICAL ABSCESS WITHOUT SINUS	yes	
U?	59	522.6	CHRONIC APICAL PERIODONTITIS	yes	
E	59	522.7	PERIAPICAL ABSCESS WITH SINUS	yes	
	59	522.8	RADICULAR CYST OF DENTAL PULP	no	Move to a medical or non-urgent/emergent dental line.
	59	522.9	OTHER AND UNSPECIFIED DISEASES OF PULP AND PERIAPICAL TISSUES	no	Move to a medical or non-urgent/emergent dental line.
	59	525.3	RETAINED DENTAL ROOT	no	Move to a medical or non-urgent/emergent dental line.
E	59	526.4	INFLAMMATORY CONDITIONS OF JAW	yes	Might also appear on another line. Staff will reseach and report back at the next meeting.
E	59	526.5	ALVEOLITIS OF JAW	yes	
	59	V72.2	DENTAL EXAMINATION	-	Kristi will investigate whether this code must be on every dental line and report back at the next meeting.

<b>Urgent or Emergent</b>	<b>Line Code</b>	<b>Description</b>	<b>Appropriate on Line?</b>	<b>Comments</b>
	59	D1550	RECEMENTATION OF SPACE MAINTAINER	<b>no</b> Move to a medical or non-urgent/emergent dental line. Consider line 474.
<b>U</b>	59	D2910	RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION	<b>yes</b>
<b>U</b>	59	D2920	RECEMENT CROWN	<b>yes</b>
<b>U</b>	59	D2940	SEDATIVE FILLING	<b>yes</b>
<b>E</b>	59	D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	<b>yes</b> Per Dental Rules, this service is not billed separately, it is included in the restoration fee, however it is a covered service for Standard Benefit package clients because restorations are not a covered benefit. (Jacobo)
<b>U</b>	59	D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	<b>yes</b> Per Dental Rules, this service is not billed separately, it is included in the restoration fee. (Jacobo)
	59	D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	<b>no</b> Move to a medical or non-urgent/emergent dental line. Consider line 357.
<b>E</b>	59	D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	<b>yes</b>
	59	D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	<b>no</b> Move to a medical or non-urgent/emergent dental line. Consider line 357.
	59	D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	<b>no</b> Move to a medical or non-urgent/emergent dental line. Consider line 357.
<b>U</b>	59	D5410	ADJUST COMPLETE DENTURE - MAXILLARY	<b>yes</b>
<b>U</b>	59	D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	<b>yes</b>
<b>U</b>	59	D5421	ADJUST PARTIAL DENTURE - MAXILLARY	<b>yes</b>
<b>U</b>	59	D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	<b>yes</b>
<b>U</b>	59	D5510	REPAIR BROKEN COMPLETE DENTURE BASE	<b>yes</b>
<b>U</b>	59	D5951	FEEDING AID	<b>no</b> Move to a medical or non-urgent/emergent dental line. Consider cleft-palette line. Staff will reseach for next meeting
<b>U</b>	59	D6930	RECEMENT BRIDGE	<b>yes</b>
<b>U</b>	59	D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	<b>yes</b>
<b>E</b>	59	D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	<b>yes</b>

Urgent or Emergent	Line Code	Description	Appropriate on Line?	Comments	
E	59	D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTION OF TOOTH	yes	
E	59	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	yes	
E	59	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	yes	
E	59	D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	yes	
E	59	D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	yes	Add a guideline note.
E	59	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	yes	
E	59	D7260	ORAL ANTRAL FISTULA CLOSURE	yes	
E	59	D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	yes	
E	59	D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	yes	D7511 should continue to be on a medical line.
E	59	D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	yes	D7521 should continue to be on a medical line.
	59	D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	no	Move to a medical line.
	59	D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	no	Move to a medical line.
	59	D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	no	Move to a medical line.
	59	D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	no	Move to a medical line.
	59	D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	no	Move to a medical line.
	59	D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	no	Move to a medical line.
E	59	D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	yes	
	59	D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	no	Move to a medical line.
	59	D7710	MAXILLA-OPEN REDUCTION	no	Move to a medical line.
	59	D7720	MAXILLA-CLOSED REDUCTION	no	Move to a medical line.
	59	D7730	MANDIBLE-OPEN REDUCTION	no	Move to a medical line.
	59	D7740	MANDIBLE-CLOSED REDUCTION	no	Move to a medical line.
	59	D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	no	Move to a medical line.

Urgent or Emergent	Line	Code	Description	Appropriate on Line?	Comments
	59	D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	no	Move to a medical line.
E	59	D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	yes	
	59	D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	no	Move to a medical line.
E	59	D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	yes	
E	59	D7911	COMPLICATED SUTURE-UP TO 5 CM	yes	D7912 should continue to be on a medical line.
E	59	D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	yes	
E	59	D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	yes	
	59	D9120	FIXED PARTIAL DENTURE SECTIONING	no	Move to the denture line. Consider changing to covered by report.
E	59	D9410	HOUSE/EXTENDED CARE FACILITY CALL	yes	DMAP has this code as not covered (FFS), but it is excepted in the encounter system. DMAP can rewrite rules to include a statement clarifying this code is not to be used in preventive services. Kristi will research and come report at the next meeting.
E	59	D9420	HOSPITAL CALL	yes	
E	59	D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	yes	
	59	S0270	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	no	Remove from list.
	59	S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)	no	Remove from list.
	59	S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	no	Remove from list.
	59	S0273	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	no	Remove from list.
	59	S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	no	Remove from list.
E	59	41000	INTRACRANIAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	yes	
E	59	41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	yes	
E	59	41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	yes	

Urgent or Emergent	Line Code	Description	Appropriate on Line?	Comments
	59	98966 TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS (5-10 minutes)	Unknown	These codes are included on all lines with E&M codes. Defer to the HSC.
	59	98967 TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS (11-20 minutes)	Unknown	These codes are included on all lines with E&M codes. Defer to the HSC.
	59	98968 TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS (21-30 minutes)	Unknown	These codes are included on all lines with E&M codes. Defer to the HSC.

## MEETING HIGHLIGHTS

**DENTAL SERVICES SUBCOMMITTEE**  
**Clackamas Community College**  
**Wilsonville Training Center Room 112**  
**Wilsonville, Oregon**  
*June 8, 2009*  
*1:00 – 4:00 p.m.*

**Members Present:** Lisa Dodson, MD (Chair); Gary Allen, DMD; Gordon Empey, DMD; Jake Felix, MD; Beryl Fletcher; Cedric Hayden, DMD; Kristi Jacobo; Deborah Loy; Mike Shirtcliff, DMD.

**Members Absent:** Michael Plunkett, MD; Lynn Ironside.

**Staff Present:** Darren Coffman; Brandon Repp.

**Guests:** None.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Review of Meeting Highlights</b></p> <p>The highlights of the April 27, 2009 Dental Services Workgroup meeting were reviewed.</p>	<p>On page 2, “emergent” should be defined as “respond to in an hour, addressed within 24 hours.” “Urgent” should be defined as “responded to by the end of the day, addressed within 7-14 days.”</p>	<p>Dorothy will correct and post to the web.</p>	<p>ASAP</p>
<p><b>Review of Work Plan for Review of Dental Services on Prioritized List</b></p> <p>Darren asked the group how they wanted to review the dental guidelines, whether as a line is discussed or reviewed after all of the lines have been reviewed.</p> <p>The subcommittees’ future work includes:</p> <ul style="list-style-type: none"> <li>• Review the eight “dental lines.”</li> <li>• Review dental codes not on the Prioritized List: These could include ancillary codes as well as services not covered.</li> <li>• Review the five guidelines associated with dental services.</li> <li>• Identify and review any medical-surgical lines that include dental services (e.g., cleft palate).</li> </ul>	<p>Review guidelines as the lines are reviewed.</p> <p>The goal for this meeting is to review the next few lines.</p>		
<p><b>Guideline Note Discussion</b></p> <p><i>GUIDELINE NOTE 10, URGENT DENTAL CARE, Line 59 Treatment only for symptomatic dental pain, infection, bleeding or swelling (D7220, D7230, D7240, D7250).</i></p> <p>These are extraction/impaction codes.</p>	<p>Keep Guideline10 as is. Possibly remove the reference to specific D-codes. Further discussion required.</p>		

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Guideline Note Discussion (Cont'd):</b></p> <p>The guideline should apply to all the codes on line 59, not just the extraction/impaction codes.</p> <p>Should D-codes (plus D7421) listed on Line 660 be removed from line 59?</p>	<p>Research other instances where codes are listed in multiple lines/guidelines.</p>	<p>Darren/Staff</p>	<p>Next DSS meeting</p>
<p><b>Review of Previous Dental Line Recommendations</b></p> <p>Darren asked the members to comment on 6 conditions previously discussed and to note whether the condition is urgent or emergent.</p> <p><b>521.81 - CRACKED TOOTH</b>  <b>522.0 - PULPITIS</b> – Could be an emergent condition, if it is causing pain. The treatment is debridement, which is listed as emergent.  <b>522.1 - NECROSIS OF DENTAL PULP</b>  <b>522.2 - DENTAL PULP DEGENERATION</b>  <b>522.4 - ACUTE APICAL PERIODONTITIS OF PULPAL ORIGIN</b>  <b>522.6 - CHRONIC APICAL PERIODONTITIS</b></p> <p><b>V72.2 – Dental Examination</b> –Per Kristi, this code is not being used and can be removed from the dental lines.</p>	<p>Change the master-document to reflect changes:</p> <p>Change 522.0 to “emergent”; leave the others as urgent</p> <p>Recommend to the HOSC: Remove V72.2 from dental lines on the list. Keep on prevention lines.</p>	<p>Dorothy</p> <p>Darren/Staff</p>	<p>ASAP</p> <p>Next HOSC meeting August 6, 2009.</p>
<p><b>Review of Prioritization of Dental Services on January 1, 2009 List</b></p> <p>The group continued to review the meeting document entitled, “Codes Currently on Dental Services Lines – Responses as of 4/23/09” starting with line 105 Lines with a “checkmark” indicate some type of issue that needs discussion; lines with a “question mark” indicate no response or comment was received about that line.</p>	<p><b>Items requiring research:</b></p> <p>Line 105, code D0160 should be limited to once per calendar year</p> <p>Please see <i>Attachment A</i> for a summary of all of the subcommittee’s recommendations for Line 105 and most of Line 357.</p>	<p>Kristi</p>	<p>Next DSS meeting</p>
<p><b>New Dental Lines Discussion:</b></p> <p>The members began to think about how best to organize the dental lines so that the most important conditions to treat are higher on the list. For instance, all root canal procedures are not equal in severity, urgency or complication.</p> <p>Darren clarified that the DSS has the authority to recommend line changed, additions and deletions</p>			

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<p><b>New Dental Lines Discussion (Cont'd):</b></p> <p>to the HSC. Those types of changes take place during the "biennial review process," which will conclude in June 2010. The Legislature would act on the suggestions in the spring/summer of 2011 and the new list would be effective January, 2, 2012. He emphasized that now is the time to start thinking about recommendations.</p> <p>It was noted that the physical health lines are prioritized with a heavy emphasis on prevention and chronic disease management. Should the dental lines be similarly reordered?</p> <p>The group brainstormed several categories they might like to see, including:</p> <ul style="list-style-type: none"> <li>-Emergency Dental Services</li> <li>-Urgent Dental Services</li> <li>-Preventive Dental Services</li> <li>-Basic Restorative Services</li> <li>-Other Restorative Services</li> <li>-Basic Endodontics</li> <li>-Other Endodontics</li> <li>-Basic Periodontics</li> <li>-Other Periodontics</li> <li>-Oral Surgery</li> <li>-Cosmetic Dental Services</li> <li>-Elective Dental Services</li> </ul>	<p>Continue to think about new dental categories.</p>	<p>All members.</p>	<p>Next DSS meeting</p>
<p><b>Public Comment</b></p> <p>No public comment was offered at this time.</p>	<p>None</p>		
<p><b>Next Steps</b></p> <p>The next meeting of the subcommittee will be held on Tuesday, September 15, 2009, 9:00 am - 12:00 pm.</p>	<p>Send e-mail of location of meeting when determined.</p>	<p>Dorothy</p>	<p>ASAP</p>
<p><b>Adjournment</b></p> <p>The meeting was adjourned by Dr. Dodson at 4:00 pm.</p>			

## DSS June 2009 Highlights Attachment A

U or E	Line	Code	Description	Appropriate on line?	Comments
	105	520.3	MOTTLED TEETH	no	Move to line 630 (Cosmetic)
	105	520.4	DISTURBANCES OF TOOTH FORMATION	no	Move to line 357 (Restorative)
	105	521.8			Parent Code - Move to line 357 (Restorative)
	105	521.81	CRACKED TOOTH	no	Move to line 357 (Restorative)
	105	521.89	OTHER SPECIFIED DISEASES OF HARD TISSUES OF TEETH	no	Move to line 357 (Restorative)
	105	V07.31	NEED FOR PROPHYLACTIC FLUORIDE ADMINISTRATION	yes	
	105	V72.2	DENTAL EXAMINATION	no	Remove from dental lines on the list. Keep on prevention lines (3 and 4).
	105	D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	yes	
<b>E</b>	105	D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	no	Move to the emergent dental line: 59
	105	D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	yes	
	105	D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	yes	
<b>E</b>	105	D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	no	Move to the emergent dental line: 59; Limited to once per calendar year - Kristi will research
<b>E</b>	105	D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	no	Move to the emergent dental line: 59
	105	D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	yes	
	105	D1110	PROPHYLAXIS-ADULT	yes	
	105	D1120	PROPHYLAXIS-CHILD	yes	
	105	D1203	TOPICAL APPLICATION OF FLUORIDE - CHILD	yes	
	105	D1204	TOPICAL APPLICATION OF FLUORIDE - ADULT	yes	
	105	D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	yes	
	105	D1330	ORAL HYGIENE INSTRUCTION	yes	
	105	D1351	SEALANT-PER TOOTH	yes	
	105	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	yes	
	105	D5982	SURGICAL STENT	no	Move to line 474
	105	D5986	FLUORIDE GEL CARRIER	yes	
<b>E</b>	105	D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	no	Move to the emergent dental line: 59
<b>E</b>	105	D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	no	Move to the emergent dental line: 59
	105	D9920	BEHAVIOR MANAGEMENT, BY REPORT	yes	
	105	S0270	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)		Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	105	S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)	Medical code
	105	S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	Medical code
	105	S0273	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	Medical code
	105	S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	Medical code
	105	98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS N	Medical code
	105	98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS N	Medical code
	105	98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS N	Medical code
	105	98969	ONLINE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, GUARDIAN, OR HEALTH CARE PROVIDER NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS N	Medical code
	105	99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, OR HOLIDAY OFFICE HOURS, IN ADDITION TO BASIC SERVICE	Medical code
	105	99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES, IN ADDITION TO BASIC SERVICE	Medical code
	105	99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION O	Medical code
	105	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING A	Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	105	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH	Medical code
	105	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATIO	Medical code
	105	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Medical code
	105	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE	Medical code
	105	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELIN	Medical code
	105	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW	Medical code
	105	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/O	Medical code
	105	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING	Medical code
	105	99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS	Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	105	99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVID	Medical code
	105	99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CA	Medical code
	105	99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENC	Medical code
	105	99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PRO	Medical code
	105	99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDE	Medical code
	105	99366	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, FACE-TO-FACE WITH PATIENT AND/OR FAMILY, 30 MINUTES OR MORE, PARTICIPATION BY NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL	Medical code
	105	99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24	Medical code
	105	99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24	Medical code
	105	99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24	Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	105	99444	ONLINE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, GUARDIAN, OR HEALTH CARE PROVIDER NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS, USING THE INTERNET OR SIMILAR ELECTRONIC COMMUNIC	Medical code
	105	99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR LESS, WHO REQUIRES INTENSIVE OBSERVATION, FREQUENT INTERVENTIONS, AND OTHER INTENSIVE CARE SERVICES	Medical code
	105	99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, NEW PATIENT	Medical code
	105	99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, ESTABLISHED PATIENT	Medical code
	105	99607	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	Medical code
	357	521.0		yes
	357	521.00	UNSPECIFIED DENTAL CARIES	yes
	357	521.01	DENTAL CARIES LIMITED TO ENAMEL	yes
	357	521.02	DENTAL CARIES EXTENDING INTO DENTINE	yes
	357	521.03	DENTAL CARIES EXTENDING INTO PULP	yes
	357	521.04	ARRESTED DENTAL CARIES	yes
	357	521.05	ODONTOCLASIA	yes
	357	521.06	DENTAL CARIES PIT AND FISSURE	yes
	357	521.07	DENTAL CARIES OF SMOOTH SURFACE	yes
	357	521.08	DENTAL CARIES OF ROOT SURFACE	yes
	357	521.09	OTHER DENTAL CARIES	yes
	357	521.3		Parent Code
	357	521.30	EROSION, UNSPECIFIED	yes
	357	521.31	EROSION, LIMITED TO ENAMEL	yes
	357	521.32	EROSION, EXTENDING INTO DENTINE	yes
	357	521.33	EROSION, EXTENDING INTO PULP	yes
	357	521.34	EROSION, LOCALIZED	yes
	357	521.35	EROSION, GENERALIZED	yes
	357	526.0	DEVELOPMENTAL ODONTOGENIC CYSTS	Medical code
	357	526.1	FISSURAL CYSTS OF JAW	Medical code
	357	526.2	OTHER CYSTS OF JAWS	Medical code
	357	526.3	CENTRAL GIANT CELL (REPARATIVE) GRANULOMA	Medical code
	357	526.8		Medical code
	357	526.81	EXOSTOSIS OF JAW	Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	357	526.89	OTHER SPECIFIED DISEASE OF THE JAWS	Medical code
	357	526.9	UNSPECIFIED DISEASE OF THE JAWS	Medical code
	357	V72.2	DENTAL EXAMINATION	Remove
	357	D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	yes
	357	D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	yes
	357	D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	yes
	357	D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	yes
	357	D2330	RESIN-ONE SURFACE, ANTERIOR	yes
	357	D2331	RESIN-TWO SURFACES, ANTERIOR	yes
	357	D2332	RESIN-THREE SURFACES, ANTERIOR	yes
	357	D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	yes
	357	D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	yes
	357	D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	yes
	357	D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	yes
	357	D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	yes
	357	D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	yes
	357	D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	yes
	357	D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	yes
	357	D2932	PREFABRICATED RESIN CROWN	yes
	357	D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	yes
	357	D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	yes
	357	D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	yes
	357	D2980	CROWN REPAIR, BY REPORT	yes
	357	D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	yes
	357	D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	yes
	357	D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	yes
	357	D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	yes
	357	D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	yes
	357	D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	yes
	357	D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	yes
	357	D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	yes
		D3430	RETROGRADE FILLING - PER ROOT	Add to this line in conjunction with D3410

## MEETING HIGHLIGHTS

**DENTAL SERVICES SUBCOMMITTEE**  
**Clackamas Community College**  
**Wilsonville Training Center Room 218**  
**Wilsonville, Oregon**  
*September 15, 2009*  
*9:00 a.m. – Noon*

**Members Present:** Lisa Dodson, MD (Chair); Gary Allen, DMD; Jake Felix, MD; Beryl Fletcher; Cedric Hayden, DMD; Kristi Jacobo; Deborah Loy; Michael Plunkett, MD; Mike Shirtcliff, DMD.

**Members Absent:** Gordon Empey, DMD; Lynn Ironside.

**Staff Present:** Darren Coffman; Cat Livingston, MD; Brandon Repp.

**Guests:** None.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Review of Meeting Highlights</b></p> <p>The highlights of the June 8, 2009 Dental Services Workgroup meeting were reviewed.</p>	No corrections were suggested	Dorothy will post to the web.	ASAP
<p><b>Retrograde Filling</b></p> <p>A retrograde filling (D3430) should be added to Line 357 (in addition to its placement on 505) with a guideline matching the one in DMAP administrative rules. This change should be made as an interim modification effective 1/1/2010.</p>	<p>Recommend adding D3430 to Line 357 with guideline matching that in DMAP admin rules which reads:</p> <p><i>Retreatment limited to anterior teeth when:</i></p> <ol style="list-style-type: none"> <li>1) crown to root ratio is 50:50 or better</li> <li>2) the tooth is restorable without other surgical procedures, or</li> <li>3) loss of tooth would result in the need for removable prosthodontics.</li> </ol>	HSC staff	10/15 HSC mtg
<p><b>Outstanding Issues</b></p> <p>Why is orthodontia only covered in cases of <u>both</u> cleft palate with cleft lip and not cleft palate alone?</p> <p>Make the following recommendations:</p> <ul style="list-style-type: none"> <li>- Take 526.4 (Inflammatory condition of jaw) off of Line 59</li> <li>- Move D5951 (Feeding aid) to cleft palate lines (49 &amp; 324)</li> </ul>	<p>Needs research</p> <p>Compile with other recommendations for HSC biennial review.</p>	<p>Kristi</p> <p>HSC staff</p>	<p>10/12 meeting</p> <p>Future HSC mtg</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Outstanding Issues (cont'd)</b></p> <p>Make the following recommendations:</p> <ul style="list-style-type: none"> <li>- Remove all 'By report' guidelines</li> <li>- Add D7241 (Removal of impacted tooth with unusual surgical complications) to Line 59 (Emergent care)</li> </ul>	<p>Compile with other recommendations for HSC biennial review.</p>	<p>HSC staff</p>	<p>Future HSC mtg</p>
<p><b>Review of Prioritization of Dental Services on January 1, 2009 List</b></p> <p>The group continued to review the meeting document entitled, "Codes Currently on Dental Services Lines – Responses as of 4/23/09" starting with code D3410 on Line 357.</p>	<p>Please see <i>Attachment A</i> for a summary of all of the subcommittee's recommendations for the remainder of codes on Line 357 and all codes on Line 474.</p>	<p>None</p>	
<p><b>New Dental Lines Discussion</b></p> <p>The members continued their discussion on how best to organize the dental lines so that the most important conditions to treat are higher on the list. A revised list of categories at the end of the discussion consisted of:</p> <ul style="list-style-type: none"> <li>- Emergency Dental Services</li> <li>- Urgent Dental Services</li> <li>- Preventive Dental Services</li> <li>- Basic Restorative Services</li> <li>- <i>Complex Restorative Services?</i></li> <li>- Fixed Prosthodontics (bridges, crowns)</li> <li>- Removable Prosthodontics (dentures)</li> <li>- Implants</li> <li>- Basic Anterior Endodontics</li> <li>- Basic Bicuspoid/ Premolar Endodontics</li> <li>- Basic Molar Endodontics</li> <li>- Advanced Endodontics</li> <li>- Basic Periodontics</li> <li>- Advanced Periodontics</li> <li>- <i>Oral Surgery?</i></li> <li>- Orthodontia (separate from cosmetic)</li> <li>- Cosmetic Dental Services</li> <li>- Elective Dental Services</li> </ul>	<p>Continue discussion at next meeting.</p>	<p>All members</p>	<p>10/12 mtg</p>
<p><b>Other Issues</b></p> <p>Brandon pointed out that some medical therapy codes have been added to all medical therapy lines on the list since the subcommittee began their review in January.</p>	<p>Since the subcommittee has decided to leave the placement of medical codes on the dental lines to the HSC, the documents being reviewed will not be modified to include these codes but they will be added for the final review by the HSC.</p>	<p>HSC staff</p>	<p>Future HSC mtg</p>

<b>TOPIC</b>	<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>DATE</b>
<p><b>Public Comment</b></p> <p>No public comment was offered at this time.</p>	None		
<p><b>Next Steps</b></p> <p>The next meeting of the subcommittee will be held on Monday, October 12, 2009, 1:00 pm - 4:00 pm.</p>	Send e-mail of location of meeting when determined.	Dorothy	ASAP
<p><b>Adjournment</b></p> <p>The meeting was adjourned by Dr. Dodson at Noon.</p>			

## DSS September 2009 Highlights Attachment A

U or E	Line Code	Description	Appropriate on line?	Comments	
	357	D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	yes	
	357	D3430	RETROGRADE FILLING - PER ROOT	yes	Add code to this line with guideline to be done only in conjunction with apicoectomy on anterior tooth.
	357	D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	no	Move to periodontal line. Also, take D7440, D7441, D7460, D7461 off list as CPT codes are used.
	357	D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	no	Move to periodontal line.
	357	D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	no	Move to periodontal line.
	357	D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	no	Move to periodontal line.
	357	D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	no	Move to periodontal line.
	357	D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	no	Move to a different line to be determined later.
	357	D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	no	Take off line and add to Diagnostic List.
	357	D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	no	Move to a different line to be determined later.
	357	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	no	Take off line and give PAC-5 status.
	474	520.0	ANODONTIA	no	Take off list and add to Signs & Symptoms List.
	474	V72.2	DENTAL EXAMINATION	no	Remove from this line (leave on Lines 3 & 4).
	474	D1510	SPACE MAINTAINER-FIXED UNILATERAL	no	Move to prevention line and limit to children 18 and under.
	474	D1515	SPACE MAINTAINER-FIXED BILATERAL	no	Move to prevention line and limit to children 18 and under.
	474	D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	no	Move to prevention line and limit to children 18 and under.
	474	D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	no	Move to prevention line and limit to children 18 and under.
	474	D1555	REMOVAL OF FIXED SPACE MAINTAINER	no	Move to prevention line and limit to children 18 and under.
	474	D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	no	Move to Line 505.
	474	D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	no	Move to Line 505.
	474	D4245	APICALLY POSITIONED FLAP	no	Move to Line 505.
	474	D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	no	Move to Line 505.
	474	D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	no	Move to Line 505.
	474	D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	no	Move to Line 505.

<b>U or E</b>	<b>Line Code</b>	<b>Description</b>	<b>Appropriate on line?</b>	<b>Comments</b>	
	474	D4910	PERIODONTAL MAINTENANCE	no	Move to Line 505.
	474	D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	no	Move to Line 505.

## MEETING HIGHLIGHTS

**DENTAL SERVICES SUBCOMMITTEE**  
**Clackamas Community College**  
**Wilsonville Training Center Room 218**  
**Wilsonville, Oregon**  
*October 12, 2009*  
*1:00 p.m. – 4:00 pm*

**Members Present:** Lisa Dodson, MD (Chair); Gary Allen, DMD; Jake Felix, MD; Beryl Fletcher; Cedric Hayden, DMD; Kristi Jacobo; Deborah Loy; Gordon Empey, DMD; Lynn Ironside; Mike Shirtcliff, DMD.

**Members Absent:** Michael Plunkett, MD.

**Staff Present:** Darren Coffman; Ariel Smits, MD; Brandon Repp.

**Guests:** None.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Review of Meeting Highlights</b></p> <p>The highlights of the September 15, 2009 Dental Services Workgroup meeting were reviewed.</p>	<p>Change 'Removable Endodontics' on page under New Dental Lines Discussion to "Removable Prosthodontics'.</p>	<p>Dorothy will post corrected version to the web.</p>	<p>ASAP</p>
<p><b>January 2010 Dental Reductions in Legislatively Approved Budget</b></p> <p>The subcommittee reviewed the dental reductions made as part of the Legislatively Approved Budget for OHP that DMAP went over with the DCOs and ODA. They reviewed staff recommendations on what changes should be made to the Prioritized List as a result.</p> <p>The first change discussed involved the coverage of partial resin dentures instead of partial cast metal dentures. Although there was much discussion around changing priorities based on fiscal constraints, it was generally agreed that partial cast metal dentures have fallen out of favor as they fail more often than resin ones.</p> <p>Another change involved dental relines being allowed once every three years instead of once every two years. The subcommittee recommends that all guidelines involving issues of periodicity, except for</p>	<p>Recommend switching the placement of partial resin dentures (D5211 &amp; D5212 from Line 660 to 499) and partial cast metal dentures (D5213 &amp; D5214) from Line 499 to 660.</p> <p>Eliminated the sentence of the guideline note for Line 499 that limits dental relines to once every two years effective 1/1/2010.</p>	<p>HSC staff to take these two recommendations to the next HSC meeting for consideration.</p>	<p>10/15 HSC mtg</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>January 2010 Dental Reductions in Legislatively Approved Budget (Cont'd)</b></p> <p>limits on prophylaxis and fluoride, be removed from the list and have DMAP rules dictating coverage in these situations.</p> <p>Another approved reduction eliminates coverage of certain adult dental services to all but pregnant women. Just as the List makes no mention of exclusions/limitations specific to the OHP Standard population, the subcommittee concurred that no mention should be made on the List of these restrictions.</p> <p>The current guideline for Line 499 for partial dentures only when there are four or more missing posterior teeth. The question was posed whether an additional allowance should be made if there are one or more missing anterior teeth. As this situation would not limit mastication and would be for primarily cosmetic reasons, the guideline was not changed.</p>			
<p><b>Review of Prioritization of Dental Services on April 1, 2009 List</b></p> <p>The group continued to review the meeting document entitled, "Codes Currently on Dental Services Lines – Responses as of 4/23/09". It was clarified that the vast majority of this work is a part of the biennial review of the list that will result in changes effective January 1, 2012. Only more pressing issues, like the coverage for some retrograde fillings and the swapping of the interim partial dentures to reflect the budget approved by the legislature will be effective on January 1, 2010.</p> <p>Tabled discussion of ICD-9-CM codes. Staff to use crosswalk in new CDT book to place diagnosis codes according to the placement of procedure codes by the subcommittee.</p> <p>It was agreed that there may need to be more than one line per category (e.g., removable prosthodontics) in order to differentiate those procedures that carry more importance than others.</p>	<p>Please see <i>Attachment A</i> for a summary of all of the subcommittee's recommendations for the codes on Line 499.</p> <p>Kristi will let HSC staff know by Thursday if it is okay to add D7311 and D7321 to Line 499 for 1/1/2010 as the latter may have fiscal implications.</p>	None	
<p><b>Other Issues</b></p> <p>The HSC intent is that orthodontics should be covered for when cleft palate occurs without a cleft lip. There is no explanation of why cleft lip is also required in DMAP rules. Kristi looked back in the</p>	<p>Gary &amp; Mike S. will check with a senior orthodontist on whether malocclusion rates are different between the two situations.</p>	Gary & Mike S.	ASAP

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Other Issues (Cont'd)</b></p> <p>rules and it appears it has always been that way. The DMAP rules process is the only timeframe restriction in changing the coverage since the List already accommodates coverage with cleft palate only.</p>			
<p><b>Public Comment</b></p> <p>No public comment was offered at this time.</p>	None		
<p><b>Next Steps</b></p> <p>The next meeting of the subcommittee will be held on Tuesday, November 10, 2009, 9:00 am - Noon.</p>	Send e-mail of location of meeting when determined.	Dorothy	ASAP
<p><b>Adjournment</b></p> <p>The meeting was adjourned at 3:40 pm.</p>			

## DSS October 2009 Highlights Attachment A

U or E	Line Code	Description	Appropriate on line?	Comments	
	499	D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	?	Group with complex restorative services. Possibly not covered.
	499	D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	N	Obsolete - Move to a lower line TBD
	499	D2722	CROWN-RESIN WITH NOBLE METAL	N	Obsolete - Move to a lower line TBD
	499	D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	?	Group with complex restorative services. Possibly not covered.
	499	D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	?	Group with complex restorative services. Possibly not covered.
	499	D2950	CORE BUILD-UP, INCLUDING ANY PINS	?	Need to decide if they should go on basic restorative or urgent lines. May require placement on multiple lines with guideline as this code can be abused.
	499	D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	?	Need to decide if they should go on basic restorative, urgent or multiple lines.
	499	D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	?	Need to decide if they should go on basic restorative, urgent or multiple lines.
	499	D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	N	Move to Line 357 with root canals.
	499	D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	N	Move to Line 357 with root canals.
	499	D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	N	Move to Line 357 with root canals.
	499	D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	N	Move to "wastebasket" line with obsolete codes as his procedure is not reimbursed as a separate service.
	499	D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	N	Move to Line 357 with root canals but add an administrative rule that it can only be billed by a different practitioner than the one that performs the restoration as this is often double billed now.
	499	D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Y	Leave on Line 499 with guideline for drug-induced hyperplasia, also add to Line 505 as second line when done for other, primarily cosmetic reasons.
	499	D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Y	Leave on Line 499 with guideline for drug-induced hyperplasia, also add to Line 505 as second line when done for other, primarily cosmetic reasons.
	499	D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	Y	
	499	D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	Y	
	499	D5110	COMPLETE DENTURE - MAXILLARY	N	Move to removable prosthodontics line
	499	D5120	COMPLETE DENTURE - MANDIBULAR	N	Move to removable prosthodontics line
	499	D5130	IMMEDIATE DENTURE - MAXILLARY	N	Move to removable prosthodontics line

U or E	Line Code	Description	Appropriate on line?	Comments	
	499	D5140	IMMEDIATE DENTURE - MANDIBULAR	N	Move to removable prosthodontics line
	499	D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	N	Move to Line 660 per discussion during previous agenda item for 1/1/10. May go to different line for 1/1/12. Note: D5225 and D5226 should also go on removable prosthodontics line.
	499	D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	N	See D5213.
	499	D5520	REPLACE MISSING OR BROKEN TEETH-COMplete DENTURE (EACH TOOTH)	N	Move to basic removable prosthodontics line
	499	D5610	REPAIR RESIN DENTURE BASE	N	Move to basic removable prosthodontics line. Also move D5610 to this same line (instead of urgent line as previously discussed).
	499	D5620	REPAIR CAST FRAMEWORK	N	Move to basic removable prosthodontics line
	499	D5630	REPAIR OR REPLACE BROKEN CLASP	N	Move to basic removable prosthodontics line
	499	D5640	REPLACE BROKEN TEETH-PER TOOTH	N	Move to basic removable prosthodontics line
	499	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	N	Move to basic removable prosthodontics line
	499	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	N	Move to basic removable prosthodontics line
	499	D5710	REBASE COMPLETE MAXILLARY DENTURE	N	Move to basic removable prosthodontics line
	499	D5711	REBASE COMPLETE MANDIBULAR DENTURE	N	Move to basic removable prosthodontics line
	499	D5720	REBASE MAXILLARY PARTIAL DENTURE	N	Move to basic removable prosthodontics line
	499	D5721	REBASE MANDIBULAR PARTIAL DENTURE	N	Move to basic removable prosthodontics line
	499	D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	N	Move to basic removable prosthodontics line
	499	D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	N	Move to basic removable prosthodontics line
	499	D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	N	Move to basic removable prosthodontics line
	499	D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	N	Move to basic removable prosthodontics line
	499	D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	N	Move to basic removable prosthodontics line
	499	D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	N	Move to basic removable prosthodontics line
	499	D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	N	Move to basic removable prosthodontics line
	499	D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	N	Move to basic removable prosthodontics line
	499	D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	N	Move to basic removable prosthodontics line
	499	D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	N	Move to basic removable prosthodontics line
	499	D5850	TISSUE CONDITIONING, MAXILLARY	N	Move to basic removable prosthodontics line
	499	D5851	TISSUE CONDITIONING, MANDIBULAR	N	Move to basic removable prosthodontics line
	499	D6972	PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE RETAINER	N	Move to fixed prosthodontics and also add to second line TBD with guideline for use in repairing existing bridges.
	499	D6980	BRIDGE REPAIR, BY REPORT	N	Move to fixed prosthodontics and also add to second line TBD with guideline for use in repairing existing bridges.
	499	D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	N	Move this code and D7311 to the removable prosthodontics line (although these codes will not be reimbursed separately).
	499	D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	N	Move this code to the removable prosthodontics line and also add D7321 (currently not on the list).

U or E	Line Code	Description	Appropriate on line?	Comments	
	499	D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	Y	
	499	D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	Y	Guideline note 53 should not reference D7470 as it is no longer a valid code.
	499	41870	PERIODONTAL MUCOSAL GRAFTING	?	Consider moving to Line 660 with corresponding dental codes (D4270, D4271, D4273, D4275, D4276)
	499	41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	Y	Leave here with corresponding dental codes (D4210 & 4211)



TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Value Based Services (VBS)</b></p> <p>Dr. Dodson gave the members an overview of the work being done at the HSC regarding VBS and asked the group to consider dental services that should be examined.</p> <p>The discussion centered on appropriate services for high risk patients. Darren Coffman asked to review tools for determining risk.</p> <p>Deborah Loy mentioned an Aetna study showing cost savings (up to 11%) on the medical side for individuals with cardiovascular disease when dental services are covered.</p> <p>Services suggested as VBS by the subcommittee: Topical professional application of fluoride, routine exam with prophylactic cleaning, scaling and root planing for those with periodontal disease, periodontal maintenance and sealants for children.</p>	<p>To document that these are VBSs, send studies and documentation to Dr. Smiths.</p>	<p>All members</p>	<p>ASAP</p>
<p><b>Public Comment</b></p> <p>No public comment was offered at this time.</p>	<p>None</p>		
<p><b>Next Steps</b></p> <p>The next meeting of the subcommittee will be held on Tuesday, January 11, 2010, 1:00 pm – 4:00 pm.</p>	<p>Send e-mail of location of meeting when determined.</p>	<p>Dorothy</p>	<p>ASAP</p>
<p><b>Adjournment</b></p> <p>The meeting was adjourned at 3:00 pm.</p>			

Line Code	Description	Appropriate on line?	Comments	
505	D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID	N	Consider breaking Complex Endodontics into two or more lines.
505	D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	N	Consider breaking Complex Endodontics into two or more lines.
505	D3430	RETROGRADE FILLING-PER ROOT	Y	Also add to line 357
505	D4320	PROVISIONAL SPLINTING-INTRACORONAL	Y	Splinting for evulsed or displaced tooth due to trauma is bundled under different code.
505	D4321	PROVISIONAL SPLINTING-EXTRACORONAL	Y	
505	D5850	TISSUE CONDITIONING, MAXILLARY	N	Delete from this line, leave on line 499.
505	D5851	TISSUE CONDITIONING, MANDIBULAR	N	Delete from this line, leave on line 499.
505	D5860	OVERDENTURE-COMPLETE, BY REPORT	N	Consider placing in new "complex prosthetics" line
505	D5861	OVERDENTURE-PARTIAL, BY REPORT	N	Consider placing in new "complex prosthetics" line
505	D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	N	Consider placing in new "complex prosthetics" line
505	D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	N	Consider placing in new "complex prosthetics" line
505	D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	N	Consider placing in new "complex prosthetics" line
505	D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	N	Consider placing in new "complex prosthetics" line
505	D6252	PONTIC-RESIN WITH NOBLE METAL	N	Consider placing in new "complex prosthetics" line
505	D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	N	Consider placing in new "complex prosthetics" line
505	D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	N	Consider placing in new "complex prosthetics" line
505	D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	N	Consider placing in new "complex prosthetics" line
505	D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	N	Consider placing in new "complex prosthetics" line
505	D6792	CROWN-FULL CAST NOBLE METAL	N	Consider placing in new "complex prosthetics" line
505	D6970	POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER, INDIRECTLY FABRICATED	N	Consider placing in new "complex prosthetics" line
505	D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	N	Consider placing in new "complex prosthetics" line
505	D6975	COPING-METAL	N	Consider placing in new "complex prosthetics" line
505	D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-SEPARATE PROCEDURE	N	Surgical procedure; move to new oral surgery line, with guideline (currently covered by exception only)
505	D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	N	Delete from this line, leave on line 499.
630	D2410	GOLD FOIL-ONE SURFACE	Y	
630	D2420	GOLD FOIL-TWO SURFACES	Y	
630	D2430	GOLD FOIL-THREE SURFACES	Y	
630	D2510	INLAY-METALLIC-ONE SURFACE	Y	
630	D2520	INLAY-METALLIC-TWO SURFACES	Y	
630	D2530	INLAY-METALLIC-THREE OR MORE SURFACES	Y	
630	D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	Y	
630	D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES	Y	
630	D2630	INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES	Y	
630	D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	Y	
630	D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	Y	
630	D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	Y	
630	D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	Y	
630	D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	Y	
630	D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	Y	
630	D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	Y	
630	D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	Y	

Line Code	Description	Appropriate on line?	Comments	
630	D2664	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	Y	
630	D2720	CROWN-RESIN WITH HIGH NOBLE METAL	Y	
630	D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	Y	
630	D2790	CROWN-FULL CAST HIGH NOBLE METAL	Y	
630	D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	Y	
630	D2792	CROWN-FULL CAST NOBLE METAL	Y	
630	D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	Y	
630	D2960	LABIAL VENEER (LAMINATE)-CHAIRSIDE	Y	
630	D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	Y	
630	D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	Y	
630	D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	Y	Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
630	D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	N	Delete from this line, leave on line 499.
630	D3460	ENDODONTIC ENDOSSEOUS IMPLANT	Y	
630	D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	N	Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
630	D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)		
630	D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	N	Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
630	D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)		
630	D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	Y	
	D5811	INTERIM COMPLETE DENTURE (Mandibular)	Y	Not currently on list, add to 630
630	D5820	INTERIM PARTIAL DENTURE (MAXILLARY)		Delete from this line, leave on line 499.
630	D5862	PRECISION ATTACHMENT, BY REPORT		
630	D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)		
630	D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY		
630	D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	N	Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
630	D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	N	Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
630	D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	N	Discuss VBS, add mini-implants to denture line/complex prosthesis
630	D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT		
630	D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT		
630	D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT		
630	D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR		
630	D6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT		
630	D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT		
630	D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN		
630	D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)		

Line Code	Description	Appropriate on line?	Comments
630	D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	
630	D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	
630	D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	
630	D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	
630	D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	
630	D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	
630	D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	
630	D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	
630	D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	
630	D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	
630	D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	
630	D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	
630	D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	
630	D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	
630	D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	
630	D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	
630	D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	
630	D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	
630	D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	
630	D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	
630	D6080	IMPLANT MAINTENANCE PROCEDURES, INCLUDING: REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMENT REINSERTION OF PROSTHESIS	
630	D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS BY REPORT	
630	D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	
630	D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	
630	D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	
630	D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	
630	D6100	IMPLANT REMOVAL, BY REPORT	

Line Code	Description	Appropriate on line?	Comments	
630	D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	N	Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
630	D6210	PONTIC-CAST HIGH NOBLE METAL		
630	D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL		
630	D6245	PONTIC - PORCELAIN/CERAMIC		
630	D6250	PONTIC-RESIN WITH HIGH NOBLE METAL		
630	D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS		
630	D6600	INLAY-PORCELAIN/CERAMIC, TWO SURFACES		
630	D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES		
630	D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES		
630	D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES		
630	D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES		
630	D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES		
630	D6606	INLAY - CAST NOBLE METAL, TWO SURFACES		
630	D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES		
630	D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES		
630	D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES		
630	D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES		
630	D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES		
630	D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES		
630	D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES		
630	D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES		
630	D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES		
630	D6720	CROWN-RESIN WITH HIGH NOBLE METAL		
630	D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL		
630	D6722	CROWN-RESIN WITH NOBLE METAL		
630	D6740	CROWN - PORCELAIN/CERAMIC		
630	D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL		
630	D6790	CROWN-FULL CAST HIGH NOBLE METAL		
630	D6920	CONNECTOR BAR		
630	D6950	PRECISION ATTACHMENT		
630	D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	N	Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
630	D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH		
630	D7290	SURGICAL REPOSITIONING OF TEETH		
630	D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT		
630	D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING SURGICAL FLAP		
630	D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP		
630	D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP		
630	D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM		

Line Code	Description	Appropriate on line?	Comments
630	D7840	CONDYLECTOMY	N Medical procedure
630	D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	N Medical procedure
630	D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	N Medical procedure
630	D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	
630	D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	
630	D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	N Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
630	D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	Orthodontia (for clients with diagnosis of cleft palate w/cleft lip) covered on line 324. Orthodontia codes are open for coverage, except D8691, D8962, and D8693. (Jacobobo)
630	D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	
630	D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	
630	D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	
630	D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	
630	D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	
630	D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	
630	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	
630	D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	
630	D8210	REMOVABLE APPLIANCE THERAPY	
630	D8220	FIXED APPLIANCE THERAPY	
630	D8660	PRE-ORTHODONTIC VISIT	
630	D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	
630	D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	
630	D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	
630	D8691	REPAIR OF ORTHODONTIC APPLIANCE	
630	D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	
630	D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS	
630	D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	N Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
630	D9941	FABRICATION OF ATHLETIC MOUTHGUARD	
630	D9950	OCCLUSION ANALYSIS-MOUNTED CASE	
630	D9970	ENAMEL MICROABRASION	
630	D9971	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	
630	D9972	EXTERNAL BLEACHING - PER ARCH	
630	D9973	EXTERNAL BLEACHING - PER TOOTH	
630	D9974	INTERNAL BLEACHING - PER TOOTH	
630	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	N Remove from list, if there is a need, Kristi will start the process to keep the code open for manual pricing.
660	D1204	TOPICAL APPLICATION OF FLUORIDE - ADULT	N Delete from this line

Line Code	Description	Appropriate on line?	Comments	
660	D1205	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-ADULT	N	This code was discontinued on 1-1-07. Delete
660	D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	N	Delete from this line
660	D2542	ONLAY-METALLIC-TWO SURFACES		
660	D2543	ONLAY - METALLIC - THREE SURFACES		
660	D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES		
660	D2720	CROWN-RESIN WITH HIGH NOBLE METAL		
660	D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE		
660	D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL		
660	D2780	CROWN - 3/4 CAST HIGH NOBLE METAL		
660	D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL		
660	D2782	CROWN - 3/4 CAST NOBLE METAL		
660	D2783	CROWN - 3/4 PORCELAIN/CERAMIC		
660	D2790	CROWN-FULL CAST HIGH NOBLE METAL		
660	D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL		
660	D2792	CROWN-FULL CAST NOBLE METAL		
660	D2799	PROVISIONAL CROWN		
660	D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED		
660	D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH		
660	D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)		
660	D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).		
660	D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)		
660	D3450	ROOT AMPUTATION-PER ROOT		
660	D3470	INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)		
660	D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY		
660	D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT		
660	D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT		
660	D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE		
660	D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT		
660	D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT		
660	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE		
660	D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)		
660	D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH		
660	D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)		
660	D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH, BY REPORT		
660	D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)		

Line Code	Description	Appropriate on line?	Comments
660	D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	
660	D6212	PONTIC-CAST NOBLE METAL	
660	D6780	CROWN-3/4 CAST HIGH NOBLE METAL	
660	D6781	CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	
660	D6782	CROWN - 3/4 CAST NOBLE METAL	
660	D6783	CROWN - 3/4 PORCELAIN/CERAMIC	
660	D6940	STRESS BREAKER	
660	D6976	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	
660	D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	
660	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	
660	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	
660	D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	
660	D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	
660	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	
660	D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	
660	D7971	EXCISION OF PERICORONAL GINGIVA	
660	D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	
660	D9120	FIXED PARTIAL DENTURE SECTIONING	
660	D9910	APPLICATION OF DESENSITIZING MEDICAMENT	
660	D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	
660	D9940	OCCLUSAL GUARDS, BY REPORT	
660	D9951	OCCLUSAL ADJUSTMENT-LIMITED	
660	D9952	OCCLUSAL ADJUSTMENT-COMplete	