

TRICARE OCONUS Preferred Dentist (TOPD) Manual

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Introduction

About the TRICARE OCONUS Preferred Dentist (TOPD) Manual

This TOPD Manual is designed to provide you and your office staff with information about the overseas **TRICARE Active Duty Dental Program (ADDP)**. It will serve as your reference guide for eligibility, coverage, policies, procedures, procedure codes, claims and payments.

If you find anything in this guide which you feel is unclear, please contact United Concordia at 1-844-653-4058, Sunday: 6 pm. ET - Friday at 10 p.m. ET, Saturday: 8 a.m. ET– 5 p.m. ET.

About the ADDP

The ADDP is a U.S. Department of Defense dental program that provides world-wide civilian dental care for eligible U.S. active duty service members (ADSMs). Its purpose is to ensure ADSM dental readiness and overall health. The ADDP is not insurance - it is an entitlement program that provides 100% coverage for authorized covered dental services. The ADDP has been administered by United Concordia Companies, Inc. (UCCI) since its inception in 2009 in the Continental United States and its territories. The ADDP expanded to OCONUS (outside the Continental United States) locations on May 1, 2022.

Section 1 - ADDP Eligibility

OCONUS Eligibility

Service Area

The ADDP is available in the OCONUS service area to ADSMs who are remotely located (OCONUS Remote ADSMs), not assigned to a military dental treatment facility. These ADSMs MUST be enrolled in TRICARE Prime Remote (TPR) for their medical care.

Verifying Eligibility

You can easily view an ADSM's eligibility in UCCI's secure, online **ADDP Patient Data Tracker (APDT)** application. Your office should have already received the forms needed to access this application; however, you can also request them by calling UCCI at 1-844-653-4058. You can also call this number to receive an ADSM's eligibility status from UCCI's ADDP OCONUS Customer Service Unit. More information on the APDT application is in located in **Section 7** of this guide.

TRICARE Active Duty Dental Program

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North Shore Family Dentists

ADDP Patient Data Tracker

Member ID: Date of Birth:

Welcome to ADDP Patient Data Tracker
Now with more features to help treat Active Duty Service Members

- ✓ **Patient Eligibility**
Lookup an Active Duty Service Member (ADSM)'s eligibility for ADDP
- ✓ **Benefits Information**
Access ADDP program details for specific dental procedures
- ✓ **Claims Access**
View and print the status of patient claims in a familiar format

Questions about ADDP claims?
[Click on our Claims Submission FAQs](#)

Has your office information changed?
[Go to Update Provider Information](#)

Need more information?
Download ADDP information for dentists.

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Section 2 - Benefits

Benefits

A complete list of ADDP covered benefits is included in the *Benefit Details Document*, located in **Appendix A** of this guide. This document contains all dental procedure codes and their associated type of care (R = routine; S = specialty; E = emergency). It also notes whether the procedure is not covered (N).

Pre-Treatment Requirements

An Appointment Control Number (ACN) or approved authorization provided by UCCI is required prior to receipt of any ADDP dental care. There are different approval processes associated with the type and/or cost of care that are described in the following paragraphs. Please keep in mind an ACN is authorization for the appointment only, it is not an approval for specialty care.

Routine Care

OCONUS Remote ADSMs must obtain an ACN from UCCI to initiate care for routine for covered services. They can do so via the ADDP website, <https://secure.addp-ucci.com/home>, or by contacting UCCI. ADSMs must provide you with their ACN prior to receipt of routine dental care. You can contact UCCI if an ADSM hasn't obtained or cannot locate their ACN. UCCI will provide you with the existing ACN information or obtain an instant ACN so that care is not delayed. Once an ACN is received, an OCONUS Remote ADSMs may personally initiate their routine dental care if it is:

- A covered benefit
- Less than \$750 (U.S. dollars) per procedure or appointment
- Not more than a cumulative total of \$1,500 (U.S. dollars) for treatment plans completed within a consecutive 12-month period

Specialty and Other Dental Care

Your office must request an authorization by submitting a claim form with any required narratives in block 14 and required x-rays through the OCONUS Authorization and Claim Submission Form for the following:

- Specialty care (e.g., crowns, bridges, dentures, periodontal treatment). See Appendix B, the **ADDP Remote Materials Checklist**, for more details
- Dental care that costs more than \$750 (U.S. dollars) per procedure or appointment
- Dental care with a cumulative total greater than \$1,500 (U.S. dollars) for treatment plans completed within a consecutive 12-month period

Detailed information regarding the OCONUS Authorization and Claim Submission Form is located in **Section 3** of this guide.

Implant Coverage

For implant services, OCONUS Remote ADSMs must provide you with a Command Memorandum signed by their unit commander or designee. You must include this memorandum with the completed authorization submitted on your behalf.

The memorandum must include the following diagnostic and other information:

- PA & Pano or FMX or Other appropriate radiographic image
- Brand of implant must be Nobel Biocare, 3i or a compatible system in the area of abutment configuration & screw thread design
- Mesial-distal and buccal lingual dimensions of ridge
- Vertical restorative space
- Smoking Status (If the patient is a smoker implants will likely be denied)
- Time tooth missing
- ADSM time left in service (To be considered for an implant ADSMs must have at least 12 months of active service remaining at their current OCONUS assignment. Furthermore, they cannot be traveling and receive implant services.)

More information is available in the ***Benefit Details Document***.

Orthodontics

Orthodontic services are not covered.

Emergency Care

Emergency care includes any treatment necessary to relieve pain, treat infection, control bleeding, or repair broken fillings by placement of temporary or permanent fillings (not crowns). Root canal treatment and extractions may be included if need to relieve pain and infection. Teledentistry can be used to diagnose emergency needs. Crowns, implants, bridges, and dentures work are not considered emergency care. Emergency care does not require an ACN or authorization prior to treatment.

***The Benefit Details Document** lists all dental procedure codes with their associated type (routine, specialty, emergency) and notes non-covered services.

Section 3 -

OCONUS Authorization Requests for Specialty and Other Dental Care

Submitting an Authorization Request for Specialty and Other Dental Care

As described in the prior section of this guide, all specialty care and/or any care that costs more than \$750 (U.S. dollars) per procedure or appointment, or greater than \$1,500 (U.S. dollars) for treatment plans, require an approved authorization prior to receipt of care. Authorizations are valid for 12 months after the authorization date.

OCONUS Authorization Request: To request approval, fill out the OCONUS Authorization & Claim Submission form as shown in the following illustration.

TRICARE Active Duty Dental Program

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OCONUS Authorizations & Claims

Use this form to submit:

- an **authorization** for pre-approval of specialty and other dental care
- a **claim** to request payment for completed dental care

Submission Form

All fields are required, unless marked as optional.

How to Submit an Authorization +

How to Submit a Claim +

Contact Information

Full Name
First and Last

Email
name@example.com

Confirm Email
name@example.com

Phone
US + 10 digits

Comments (optional)
Please be as detailed and specific as you can below.

0 of 5,000 characters

Choose file(s) to attach
Add File

Please note the following:

- Supported extensions: docx, ppt, pdf, png, jpg, tiff, xlsx
- Maximum Number of Files: 5
- Maximum file size: 10MB

Verify Your Identity

☐ I'm not a robot

Submit Exit

Contact Us | Privacy | Fraud | Integrity

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- Complete the ADDP OCONUS Authorization & Claim form with the treatment the ADSM requires in addition to any required narratives in block 14, as per the **ADDP Remote Materials Checklist**
- Go to the ADDP website and click on the OCONUS Online Submission form
- Attach the ADDP OCONUS Authorization & Claim form along with required X-rays and any supporting documentation as per the **ADDP Remote Materials Checklist**
- Click the “Submit” button to send the information

Please note that many dental procedures require a pre-treatment narrative and/or X-rays to be submitted with the ADDP OCONUS Authorization & Claim form. A complete list of these requirements is provided in the **ADDP Remote Materials Checklist** document.

Once the form is completed and required x-rays and supporting documentation are attached, you can select the "Submit" button and the request will be sent to UCCI. You can also mail the information to UCCI; however, mailing the document will cause delays in the process due to the length of time it takes for UCCI to receive the documents.

An example of the ADDP OCONUS Claim and Authorization form is located below:

UNITED CONCORDIA Claims Processing P.O. Box 68457 Harrisburg, PA 17106-9429		Form Approved OMB No. Expires						
PATIENT INFORMATION SECTION	1. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		2. Birthdate mo day year					
	3. Active Duty Service Member or (ADSM's) name First Middle Last							
	4. ADSM's social security number or Dental Benefits Number (DBN)							
	5. ADSM's mailing address (APO/FPO or street, city, country, postal mailing code)							
DENTIST INFORMATION SECTION	6. Telephone number (include country, city, and/or area code)		7. Program name					
	10. Dentist name 10a. Provider no. 10b. License #		8. Appointment Control Number					
	11. Dentist Email Address		9. I have reviewed the following treatment plan. I authorize release of any information relating to this claim.					
	11a. Dentist phone no (include country code/area code)		Signature _____ Date _____ 12. Dentist mailing address -- street address City, country, postal mailing code					
13. Dental Readiness Classification (DRC):								
<input type="checkbox"/> (1) ADSM has good oral health and is not expected to require dental treatment or reevaluation for 12 months. <input type="checkbox"/> (2) ADSM has some oral conditions, but you do not expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment). <input type="checkbox"/> (3) ADSM has oral conditions that you do expect to result in dental emergencies within 12 months if not treated. Examples of conditions are: (X the applicable block or specify in the space provided) <input type="checkbox"/> (a) Infections: Acute oral infections, pulp or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report, persistent for 12 months. <input type="checkbox"/> (b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months. <input type="checkbox"/> (c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics. <input type="checkbox"/> (d) Periodontal Conditions: Acute gingivitis or periodontitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances. <input type="checkbox"/> (e) Oral Surgery: Un erupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathology that are recommended for removal. <input type="checkbox"/> (f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.								
14. If you selected DRC block 3 above, please circle the condition(s) you identified in this ADSM if they appear above, or briefly describe the condition(s) below. This block should be used for a provide clinical narrative for required procedures.								
15. Examination and treatment plan--list in order from Tooth No. 1 through Tooth No. 32--Use charting system shown.								
Indicate tooth teeth no. (a) for which services were provided.		TOOTH NO. OR LETTER	SURFACE	DESCRIPTION OF SERVICES (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)	DATE SERVICE PERFORMED	PROCEDURE CODE	FEE CHARGED	
16. Remarks for unusual services.								
17. Any person who knowingly files a statement of claim containing any misrepresentation or false, incomplete, misleading information or omissions for the purpose of misleading, information concerning any fact material thereto, may be guilty of a criminal act under state and/or federal law and may also be subject to civil penalties. The signer agrees that any personally identifiable health information about the signer or signer's enrolled dependents is protected by the Health Insurance Portability and Accountability Act of 1996 and other privacy laws. In accordance with those laws, United Concordia may use and disclose Protected Health Information for treatment, payment and health care operations as described in its Notice of Privacy Practices. I hereby certify that the procedures as indicated by date have been completed.						18. TOTAL FEE CHARGED		AMOUNT PAID
Signature (Dentist) _____ Date _____						19. INDICATE CURRENCY		
						<input type="checkbox"/> USD <input type="checkbox"/> LOCAL		

Section 4 -

Post-Treatment Dental Readiness Classification (DRC) Claim Requirements

Dental Readiness Classification (DRC)

All claims submitted for remote active duty service members (ADSMs) who have received dental care must include a dental readiness classification.

Claims submitted without a dental readiness classification will be denied and resubmission will be required in order to receive payment. Dental readiness classifications must be submitted to United Concordia in writing. This process is required by the Defense Health Agency (DHA), as dental readiness classifications are used to determine if the ADSM is dentally ready to deploy for worldwide duty.

Under the ADDP, there are 3 dental classifications that are used:

Class 1: ADSMs with current dental examinations who do not require dental treatment or reevaluation

- ADSM has good oral health and is not expected to require dental treatment or reevaluation for 12 months.

Class 2: ADSMs with current dental examinations whose oral conditions are unlikely to result in dental emergencies within 12 months

- ADSM has some oral conditions, but you do not expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis,, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).

Class 3: ADSMs who require urgent or emergent dental treatment

- ADSM has oral conditions that you do expect to result in dental emergencies within 12 months if not treated. Examples of conditions are:
 - **Infections:** Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.
 - **Caries/Restorations:** Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.
 - **Missing Teeth:** Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
 - **Periodontal Conditions:** Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.
 - **Oral Surgery:** Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
 - **Other:** Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

ADSMs in Class 3 do not qualify for worldwide deployment and must receive necessary dental treatment to be rated Class 2 before they are eligible to deploy.

Selection of either option 1 or 2 signifies that the member is qualified for worldwide deployment. Selection of option 3 denotes that the member is not qualified for worldwide deployment until the dental condition(s) selected are resolved. Service members are required by the Department of Defense to be qualified for worldwide deployment. Failure to attain deployment capability can adversely affect the service member's career.

Please note that completion of these forms is considered to be part of the examination service; and, therefore, is not a separately billable item.

Section 5 - Claims

TOPD Payment for Covered Services

UCCI will make payment for covered services directly to you (the TOPD), in your host nation's currency, if available. If local foreign currency is not available, payment in U.S. dollars will be made. If you receive electronic payments, go to <https://secure.addp-ucci.com/dentist>, click on TOPD (Overseas), select TOPD Online Services, then log in to view your Payments and DEOBs online.

Changing or Combining Reported Procedure Code

In the process of administering United Concordia dental policies, there are occasions when the reported procedure code may be changed or unbundled procedures may be recoded as a single, complete procedure. Listed below are some of the situations when the information reported on the claim may be altered.

- The procedure code does not match the reported description of service. It is United Concordia's policy to process claims based upon the description of service when the procedure code and description reported do not agree.
- Charges for services that are considered integral to another dental procedure, or that are unbundled, may be combined with the charge for the complete procedure.

Submitting Claims

Claims may be submitted via the OCONUS Online Submission form or by mail. To submit via the OCONUS Online Submission form, complete the ADDP OCONUS Authorization and Claim form and attach it to the OCONUS Online Submission form. The OCONUS Online Submission form can be accessed on our website at <https://secure.addp-ucci.com/home>. Although other claim forms are acceptable, submitting your claim on our ADDP OCONUS Authorization and Claim form will help ensure that your claim is received in the appropriate area for processing.

Submitting via the OCONUS Online Submission form:

The OCONUS Online Submission form can be accessed at <https://secure.addp-ucci.com/home>

Submitting via mail (Claim payment will be delayed using this method):

United Concordia
 ADDP OCONUS Dental Unit
 P.O. Box 69457
 Harrisburg, PA 17106-9452

Claims processing WILL be significantly delayed if claims are submitted using any other methods than what are listed above.

Completing the ADDP OCONUS Claim Form for Payment

An ADDP OCONUS Authorization and Claim form with completion instructions is noted below.

UNITED STATES
Claims Processing
P.O. Box 69457
Harrisburg, PA 17106-9429

Form Approved OMB
No.
Expires

PATIENT INFORMATION SECTION	1. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		2. Birthdate mo day year		7. Program name TRICARE Active Duty Dental Program	8. Appointment Control Number
	3. Active Duty Service Member's (ADM's) name First Middle Last		4. ADM's social security number or Dental Benefits Number (DBN)			
DENTIST INFORMATION SECTION	5. ADM's mailing address (APO/FPO or street, city, country, postal mailing code) _____				9. I have reviewed the following treatment plan. I authorize release of any information relating to this claim.	
	6. Telephone number (include country, city, and/or area code) _____				Signature _____ Date _____	
DENTIST INFORMATION SECTION	10. Dentist name		10a. Provider no.		12. Dentist mailing address -- street address	
	11. Dentist Email Address		10b. License #		City, country, postal mailing code	
DENTIST INFORMATION SECTION	11a. Dentist phone no (include country code/area code)					
	13. Dental Readiness Classification (DRC): _____					
DENTIST INFORMATION SECTION	<p>(j) (i) ADM has good oral health and is not expected to require dental treatment or reevaluation for 12 months.</p> <p>(j) (ii) ADM has some oral conditions, but you do not expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).</p> <p>(j) (iii) ADM has oral conditions that you do expect to result in dental emergencies within 12 months if not treated. Examples of conditions are: (x) the applicable block or specify in the space provided.</p> <p>(j) (iv) Infections: Acute oral infections, pulpal or periodontal pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.</p> <p>(j) (v) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.</p> <p>(j) (vi) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.</p> <p>(j) (vii) Periodontal Conditions: Acute gingivitis or periodontitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy supragingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.</p> <p>(j) (viii) Oral Surgery: Unruptured, partially erupted, or impacted teeth with historical, clinical, or radiographic signs or symptoms of pathology that are recommended for removal.</p> <p>(j) (ix) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.</p>					
	14. If you selected DRC block 3 above, please circle the condition(s) you identified in this ADM if they appear above, or briefly describe the condition(s) below. This block should be used for a provide clinical narrative for required procedures.					
Indicate tooth (teeth no.) for which services were provided.						
TOOTH NO. OR LETTER		SURFACE	DESCRIPTION OF SERVICES (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)	DATE SERVICE PERFORMED	PROCEDURE CODE	FEE CHARGED
16. Remarks for unusual services:						
17. Any person who knowingly files a statement of claim containing any misrepresentation or false, incomplete, misleading information or conceals for the purpose of misleading information concerning any fact material thereto, may be guilty of a criminal act under state and/or federal law and may also be subject to civil penalties. The signer agrees that any personally identifiable health information about the signer or signer's enrolled dependents is protected by the Health Insurance Portability and Accountability Act of 1996 and other privacy laws. In accordance with those laws, United Concordia may use and disclose Protected Health Information for treatment, payment and health care operations as described in its Notice of Privacy Practices. I hereby certify that the procedures as indicated by date have been completed.				18. TOTAL FEE CHARGED		AMOUNT PAID
Signature (Dentist)				Date		19. INDICATE CURRENCY <input type="checkbox"/> USD <input type="checkbox"/> LOCAL

Please pay special attention to and complete the following fields:

Box 4. Active Duty Service Member's (ADSM) Social Security Number (SSN) or Dental Benefits Number (DBN). The ADSM's nine-digit SSN or 11-digit DBN must appear on every claim form.

Box 5. Mailing Address. Be sure to provide the current and complete mailing address to include APO/FPO and/or street, city, country, and postal mailing code.

Box 9. Release of information.

Box 10. Dentist Name, provider number and license number. The provider number represents the provider number assigned by United Concordia.

Box 11. Dentist Email and Phone number. Include the country code and city code, along with local number.

Box 12. Dentist address. Include street, city, country, and postal mailing code.

Box 13. Dental Readiness Classification (DRC). The individual you are examining is an Active Duty Service Member of the United States Uniformed Forces. This ADSM needs your assessment of his/her dental health for worldwide duty. Please mark 13 in the field, that best describe the condition of the ADSM, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the ADSM's comprehensive dental needs.

Box 14. DRC Block 3 condition explanation or Clinical Narrative requirement. Please briefly describe condition if block 3 for Dental Readiness Classification was selected. This block should also be used to provide a clinical narrative for required procedures.

Box 15. Examination and treatment plan. Provide a detailed description of the services performed including applicable tooth numbers, dates of service, and fee charged.

Box 19. Indicate Currency: Indicate type of currency billed (U.S. dollars or local)

Section 6 - Payment

Payment Information

United Concordia will make payment for covered services to the TOPD.

All payments issued to a TOPD from the OCONUS service area will be paid in foreign currency, subject to the availability of these currencies through recognized U.S. banking institutions. If local currency is not available, payment in U.S. dollars will be made.

After a foreign draft (in foreign currency) has been issued, payment will not be changed to U.S. dollars. All payments requiring conversion to foreign currency will be calculated based on the exchange rate in effect on the last date of service listed on the claim.

Section 7 -

Online Tools

TOPD Online Services

New users will be able to access TOPD Online Services such as ADDP Patient Data Tracker (APDT), Payments & DEOBs, and Electronic Funds Transfer (EFT) set-up after receiving an email from United Concordia containing a username and initial password. You will then need to reset your initial password by logging into ADDP Patient Data Tracker (APDT) or Payments & DEOBs located in the Online Services tab of the TOPD (Overseas) drop-down on the ADDP website. After resetting your password, you will be able to log in and enroll in EFT. If you did not receive an email containing your temporary username and password, please contact customer service at 1-844-653-4058.

Patient Information

ADDP Patient Data Tracker (APDT)

ADDP Patient Data Tracker (APDT) gives dental offices instant, secure access to patient information such as eligibility, benefits, claim status and procedure history.

Viewing ADSM Eligibility and Benefits

Member Details/Benefits:

UNITED CONCORDIA **apdt**
ADDP Patient Data Tracker

Member ID: [Redacted] Date of Birth: [Redacted] [Search] [Clear]

You have 2 search options available to you:

- ☒ Search by Member ID (Required)
- ☐ Search by Social Security Number (SSN) (Required)

Member Details:

Jamie R. Jones [Green Checkmark] [Refresh]

Member ID: 1111111111 Status: Active Age: 35

Date of Birth: 01/01/1985 Branch of Service: Army

Gender: Male Race: White

Benefits: [Green Checkmark] **Claims Status:** [Red Alert Icon]

Top member in position code

General Provider

Emergency Care

ADSMs eligibility can be verified by using their Dental Benefit Number (DBN) or by their Social Security Number (SSN) with their Date of Birth (DOB)

Not Eligible:

Service Plan: United Concordia
ADDP

Service Member Address: 11000 S of 100
\$mull, 2nd floor, 1st floor
4000

Tysin T. KHAMMA [Green Checkmark]

Member ID: 1111111111 Status: Inactive

Date of Birth: 01/01/1985 Branch of Service: Unknown

Age: 35 Race: OPO

If an ADSM is showing Not Eligible, please have them contact ADDP OCONUS Customer Service

Viewing ADSM Claim Status

Benefits
Claims Status **2**

Supporting Documents... Download

Recent Claims

Date of Service	Claim #	Billing Provider	Dental Readiness	Total Charge	Payment	Status
05/20/2021	123456789000	836130	Class 1	\$85.00	--	Pending
+ 05/20/2021	123456789000	836130	Class 1	\$125.00	--	Pending Review
+ 05/20/2021	123456789000	836130	Class 1	\$125.00	--	Pending
- 05/20/2021-05/21/2021	123456789000	836130	Unknown	\$1,650.00	--	Rejected

Claim 102132578228
Print

Service Date	Proc. Code	Proc. Count	Tooth	Non Charge Amount	NC CD	Sub Lab.	SL CD	Reject Code	S07 Code	S08 Code	Other Ins.	Provider Charge	Allowed Amount	Payment Amount
--	D2740	1	29	\$431.64	P1	\$334.10	C1	C1234	F1	1	\$0.00	\$1,100.00	\$0.00	\$0.00
--	D2331	1	26	\$72.41	P1	--	--	C1234	F0	37	\$0.00	\$175.00	\$0.00	\$0.00
--	D2331	1	24	\$175.00	07	--	--		F2	1	\$0.00	\$175.00	\$0.00	\$0.00
--	D2150	1	02	--	--	\$100.00	17	C1234	F0	37	\$0.00	\$200.00	\$0.00	\$0.00

Total Payment Amount: \$0.00

Carrier
United Concordia Companies Incorporated
Health Care Claim Status Category Code
F2

Date Claim Received
04/17/2015
Health Care Claim Status Code
1

Dental Readiness
Unknown

Check #	Issued	Payee	Amount	Offset	Status	Date	EOB
1234567890	07/29/2021	--	\$28.55	No	--	--	--

+ 05/20/2021
123456789000
836130
Class 1
\$5,125.00
\$5,125.00
Paid

Claims Status view can be modified to display:

- Recent Claims
- Claims by Custom Date Range
- Claims by Claim Number

Electronic Funds Transfer (EFT)

In addition to the TOPD Web Portal, dentists located in the following areas can register for Electronic Funds Transfer (EFT) for claim payments in their local currency:

Australia	Belgium	Canada	Cyprus	Germany	Hong Kong
Hungary	India	Italy	Japan	Malta	Netherlands
New Zealand	Norway	Portugal	Singapore	Spain	United Kingdom

Once you have received your account username and password via email, use the following steps to get started with EFT:

Step 1: Go to <https://secure.addp-ucc.com/home> and select the "Civilian Dentists" link

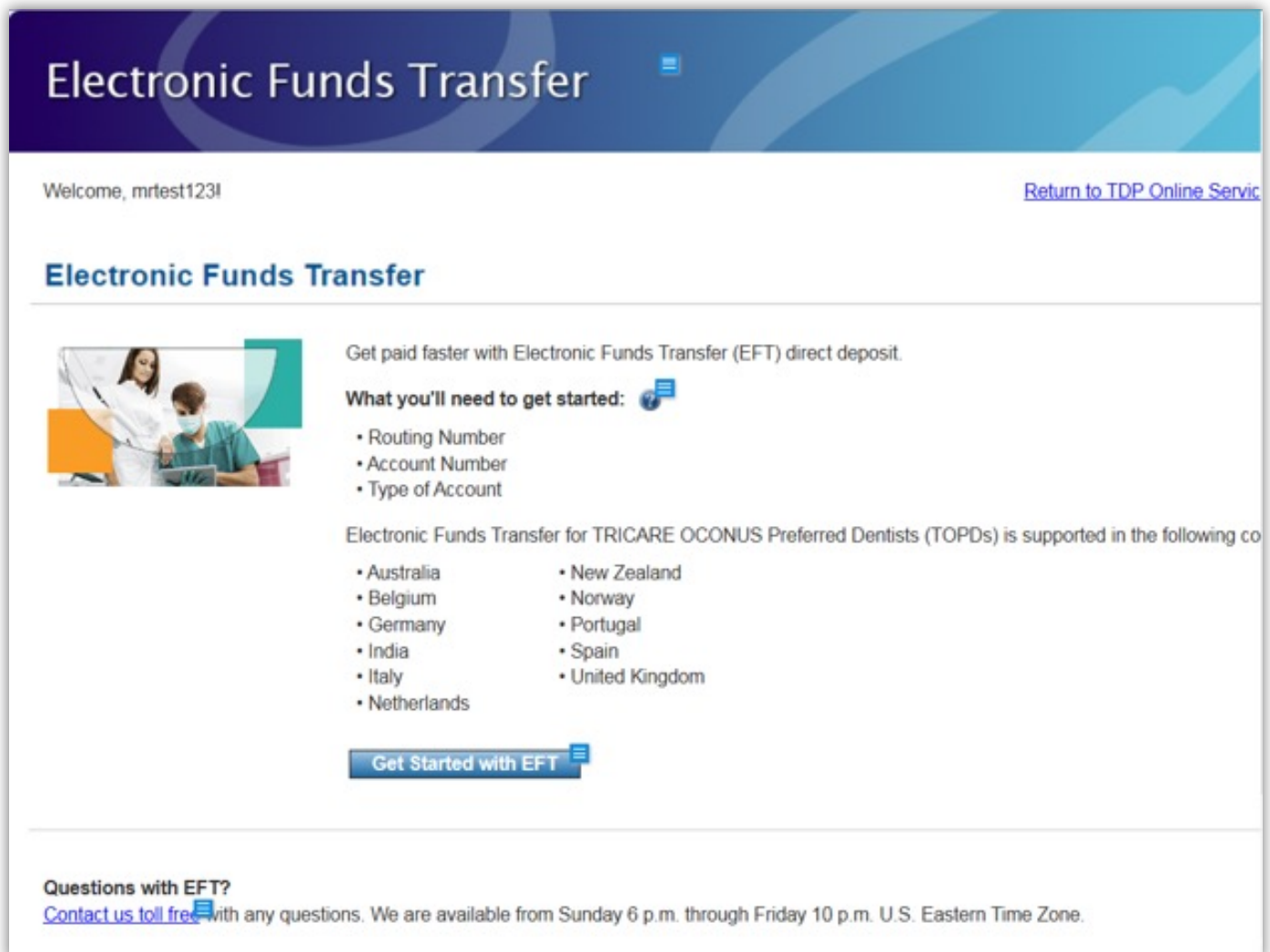
Step 2: Proceed to the "TOPDs (Overseas)" drop-down

Step 3: Select "Online Services"

Step 4: Select "Electronic Funds Transfer"

Step 5: Follow the steps to log in and select Get started with EFT and enter and review banking information

Electronic Funds Transfer (EFT)




The screenshot shows the 'Electronic Funds Transfer' page. At the top, there's a header with the title 'Electronic Funds Transfer' and a welcome message 'Welcome, mrtest123!'. A link 'Return to TDP Online Service' is in the top right. Below the header, the title 'Electronic Funds Transfer' is repeated. To the left is an image of a dentist and a patient. To the right, text says 'Get paid faster with Electronic Funds Transfer (EFT) direct deposit.' Below this, a section 'What you'll need to get started:' lists 'Routing Number', 'Account Number', and 'Type of Account'. Further down, it states 'Electronic Funds Transfer for TRICARE OCONUS Preferred Dentists (TOPDs) is supported in the following countries' and lists Australia, Belgium, Germany, India, Italy, Netherlands, New Zealand, Norway, Portugal, Spain, and United Kingdom. A 'Get Started with EFT' button is at the bottom. A footer section 'Questions with EFT?' provides a toll-free contact number and availability hours.

Electronic Funds Transfer

Welcome, mrtest123! [Return to TDP Online Service](#)

Electronic Funds Transfer



Get paid faster with Electronic Funds Transfer (EFT) direct deposit.

What you'll need to get started:

- Routing Number
- Account Number
- Type of Account

Electronic Funds Transfer for TRICARE OCONUS Preferred Dentists (TOPDs) is supported in the following countries:

- Australia
- Belgium
- Germany
- India
- Italy
- Netherlands
- New Zealand
- Norway
- Portugal
- Spain
- United Kingdom

[Get Started with EFT](#)

Questions with EFT?
[Contact us toll free](#) with any questions. We are available from Sunday 6 p.m. through Friday 10 p.m. U.S. Eastern Time Zone.

Dental Explanation of Benefits (DEOBs)

The Dental Explanation of Benefits (DEOB) is a computer-generated statement that explains how the claim was processed.

PROVIDER: JANEIDOE, DDS										PROVIDER #: 0123456789										DATE: 01/27/22 PAGE 1 OF 2																														
FIRST DATE OF SVC	LAST DATE OF SVC	NUM OF SVCS	PL OF SVC	PROCEDURE CODE	TOOTH NUMBERS/SURFACES	PROVIDER CHARGE	ALLOWANCE	NON-CHARGEABLE AMOUNT	NON-CHG CODE	BENEFICIARY LIABILITY AMOUNT	BENEFICIARY CODE	OTHER INSURANCE AMOUNT	AMOUNT(S) PAID TO PROVIDER	AMOUNT(S) PAID TO BENEFICIARY	MESSAGE CODE(S)	DBN																																		
BENEFICIARY: MARY DOE																	DEN: 0023456789																	SPONSOR: JOHN DOE																
12/30/21	12/30/21	1	0	D1353	02	118.89	95.00						118.89		.0016 J9674	0134567891																																		
12/30/21	12/30/21	1	0	D1353	03	118.89	95.00						118.89		.0016 J9674																																			
12/30/21	12/30/21	1	0	D1353	04	118.89				118.89	HE				.0016 J9674																																			
12/30/21	12/30/21	1	0	D1353	05	118.89				118.89	HE				.0016 J9674																																			
12/30/21	12/30/21	1	0	D1353	12	118.89				118.89	HE				.0016 J9674																																			
12/30/21	12/30/21	1	0	D1353	13	118.89				118.89	HE				.0016 J9674																																			
12/30/21	12/30/21	1	0	D1353	14	118.89	95.00						118.89		.0016 J9674																																			
12/30/21	12/30/21	1	0	D1353	15	118.89	95.00						118.89		.0016 J9674																																			
12/30/21	12/30/21	1	0	D1353	20	118.89				118.89	HE				.0016 J9674																																			
12/30/21	12/30/21	1	0	D1353	19	118.89							118.89		.0016 J9674																																			
12/30/21	12/30/21	1	0	D1120		342.67	115.00						142.67		.0016 J9674																																			
12/30/21	12/30/21	1	0	D1208		71.33	66.00						71.33		.0016 J9674																																			
12/30/21	12/30/21	1	0	D0150		89.17									.0016 J9674																																			
12/30/21	12/30/21	1	0	D0120		89.17	89.17						89.17		.0016 J9674																																			
CLAIM TOTALS								.00		594.45		.00	897.62	.00		NON-FLN 025																																		
DEOB TOTALS: TOTAL BENEFICIARY PAYMENTS = 9.00 TOTAL PROVIDER PAYMENTS = 897.62																																																		
MESSAGE(S): 00100 If you disagree with the determination on your claim, you have the right to request a reconsideration. Submit a signed statement explaining the reason for your request and a copy of the DEOB to ADDP Customer Service OCONUS, 17106-9430, Harrisburg, PA 17106-9430, within 90 days from the date of the DEOB. If this 00100 was the result of a reconsideration adjustment, further appeal rights will be forwarded to you as part of the formal reconsideration determination.																																																		
PROVIDER MESSAGE(S): J1016 Any amount paid will be equivalent to the Provider's charge which may be reduced by previous claim payments for related services or claim payment from other carriers. J9004 If you have any questions, please contact us at United Concordia Companies, Inc., ADDP OCONUS Dental Unit, P.O. Box 69430, Harrisburg, PA 17106-9430 or email your inquiry to www.uccidp.com . J9101 Comprehensive evaluations are only eligible for new patients, or existing patients who have either not been seen in the dental office for an extended period of time (three or more years), or have had a significant change in health conditions. Our records indicate that this beneficiary has been evaluated in this office within the past 36 months. Therefore, this service has been processed as a periodic evaluation. J9474 The services submitted were processed based upon the exchange rate of 1.1889731 EUR to one U.S. dollar. U9492 No payment can be made. The reported service is covered only on permanent molars.																																																		
NON-CHARGEABLE AMOUNT CODES: BENEFICIARY LIABILITY CODES: HL = Respected Billable Non-Covered Service																																																		
Please note that the ID printed is the Member's Department of Defense Benefit Number (DBN). If you submitted a claim with another form of Member identification, the ID number was updated on this statement to protect the Member's privacy.																																																		
ADDP Customer Service PO Box 69430 Harrisburg PA 17106-9430																																																		
Current Dental Terminology © American Dental Association																																																		

Section 8 -

TOPD Requirements

TRICARE OCONUS Preferred Dentists (TOPDs)

TOPDs have signed an agreement with United Concordia, agreeing to the following:

- TOPDs will not require the ADSM to pay for covered dental services. All approved care will be paid by UCCI.
- TOPDs will complete and submit claim forms for the ADSM.
- TOPDs will submit an ADDP OCONUS Authorization and Claim form for all dental specialty care; general dentistry care that is more than \$750 (U.S. dollars) per procedure or appointment; or treatment plans with cumulative total of \$1,500 (U.S. dollars) completed in a consecutive 12-month period. A complete list of dental care codes (including general and specialty designations) is located in **Appendix B** of this guide.

Section 9 - Appeals Process

Appeals Process

A request for an appeal can be submitted using the online appeal form or by mail. The appeal request must be signed by the appealing party. Appeals need to be submitted with all required diagnostic materials and a narrative. A complete list of requirements for an appeal can be located in the ADPP Remote Materials Checklist.

Who Can Request an Appeal

The TOPD, ADSM or appointed appeal representative can appeal a claim denial

Written appeals should be mailed to United Concordia at:

United Concordia
ADDP Unit – Appeals
P.O. Box 69431
Harrisburg, PA 17106

Levels of the Appeal Process

There are three levels of appeal for the ADDP:

First Level

Any appeal of a claim denial must be submitted to United Concordia within 90 calendar days of the notice of the denial. United Concordia will forward the appeal to the dental service point of contact (DSPOC) who will issue a decision to United Concordia. United Concordia will then notify the ADSM (or the person initiating the appeal) of the DSPOC's decision. Please note: The appeal request must be submitted with the appropriate diagnostic materials. If the dental services to be appealed involves a prosthetic procedure that requires cementation, the appeal must also include a radiograph showing the completed prosthetic procedure. For a complete listing of diagnostic materials required, please view the Diagnostic Material Requirements.

Second Level

In the event the DSPOC denies the appeal, then the ADSM (or authorized representative) may request an additional review of the DSPOC's decision within 30 calendar days of receipt of the denial. In order to obtain further review of the DSPOC's decision, the ADSM (or authorized representative) must submit a request for review of the DSPOC's decision to United Concordia. The request for review must include a copy of the DSPOC's original decision. The DSPOC will review the appeal and issue a decision to United Concordia, either affirming or reversing the DSPOC's first level decision. The decision may overrule the previous decision in whole or in part.

Final Level

In the event that the DSPOC affirms the first-level decision, the ADSM (or authorized representative) may seek further review by submitting a request to United Concordia within 30 calendar days of receipt of the second decision. The written request must include copies of the first and second level decisions. United Concordia will forward the request to the DSPOC for review by the Surgeon General or designee for the ADSM's Branch of Service, with a copy to the TMA Dental Care Branch. The Surgeon General or designee for the ADSM's Branch of Service decision is final and cannot be appealed.

Section 10 -

Maintaining TOPD Data

Maintaining TOPD Data

United Concordia maintains a TOPD Database, which contains pertinent information on all individual TOPDs who have submitted claims to United Concordia. Your record remains active on United Concordia's database as long as you submit claims to United Concordia or until we receive notification of status change (e.g. retirement, practice closure).

It is important that our TOPD Database contains accurate information regarding your practice. United Concordia urges you to keep your TOPD information current by reporting any changes in writing. Please report changes/corrections to any of the items listed below:

- Practice Name
- Address (physical location) of Practice
- Mailing Address (if different from above)
- Specialty
- Gender
- Telephone/FAX Number
- Change in Group Practice
- Implant Placement Status/Availability
- Resignations (Resignations are normally effective 60 days following the date United Concordia receives your letter. A letter indicating the effective date of your resignation will be sent to you.)

Where to Send Notification of Change(s):

To send electronic notification of any changes in your practice or individual TOPD information, visit <https://secure.addp-ucci.com/dentist> and click on the Online Services tab.



Update Provider Information

How can we help you?

It's easy to keep your provider information up-to-date with us. Just select what type of provider you are, add your request(s), and tell us who to contact if we have any questions.



Individual Provider

Choose this if you're just getting set up or making changes to one or more individual providers.

[Add a Request](#)



Dental Practice

Choose this if you're making changes to an entire practice under a specific tax ID.

[Add a Request](#)

Send written notification of any changes in your practice or individual TOPD information to:

United Concordia
ADDP OCONUS Dental Unit
PO Box 69457
Harrisburg, PA 17106-9418

Fax 1-844-827-9926

Section 11 -

Contact Information and Resources

Contact the ADDP OCONUS Dental Unit

If you have any questions regarding benefits, eligibility, claims status, predetermination procedures or disagree with the determination of a claim, you may contact United Concordia's ADDP OCONUS Unit for assistance. A toll-free service is available to respond to your inquiries, 1-844-653-4058, Sunday: 6 pm. ET - Friday at 10 p.m. ET; Saturday: 8 a.m. ET– 5 p.m. ET

Please have the following information available when contacting us:

- ADSM's Name
- ADSM's Social Security Number
- ADSM's Date of Birth
- Claim or Inquiry Number, if applicable
- TOPD's Identification Number (UCCI Assigned Number)

United Concordia's Website

<https://secure.addp-ucci.com/home> provides detailed information on the ADDP, corporate information, press releases and much more.

Mailing Address (For claims, authorizations, inquiries, etc.):

United Concordia
ADDP OCONUS Dental Unit
PO Box 69457
Harrisburg, PA 17106-9418

Telephone Number:

ADDP OCONUS Dental Unit: 1-844-653-4058

Fax:

1-844-827-9926

Appendix A -

ADDP Benefit Details Document

These ADSM benefits, exclusions and limitations currently conform to the American Dental Association's (ADA) Current Dental Terminology (CDT) 2022 Dental Procedure Codes.

GENERAL POLICIES

- 1.0.** Purchased care dental benefits are intended to be an adjunct, not a replacement for Dental Treatment Facility (DTF) dental care provided to Active Duty Service Members (ADSMs). Treatment and services not immediately required to establish or maintain dental health to meet dental readiness or world-wide deployability standards may be delayed by the DTF or Dental Service Point of Contact (DSPOC) until this treatment can be provided at a DTF. All treatment and procedures should be reported following the guidelines and definitions of the most current version of the ADA's CDT.
- 1.1.** The following services, supplies, or charges are not covered for purchased care dental benefits unless specifically authorized by the Services' Dental Corps Chief(s) or designated representative(s) (e.g. DSPOCs if remote care and DTF if referred care):
 - 1.1.1.** Any dental service or treatment not specifically listed as a Covered Service.
 - 1.1.2.** Any dental service or treatment determined by the Services' Dental Corps specialty consultants or DSPOC to be unnecessary or which does not meet accepted standards of dental practice.
 - 1.1.3.** Those services not prescribed by or under the direct supervision of a dentist, except in areas where dental hygienists/dental therapists/advanced dental therapists are permitted to practice without supervision by a dentist. In these areas, only those covered services provided by an authorized dental hygienist/dental therapists/advanced dental therapists performing within the scope of his or her license and applicable local law will be eligible for payment or reimbursement.
 - 1.1.4.** Those services submitted by a dental provider that are for the same service(s) performed on the same date for the same member by another dental provider.
 - 1.1.5.** Those services which are experimental or investigative in nature.
 - 1.1.6.** Those services which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not the member claims the benefits or compensation.

- 1.1.7.** Those services which are later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law.
- 1.1.8.** Those services provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
- 1.1.9.** Those services for which the member would have no obligation to pay in the absence of this or any similar coverage.
- 1.1.10.** Those services received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group.
- 1.1.11.** Those services performed prior to the member's effective coverage date. This includes any treatment for crowns, inlays, onlays, cast post and cores, or dentures/bridges initiated prior to the effective date of the member's eligibility.
- 1.1.12.** Those services provided after the termination date of the member's eligibility for coverage unless otherwise indicated. This includes those prosthesis delivered after the termination date of active duty eligibility and any further treatment for crowns, inlays, onlays, cast post and cores, or dentures/bridges that were delivered or inserted prior to the termination date of active duty eligibility. The date of service for prosthodontic services (crowns, inlays, onlays, cast post and core, dentures/bridges) is the date of preparation. That date of service should be used when billing for all claims.
- 1.1.13.** Those services which are for unusual procedures and techniques.
- 1.1.14.** Those services performed by a dental provider who is compensated by a facility for similar covered services performed for members.
- 1.1.15.** Those services resulting from the patient's failure to comply with professionally prescribed treatment.
- 1.1.16.** Telephone consultations.
- 1.1.17.** Any charges for failure to keep a scheduled appointment.
- 1.1.18.** Network providers may not bill patients for the completion of claim forms.
- 1.1.19.** Any services or restorations that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
- 1.1.20.** Duplicate and temporary devices, appliances and services.
- 1.1.21.** Plaque control programs, oral hygiene instruction, home care items and dietary instructions.
- 1.1.22.** Services including evaluations, which are routinely performed in conjunction with, or as part of, another service are considered integral and will not be paid or reimbursed as a separate charge.

- 1.1.23.** Services applicable to a “per site” payment as defined in the effective ADA CDT Dental Procedure Codes will not be paid as separate charges even if referred multiple times.
- 1.1.24.** Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for mal-alignment of teeth.
- 1.1.25.** Gold foil restorations.
- 1.1.26.** Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
- 1.1.27.** Hospital costs or any additional fees that the dental provider or hospital charges for treatment at the hospital (inpatient or outpatient).
- 1.1.28.** Medical procedures as well as procedures covered as adjunctive dental care under TRICARE/Medical or other medical benefit coverage.
- 1.1.29.** Infection control procedures and fees associated with Occupational Safety and Health Administration (OSHA) and/or governmental agency compliance are considered integral to the dental service(s) provide and will not be paid or reimbursed as a separate charge.
- 1.1.30.** Adjunctive dental benefits as defined by applicable federal regulations.
- 1.1.31.** Any request for payment of a Continental United States (CONUS) claim more than 12 months after the month the service was provided is not eligible for payment. Any request for payment of an Outside the Continental United States (OCONUS) claim more than 3 years after the month the service was provided is not eligible for payment. A network dentist may not bill the member for services that are denied for this reason.
- 1.1.32.** For remote ADSMs seeking services that include time and frequency limitations, if a service is provided within 30 days of the expiration of the time period, the service shall be considered authorized.
- 1.1.33.** DTFs will not refer elective dental procedures to private sector care.
- 1.1.34.** DTFs shall consult with the DSPOCs prior to referring out an ADSM for implants and the following related services: D6010, D6190, D7950, D7951, and D7952.

2.0. EMERGENCY CARE

Emergency care is care that is required to treat or control hemorrhage, infection, swelling and pain. This includes treatment necessary to relieve pain, treat infection, or control hemorrhage to include: temporary or permanent fillings, root canal treatment, single tooth extractions, incision and drainage or other immediate required treatment. Crowns, bridges and dentures are not considered emergency care and require authorization (see below). For example, root canal therapy required to relieve acute pain or treat an acute exacerbation of a periradicular infection can be completed without authorization even if this treatment requires more than one appointment. If a crown is indicated following the root canal therapy, the crown must have authorization before initiating the crown preparation.

COVERED SERVICES

- 3.0.

To be considered a covered service, a procedure or treatment must be appropriate and necessary to establish and maintain dental health to meet military worldwide readiness/deployment status.
- 3.1.

In addition, non-emergency covered services that exceed \$750 per procedure or appointment or \$1500 for any episode of treatment requires authorization to be considered for payment or reimbursement (see definition of emergency care). This includes appointments where routine care under \$750 may be combined with specialty care provided on the same date of service. In these cases, authorization for all care is required even if a portion of it was previously approved. Certain procedures will always need an authorization regardless of the cost as indicated in this attachment. Authorization requirements may vary for each specific procedure but generally require the submission of a current diagnostic-quality periapical x-ray. A brief narrative report of the specific service(s) to be performed is recommended if there are any factors that may affect the care provided. **Initiating dental care requiring authorization without written authorization may result in the service member being responsible for part or all cost of treatment.** If the dental provider initiates this care without receiving written authorization, the provider has the responsibility to obtain written consent from the service member clearly explaining this financial responsibility and risk. Substitution of a non-covered service for a covered service is not allowed even if the fee for the non-covered service is less than or equal to the covered service. Therefore, obtaining a written authorization of benefit is highly recommended prior to initiating care.
- 3.2.

For each CDT Code listed, there is a letter code defined in the table below. All four codes are only applicable to remote ADSM utilization. The code “N” only applies for DTF referred care; that is the DSPOCs may authorize care that is not typically covered care.

Code	Description
E	Emergency care – No authorization required
R	Routine care – No authorization required (unless over \$750)
S	Specialty care – Authorization is required
N or Not Listed	Non-covered procedure

DIAGNOSTIC – D0100-D0999

Clinical Oral Evaluations

- D0120 R | periodic oral evaluation – established patient
- D0140 R | limited oral evaluation – problem focused
- D0150 R | comprehensive oral evaluation – new or established patient
- D0160 R | detailed and extensive oral evaluation – problem focused, by report
- D0170 R | re-evaluation-limited, problem focused (established patient, not post-operative visit)
- D0171 N | re-evaluation – post-operative office visit
- D0180 R | comprehensive periodontal evaluation – new or established patient

Pre-Diagnostic Services

- D0190 N | screening of a patient
- D0191 N | assessment of a patient

Diagnostic Imaging

- D0210 R | intraoral – complete series of radiographic images
- D0220 R | intraoral – periapical first radiographic image
- D0230 R | intraoral – periapical each additional radiographic image
- D0240 R | intraoral – occlusal radiographic image
- D0250 R | extraoral – 2D projection radiographic image created using a stationary radiation source, and detector
- D0251 R | extraoral posterior dental radiographic image
- D0270 R | bitewing – single radiographic image
- D0272 R | bitewings – two radiographic images
- D0273 R | bitewings – three radiographic images
- D0274 R | bitewings – four radiographic images
- D0277 R | vertical bitewings – 7 to 8 radiographic images
- D0310 N | sialography
- D0320 S | temporomandibular joint arthrogram, including injection
- D0321 S | other temporomandibular joint radiographic images, by report
- D0322 S | tomographic survey
- D0330 R | panoramic radiographic image
- D0340 S | 2D cephalometric radiographic image – acquisition, measurement and analysis
- D0350 S | 2D oral/facial photographic image obtained intraorally or extraorally
- D0351 S | 3D photographic image
- D0364 S | cone beam CT capture and interpretation with limited field of view – less than one whole jaw
- D0365 S | cone beam CT capture and interpretation with field of view of one full dental arch – mandible
- D0366 S | cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
- D0367 S | cone beam CT capture and interpretation with field of view of both jaws, with or without cranium
- D0368 S | cone beam CT capture and interpretation for TMJ series including two or more exposures
- D0369 S | maxillofacial MRI capture and interpretation
- D0370 S | maxillofacial ultrasound capture and interpretation
- D0371 S | sialoendoscopy capture and interpretation
- D0380 S | cone beam CT image capture with limited field of view – less than one whole jaw
- D0381 S | cone beam CT image capture with field of view of one full dental arch – mandible
- D0382 S | cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
- D0383 S | cone beam CT image capture with field of view of both jaws, with or without cranium
- D0384 S | cone beam CT image capture for TMJ series including two or more exposures
- D0385 S | maxillofacial MRI image capture
- D0386 S | maxillofacial ultrasound image capture
- D0391 S | interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
- D0393 S | treatment simulation using 3D image volume
- D0394 S | digital subtraction of two or more images or image volumes of the same modality
- D0395 S | fusion of two or more 3D image volumes of one or more modalities

- D0701 N** | panoramic radiographic image – image capture only
- D0702 N** | 2-D cephalometric radiographic image – image capture only
- D0703 S** | 2-D oral/facial photographic image obtained intra orally or extra orally – image capture only
- D0704 N** | 3-D photographic image – image capture only
- D0705 N** | extra oral posterior dental radiographic image – image capture only
- D0706 N** | intraoral – occlusal radiographic image – image capture only
- D0707 N** | intraoral – periapical radiographic image – image capture only
- D0708 N** | intraoral – bitewing radiographic image – image capture only
- D0709 N** | intraoral – complete series of radiographic images – image capture only

Tests Examinations

- D0411 S** | HbA1c in office point of service testing
- D0412 S** | blood glucose level test – in office using a glucose meter
- D0414 S** | laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
- D0415 S** | collection of microorganisms for culture and sensitivity
- D0416 S** | viral culture
- D0417 S** | collection and preparation of saliva sample for laboratory diagnostic testing
- D0418 S** | analysis of saliva sample
- D0419 S** | assessment of salivary flow by measurement
- D0422 N** | collection and preparation of genetic sample material for laboratory analysis and report
- D0423 N** | genetic test for susceptibility to diseases – specimen analysis
- D0425 S** | caries susceptibility test
- D0431 N** | adjunctive pre-diagnostic test that aids in the detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
- D0460 S** | pulp vitality tests
- D0470 N** | diagnostic casts
- D0600 N** | non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum
- D0601 N** | caries risk assessment and documentation, with a finding of low risk
- D0602 N** | caries risk assessment and documentation, with a finding of moderate risk
- D0603 N** | caries risk assessment and documentation, with a finding of high risk
- D0604 N** | antigen testing for a public health related pathogen including coronavirus
- D0605 N** | antibody testing for a public health related pathogen, including coronavirus
- D0606 N** | molecular testing for a public health related pathogen, including coronavirus

Oral Pathology Laboratory

- D0472 S** | accession of tissue, gross examination, preparation and transmission of written report
- D0473 S** | accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 S** | accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- D0475 S** | decalcification procedure
- D0476 S** | special stains for microorganisms
- D0477 S** | special stains, not for microorganisms
- D0478 S** | immunohistochemical stains
- D0479 S** | tissue in-situ hybridization, including interpretation
- D0480 S** | accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
- D0481 S** | electron microscopy
- D0482 S** | direct immunofluorescence
- D0483 S** | indirect immunofluorescence
- D0484 S** | consultation on slides prepared elsewhere
- D0485 S** | consultation, including preparation of slides from biopsy material supplied by referring source
- D0486 S** | laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report

D0502 S | other oral pathology procedures, by report
D0999 N | unspecified diagnostic procedure, by report

Benefits and Limitations for Diagnostic Services

- 4.0.1.** For Remote ADSMs, two routine examinations per consecutive 12-month period are covered without obtaining authorization. Oral evaluations are considered integral when provided on the same date of service as palliative or surgical procedure(s) by the same dental provider. If a Remote ADSM desires a second opinion, he/she may obtain a third exam from a different performing provider without obtaining authorization. Radiographic images completed during the third exam on the same day, by the same provider, in support of a second opinion are covered for payment.
- 4.0.2.** Only one limited oral evaluation, problem-focused (D0140) will be allowed per patient per dentist in a consecutive 12-month period.
- 4.0.3.** For a limited oral evaluation – problem focused or palliative (emergency) treatment to be covered, it must involve a problem or symptom that occurred suddenly and unexpectedly and require immediate attention.
- 4.0.4.** Re-evaluations are considered integral procedures.
- 4.0.5.** Radiographic images which are not of diagnostic quality are not covered and may not be charged to the patient when provided by a network dentist. The contractor or DSPOC may determine the diagnostic quality of the radiograph; however, the DSPOC has final determination of the level of quality.
- 4.0.6.** Unless approved by DSPOC, one complete series of radiographic images or one panoramic radiographic image is covered in a 36-month period for Remote ADSMs.
- 4.0.7.** Unless approved by DSPOC, one set of bitewing radiographic images, consisting of up to four bitewing radiographic images per visit, is covered during a consecutive 12-month period for Remote ADSMs.
- 4.0.8.** Vertical bitewings (D0277) will be paid at the same allowance as four bitewings and are subject to the same benefit limitations as four bitewing radiographic images.
- 4.0.9.** Periapical radiographic images are covered, when necessary.
- 4.0.10.** Radiographic images are not a covered benefit when taken by an x-ray laboratory, unless billed by a licensed dental provider.
- 4.0.11.** If the total allowance for individually reported periapical and/or bitewing radiographic images equals or exceeds the allowance for a complete series, the individually reported radiographic images are paid as a complete series and are subject to the same benefit limitations as a complete series. Any difference in fees may not be charged to the member by a network dentist.

- 4.0.12.** Periapical and/or bitewing radiographic images are considered integral when performed on the same date of service, by the same dental provider, as a complete series of radiographic images.
- 4.0.13.** Bitewing radiographic images are not considered integral when performed on the same date of service as a panoramic radiographic image; they may be paid as a separate service.
- 4.0.14.** Pulp vitality tests are considered integral to all services.
- 4.0.15.** Caries susceptibility tests are not payable unless specifically authorized in writing prior to initiating this service. This service will be considered only in conjunction with an intensive regimen of home preventive therapy (including prescription mouth rinses) to determine if the therapy should be continued. The test is payable once per regimen. The regimen must be initiated immediately following completion of restorative care for a recent episode of rampant caries.
- 4.0.16.** Caries susceptibility tests are not payable on a routine basis, for patients with unrestored carious lesions, or when performed for patient education.
- 4.0.17.** Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral to the restorative procedure. Diagnostic casts are not covered as independent procedures.
- 4.0.19.** The contractor may reimburse dental care not indicated on the DTF referral/authorization if the service provided is a panoramic radiograph (D0330) performed by an oral surgeon. For all provider specialties, the contractor may issue reimbursement for up to two bitewing radiographs (D0270/D0272) or two periapical radiographs (D0220/D0230). Additionally, the contractor may reimburse for a limited oral evaluation-problem focused (D0140).
- 4.0.20.** Lab fees for biopsies are a covered benefit at 100% of charge. The contractor does not pay the lab directly but will reimburse the provider if a lab invoice is submitted with the claim. If the member has paid for the lab fee, the contractor will reimburse the member at 100% of charge.
- 4.0.21.** HbA1c point of service testing (D0411) to be submitted in conjunction with or before surgical procedure for a known diabetic patient.
- 4.0.22.** D0703 will only be covered if the DSPOC requests or authorizes additional photographic images.

PREVENTIVE – D1000-D1999

Dental Prophylaxis

D1110 R | prophylaxis – adult

Topical Fluoride Treatment (Office Procedure)

D1206 R | topical application of fluoride varnish

D1208 R | topical application of fluoride – excluding varnish

Other Preventive Services

D1310 N		nutritional counseling for control of dental disease
D1320 N		tobacco counseling for the control and prevention of oral disease
D1321 N		counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
D1330 N		oral hygiene instructions
D1351 S		sealant – per tooth
D1352 S		preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1353 S		sealant repair – per tooth
D1354 N		application of caries arresting medicament – per tooth
D1355 N		caries preventive medicament application – per tooth

Space Maintenance (Passive Appliances) Services

D1510 N		space maintainer – fixed – unilateral – per quadrant
D1516 N		space maintainer – fixed – bilateral, maxillary
D1517 N		space maintainer – fixed – bilateral, mandibular
D1520 N		space maintainer – removable – unilateral – per quadrant
D1526 N		space maintainer – removable – bilateral, maxillary
D1527 N		space maintainer – removable – bilateral, mandibular
D1551 N		re-cement or re-bond bilateral space maintainer-maxillary
D1552 N		re-cement or re-bond bilateral space maintainer-mandibular
D1553 N		re-cement or re-bond unilateral space maintainer – per quadrant
D1556 S		removal of fixed unilateral space maintainer – per quadrant
D1557 S		removal of fixed bilateral space maintainer – maxillary
D1558 S		removal of fixed bilateral space maintainer – mandibular
D1575 N		distal shoe space maintainer – fixed – unilateral – per quadrant
D1701 N		Pfizer-BioNTech Covid-19 vaccine administration-first dose
D1702 N		Pfizer-BioNTech Covid-19 vaccine administration-second dose
D1703 N		Moderna Covid-19 vaccine administration-first dose
D1704 N		Moderna Covid-19 vaccine administration-second dose
D1705 N		AstraZeneca Covid-19 vaccine administration-first dose
D1706 N		AstraZeneca Covid-19 vaccine administration-second dose
D1707 N		Janssen Covid-19 vaccine administration
D1999 R		unspecified preventive procedure, by report

Benefits and Limitations for Preventive Services

- 5.0.1.** For remote ADSM, two routine prophylaxes are covered in a consecutive 12-month period. Additional prophylaxis in a 12-month period must be approved by the DSPOC. However, if a remote member requests or obtains care that exceeds the allowed quantity in a consecutive 12-month period, the care will be considered authorized if it occurs no more than one month prior to the expiration of the consecutive 12-month period.
- 5.0.2.** Routine prophylaxis are considered integral when performed by the same dental provider/facility within 45 days as scaling and root planing, periodontal surgery and periodontal maintenance procedures.
- 5.0.3.** A routine prophylaxis is considered integral when performed in conjunction with, or as a finishing procedure to, periodontal scaling and root planing, periodontal maintenance, gingivectomies, gingival flap procedures, mucogingival surgery, osseous surgery or curettage.

- 5.0.4.** A routine prophylaxis includes associated scaling and polishing procedures. There are no provisions for any additional allowance based on degree of difficulty.
- 5.0.5.** Two topical fluoride applications are covered in a consecutive 12-month period when performed as independent procedures. Additional fluoride applications must be preauthorized. The use of a prophylaxis paste containing fluoride qualifies for payment only as a prophylaxis.
- 5.0.6.** Topical fluoride applications (D1204) are covered when provided as part of an intensive regimen of home preventive therapy to treat rampant caries. This service is only covered if authorized in writing prior to initiating the service.
- 5.0.7.** Sealants for teeth other than permanent bicuspid and permanent molars are not covered.
- 5.0.8.** Sealants provided on the same date of service and on the same tooth as a restoration involving the occlusal surface are considered integral procedures.
- 5.0.9.** Additional Personal Protective Equipment (PPE) above standard PPE usage is covered with D1999, unspecified preventive procedure, by report. Documentation must be submitted with the claim stating what was used beyond procedural/exam masks, gloves and standard sterilization.

RESTORATIVE – D2000-D2999

Amalgam Restorations (Including Polishing)

- D2140 R | amalgam – one surface, primary or permanent
- D2150 R | amalgam – two surfaces, primary or permanent
- D2160 R | amalgam – three surfaces, primary or permanent
- D2161 R | amalgam – four or more surfaces, primary or permanent

Resin-Based Composite Restorations – Direct

- D2330 R | resin-based composite – one surface, anterior
- D2331 R | resin-based composite – two surfaces, anterior
- D2332 R | resin-based composite – three surfaces, anterior
- D2335 R | resin-based composite – four or more surfaces or involving incisal angle (anterior)
- D2390 S | resin-based composite crown, anterior
- D2391 R | resin-based composite – one surface, posterior
- D2392 R | resin-based composite – two surfaces, posterior
- D2393 R | resin-based composite – three surfaces, posterior
- D2394 R | resin-based composite – four or more surfaces, posterior

Gold Foil Restorations

- D2410 N | gold foil – one surface
- D2420 N | gold foil – two surfaces
- D2430 N | gold foil – three surfaces

Inlay/Onlay Restorations

- D2510 N | inlay – metallic – one surface
- D2520 N | inlay – metallic – two surfaces
- D2530 N | inlay – metallic – three or more surfaces
- D2542 S | onlay – metallic – two surfaces

- D2543 S | onlay – metallic – three surfaces
- D2544 S | onlay – metallic – four or more surfaces

Porcelain/Ceramic Restorations

- D2610 S | inlay – porcelain/ceramic – one surface
- D2620 S | inlay – porcelain/ceramic – two surfaces
- D2630 S | inlay – porcelain/ceramic – three or more surfaces
- D2642 S | onlay – porcelain/ceramic – two surfaces
- D2643 S | onlay – porcelain/ceramic – three surfaces
- D2644 S | onlay – porcelain/ceramic – four or more surfaces

Resin Based Restorations

- D2650 N | inlay – resin-based composite – one surface
- D2651 N | inlay – resin-based composite – two surfaces
- D2652 N | inlay – resin-based composite – three or more surfaces
- D2662 N | onlay – resin-based composite – two surfaces
- D2663 N | onlay – resin-based composite – three surfaces
- D2664 N | onlay – resin-based composite – four or more surfaces

Crowns – Single Restorations Only

- D2710 N | crown – resin-based composite (indirect)
- D2712 N | crown – 3/4 resin-based composite (indirect)
- D2720 N | crown – resin with high noble metal
- D2721 N | crown – resin with predominantly base metal
- D2722 N | crown – resin with noble metal
- D2740 S | crown – porcelain/ceramic
- D2750 S | crown – porcelain fused to high noble metal
- D2751 N | crown – porcelain fused to predominantly base metal
- D2752 S | crown – porcelain fused to noble metal
- D2753 S | crown – porcelain fused to titanium and titanium alloys
- D2780 S | crown – 3/4 cast high noble metal
- D2781 N | crown – 3/4 cast predominantly base metal
- D2782 S | crown – 3/4 cast noble metal
- D2783 N | crown – 3/4 porcelain/ceramic
- D2790 S | crown – full cast high noble metal
- D2791 N | crown – full cast predominantly base metal
- D2792 S | crown – full cast noble metal
- D2794 S | crown – titanium and titanium alloys
- D2799 S | interim crown – further treatment or completion of diagnosis necessary prior to final impression

Labial Veneer Services

- D2960 N | labial veneer (resin laminate) – direct
- D2961 N | labial veneer (resin laminate) – indirect
- D2962 N | labial veneer (porcelain laminate) – indirect

Other Restorative Services

- D2910 R | recement or rebond inlay, onlay, veneer or partial coverage restoration
- D2915 S | recement or rebond indirectly fabricated or prefabricated post and core
- D2920 R | recement or rebond crown
- D2921 E | reattachment of tooth fragment, incisal edge or cusp
- D2928 N | prefabricated porcelain/ceramic crown – permanent tooth
- D2929 N | prefabricated porcelain/ceramic crown – primary tooth
- D2930 N | prefabricated stainless steel crown – primary tooth
- D2931 S | prefabricated stainless steel crown – permanent tooth
- D2932 N | prefabricated resin crown

D2933 N		prefabricated stainless steel crown with resin window
D2940 E		protective restoration
D2941 N		interim therapeutic restoration-primary dentition
D2949 S		restorative foundation for an indirect restoration
D2950 S		core buildup, including any pins when required
D2951 R		pin retention – per tooth, in addition to restoration
D2952 S		post and core in addition to crown, indirectly fabricated
D2953 N		each additional indirectly fabricated post – same tooth
D2954 S		prefabricated post and core in addition to crown
D2955 S		post removal
D2957 N		each additional prefabricated post – same tooth
D2971 S		additional procedures to customize a crown to fit under an existing partial denture framework
D2975 S		coping
D2980 R		crown repair, necessitated by restorative material failure
D2981 N		inlay repair necessitated by restorative material failure
D2982 N		onlay repair necessitated by restorative material failure
D2983 N		veneer repair necessitated by restorative material failure
D2990 S		resin infiltration of incipient smooth surface lesions
D2999 N		unspecified restorative procedure, by report

Benefits and Limitations for Restorative Services

- 6.0.1.** Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral.
- 6.0.2.** The payment for restorations includes all related services including, but not limited to, etching, bases, liners, dentinal adhesives, local anesthesia, polishing, caries removal, preparation of gingival tissue, occlusal/contact adjustments and detection agents.
- 6.0.3.** Pin retention is covered only when reported in conjunction with an eligible restoration.
- 6.0.4.** An amalgam or resin restoration reported with a pin (D2951), in addition to a crown, is considered to be a pin-retained core buildup (D2950).
- 6.0.5.** Preventive resin restorations or other restorations that do not extend into the dentin are considered sealants for purposes of determining benefits.
- 6.0.6.** Restorative services are covered only when necessary due to decay or fracture. Restorative services are not benefits when performed for cosmetic purposes.
- 6.0.7.** Restorative services that are needed due to attrition, erosion, abrasion, or congenital or developmental defects require authorization.
- 6.0.8.** Multiple restorations performed on the same surface of a tooth, without involvement of a second surface, on the same date of service and by the same dental provider/facility, will be processed as a single surface restoration.
- 6.0.9.** A restoration involving two or more surfaces should be reported using the appropriate multiple surface restoration code.

- 6.0.10.** If multiple restorations involving multiple surfaces with at least one common surface are reported, an allowance will be made for a single restoration reflecting the number of different surfaces involved.
- 6.0.11.** Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 12 months of the original restoration are considered integral procedures and a separate fee is not chargeable to the member by a network dentist. However, payment may be allowed if the repair or replacement is due to fracture of the tooth or the restoration involves the occlusal surface of a posterior tooth or the lingual surface of an anterior tooth and is required to restore the tooth following root canal therapy.
- 6.0.12.** Restorations performed on the same tooth and by the same dentist/facility within twelve months following the placement of any type of crown or onlay are considered integral.
- 6.0.13.** For reporting and benefit purposes, the completion date for crowns, onlays and buildups is the preparation date for all claims.
- 6.0.14.** The charge for a crown or onlay should include all charges for work related to its placement and any follow-up care including, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits, limited occlusal adjustments and cementations of both temporary and permanent crowns.
- 6.0.15.** Prefabricated stainless steel crowns (with or without resin windows for anterior and premolar teeth) are covered only when authorized in writing prior to initiating the procedure.
- 6.0.16.** Restorative and removable and fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the cancellation date of coverage are not eligible for payment or reimbursement.
- 6.0.17.** Based on Military Specialty Consultants' recommendation, all ceramic crowns D2740 on molars are required to be either lithium disilicate (e.g. IPS e.max CAD, Ivoclar Vivadent) or Full Contour Zirconia (e.g. Bruxir, Lava Plus, Zirlux) whether they are placed in DTFs or via private sector care. Civilian dental providers are required to provide a copy of the lab bill, for non DTF-referred care, with the dental claim providing evidence of the materials used for fabricating the crown. If the dental office has their own milling machine (Cerec, ProCad, Vitablocs, Paradigm, etc.) the dentist shall indicate this and also confirm what brand and material type of block was used.
- 6.0.18.** For Remote ADSMs, replacement of crowns, onlays, buildups and posts and cores is covered only if the existing crown, onlay, buildup, or post and core was inserted at least 5 years prior to the replacement and satisfactory evidence is presented that the existing crown, onlay, buildup, or post and core is not and cannot be made serviceable. Prostheses for Remote ADSMs prior to the 5-year replacement period must be approved by a DSPOC. The 5-year time limitation on crowns, onlays, buildups and posts and cores does not apply if the member moves as a result of a Permanent Change of Station (PCS) relocation at least 40 miles from the original servicing location. The 5-year service date is measured based on the actual date (day and month) of the initial service versus the first day of the initial service month.

- 6.0.19.** Inlays typically require greater reduction of sound natural tooth structure compared to restorations utilizing direct restorative materials and are therefore not as cost effective nor as conservative for restoring intracoronal defects.
- 6.0.20.** Temporary crowns are usually preformed artificial crowns, which are fitted over a damaged tooth as an immediate protective device. This is not to be used as temporization during crown fabrication.
- 6.0.21.** Recementation of prefabricated and cast crowns, bridges, onlays, inlays and posts within 6 months of placement by the same dental provider/facility is considered integral to the original procedure.
- 6.0.22.** Onlays, crowns and posts and cores are payable only when necessary due to decay or fracture. If the tooth can be adequately restored with amalgam or composite (resin) filling material, then authorization for restoration of the tooth will be limited to the lesser restorative procedure. This payment cannot be applied toward other treatment.
- 6.0.23.** Substitution of a non-covered service for a covered service is not allowed even if the fee for the non-covered service is less than or equal to the covered service.
- 6.0.24.** Posts are only eligible when provided as part of a core buildup and are considered integral to the buildup procedure. A separate charge for a post as an independent procedure is not a covered benefit.
- 6.0.25.** Porcelain ceramic and composite resin inlays are not covered benefits, unless approved by a DSPOC.
- 6.0.26.** Glass ionomer restorations are not a covered benefit in load bearing areas. Payment for glass ionomer restorations in non-load bearing areas will be made based upon the fees for amalgam restorations for posterior teeth or resin restorations for anterior teeth.
- 6.0.27.** Protective restorations are not a covered benefit. However, if a protective restoration is provided on an emergency basis, it may be considered for payment or reimbursement as palliative emergency treatment.

ENDODONTICS – D3000-D3999

Pulp Capping

- D3110 N | pulp cap – direct (excluding final restoration)
- D3120 N | pulp cap – indirect (excluding final restoration)

Pulpotomy

- D3220 R | therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament
- D3221 R | pulpal debridement, primary and permanent teeth
- D3222 S | partial pulpotomy for apexogenesis – permanent tooth with incomplete root development
- D3230 S | pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
- D3240 S | pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)

Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)

- D3310 E | endodontic therapy – anterior (excluding final restoration)
- D3320 E | endodontic therapy – premolar (excluding final restoration)
- D3330 E | endodontic therapy – molar (excluding final restoration)
- D3331 S | treatment of root canal obstruction; non-surgical access
- D3332 S | incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth
- D3333 S | internal root repair of perforation defects

Endodontic Retreatment

- D3346 S | retreatment of previous root canal therapy – anterior
- D3347 S | retreatment of previous root canal therapy – premolar
- D3348 S | retreatment of previous root canal therapy – molar

Apexification/Recalcification and Pulpal Regeneration Procedures

- D3351 S | apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 S | apexification/recalcification – interim medication replacement
- D3353 S | apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)
- D3355 S | pulpal regeneration – initial visit
- D3356 S | pulpal regeneration – interim medication replacement
- D3357 S | pulpal regeneration – completion of treatment

Apicoectomy/Periradicular Services

- D3410 S | apicoectomy – anterior
- D3421 S | apicoectomy – premolar (first root)
- D3425 S | apicoectomy – molar (first root)
- D3426 S | apicoectomy (each additional root)
- D3428 S | bone graft in conjunction with periradicular surgery – per tooth, single site
- D3429 S | bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
- D3430 S | retrograde filling – per root
- D3431 S | biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
- D3432 S | guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
- D3450 S | root amputation – per root
- D3460 N | endodontic endosseous implant
- D3470 S | intentional reimplantation (including necessary splinting)
- D3471 S | surgical repair of root resorption – anterior
- D3472 S | surgical repair of root resorption – premolar
- D3473 S | surgical repair of root resorption – molar
- D3501 S | surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
- D3502 S | surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
- D3503 S | surgical exposure of root surface without apicoectomy or repair of root resorption – molar

Other Endodontic Procedures

- D3910 S | surgical procedure for isolation of tooth with rubber dam
- D3920 S | hemisection (including any root removal), not including root canal therapy
- D3921 S | decoronation or submergence of an erupted tooth
- D3950 S | canal preparation and fitting of preformed dowel or post
- D3999 N | unspecified endodontic procedure, by report

Benefits and Limitations for Endodontic Services

- 7.0.1.** When endodontic services are performed by a general dentist, post treatment radiograph is required prior to approval of payment for services.
- 7.0.2.** Direct pulp caps are considered an integral service when provided on the same date as a restoration.
- 7.0.3.** Indirect pulp caps are considered integral to the restoration.
- 7.0.4.** Pulpotomies are considered integral when performed by the same dentist who completes the root canal therapy.
- 7.0.5.** Pulpotomies performed on permanent teeth are considered integral to root canal therapy and are not reimbursable unless specific rationale is provided and root canal therapy is not and will not be provided on the same tooth.
- 7.0.6.** Pulpal therapy (resorbable filling) is limited to primary teeth with unerupted succedaneous permanent teeth only and therefore not generally covered for ADSMs. If covered, it is a benefit once per tooth per lifetime. Payment for the pulpal therapy will be offset by the allowance for a pulpotomy provided within 45 days preceding pulpal therapy on the same tooth by the same dental provider.
- 7.0.7.** Gross pulpal debridement is considered integral to root canal therapy or palliative emergency treatment when provided on the same day by the same dental provider.
- 7.0.8.** Incomplete endodontic therapy is not a covered benefit when due to the patient discontinuing treatment. All other circumstances require a report.
- 7.0.9.** The placement of a post is not a covered benefit when provided as an independent procedure. Posts are eligible only when provided as part of a crown buildup and are considered integral to the buildup procedure.
- 7.0.10.** For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.
- 7.0.11.** Final restoration is covered separately and not part of endodontic therapy.
- 7.0.12.** Simple incision and drainage reported without root canal therapy will be processed as palliative treatment.
- 7.0.13.** Simple incision drainage reported with root canal therapy is considered integral to the root canal therapy.

PERIODONTICS – D4000-D4999

Surgical Services (Including Usual Postoperative Care)

- D4210 S | gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4211 S | gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4212 N | gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
- D4230 S | anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant
- D4231 S | anatomical crown exposure – one to three teeth or bounded tooth spaces per quadrant
- D4240 S | gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4241 S | gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4245 S | apically positioned flap
- D4249 S | clinical crown lengthening – hard tissue
- D4260 S | osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4261 S | osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4263 S | bone replacement graft – retained natural tooth – first site in quadrant
- D4264 S | bone replacement graft – retained natural tooth – each additional site in quadrant
- D4265 S | biologic materials to aid in soft and osseous tissue regeneration, per site
- D4266 S | guided tissue regeneration – resorbable barrier, per site
- D4267 S | guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)
- D4268 S | surgical revision procedure, per tooth
- D4270 S | pedicle soft tissue graft procedure
- D4273 S | autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft
- D4274 S | mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 S | non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
- D4276 S | combined connective tissue and pedicle graft, per tooth
- D4277 S | free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft
- D4278 S | free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site
- D4283 S | autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
- D4285 S | non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site

Non-Surgical Periodontal Service

- D4322 S | splint- intra-coronal; natural teeth or prosthetic crowns
- D4323 S | splint-extra-coronal; natural teeth or prosthetic crowns
- D4341 S | periodontal scaling and root planing – four or more teeth per quadrant
- D4342 S | periodontal scaling and root planing – one to three teeth per quadrant
- D4346 S | scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation
- D4355 R | full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit
- D4381 N | localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth

Other Periodontal Services

- D4910 R | periodontal maintenance
- D4920 R | unscheduled dressing change (by someone other than treating dentist or their staff)
- D4921 N | gingival irrigation – per quadrant
- D4999 N | unspecified periodontal procedure, by report

Benefits and Limitations for Periodontal Services

- 8.0.1.** All periodontal treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.
- 8.0.2.** Gingivectomies, gingival flap procedure, guided tissue regeneration and osseous surgery provided within 24 months of the same surgical periodontal procedure, in the same area of the mouth, are not covered.
- 8.0.3.** Gingivectomies or gingivoplasties performed in conjunction with the placement of crowns, onlays, crown buildups, or posts and cores are considered integral to the restorative procedure.
- 8.0.4.** Payment for gingivectomy/gingivoplasty will be made as follows:
 - 8.0.4.1.** One or two teeth will be paid at the per tooth allowance.
 - 8.0.4.2.** Three or four teeth will be paid at 50 percent of the full quadrant allowance.
- 8.0.5.** Soft tissue grafts are processed according to the number of separate sites involved. Separate sites generally must be separated by two or more teeth.
- 8.0.6.** Subepithelial connective tissue grafts are payable at the level of free soft tissue grafts.
- 8.0.7.** A single site for reporting osseous grafts consists of one contiguous area, regardless of the number of teeth (e.g. crater) or surfaces involved. Another site on the same tooth is considered integral to the first site reported. Noncontiguous areas involving different teeth may be reported as additional sites.
- 8.0.8.** Bone replacement grafts are eligible for payment or reimbursement when provided to treat periodontal defects. They are not eligible when provided for other reasons such as filling in an extraction site or a defect resulting from an apicoectomy or cyst removal.
- 8.0.9.** Periodontal bone grafts are subject to the same limitations and requirements as bone replacement grafts using natural bone.
- 8.0.10.** Osseous surgery is not covered when provided within 24 months of osseous surgery in the same area of the mouth.
- 8.0.11.** Osseous surgery performed in a limited area and in conjunction with crown lengthening on the same date of service, by the same dental provider/facility and in the same area of the mouth, will be processed for payment as a crown lengthening.
- 8.0.12.** One crown lengthening per tooth, per lifetime, is covered.

- 8.0.13.** Periodontal scaling and root planing is indicated to treat periodontal disease, which generally does not occur with frequency in younger patients. Periodontal scaling and root planing submitted for members under the age of 19 should be accompanied by x-rays and periodontal charting. If this information is not available, please provide an explanation regarding the need for periodontal care.
- 8.0.14.** Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing, or periodontal surgical procedures, in the same area of the mouth requires authorization.
- 8.0.15.** A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomies, gingival flap procedures, osseous surgery, or curettage.
- 8.0.16.** Up to four periodontal maintenance procedures or any combination of routine prophylaxes and periodontal maintenance procedures totaling four may be paid within a consecutive 12-month period.
- 8.0.17.** Payment for multiple periodontal surgical procedures (except soft tissue grafts, osseous grafts and guided tissue regeneration) provided in the same area of the mouth during the same course of treatment is based on the fee for the greater surgical procedure. The lesser procedure is considered integral and its allowance is included in the allowance for the greater procedure.
- 8.0.18.** D4346 is allowed once per 36 months AND consider part of the routine prophylaxis limitation; the combination of routine prophylaxis and D4346 should not exceed one per six months or two per 12 months.
- 8.0.19.** Periodontal scaling and root planing, periodontal maintenance, or periodontal surgery (D4240-D4278) is not covered when provided within six months following D4346.
- 8.0.20.** D4346 is not covered when provided on the same day by same provider as a routine prophylaxis, periodontal maintenance, periodontal scaling and root planing, or full mouth debridement.
- 8.0.21.** D4346 is considered integral when provided on the same day by same provider as periodontal surgery (4240-D4278).
- 8.0.22.** D4346 is not covered if reported within 6 months following full mouth debridement, periodontal maintenance, periodontal scaling and root planing, or periodontal surgery.
- 8.0.23.** Full mouth debridement to enable a comprehensive periodontal evaluation (D4355) is covered only once in a 24-month timeframe and must be at least 2 years since the last dental prophylaxis. When full mouth debridement is performed on the same date of service as scaling and root planing, periodontal maintenance procedures, or a routine prophylaxis, it is considered integral to these services. Not to be completed on the same day as D0150, D0160, or D0180.
- 8.0.24.** Implants and related services (e.g. D6010, D6190, D7950, D7951, and D7952) are considered on a case-by case basis **and require DSPOC authorization**. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.

- 8.0.25.** When covered, all procedures related to the placement of an implant (e.g. bone re- contouring and excision of gingival tissue) are considered integral to the implant placement procedure.
- 8.0.26.** Repair or repeating a surgical procedure by the same dentist and involving the same surgical site, performed within 12 months of the original surgery are considered integral procedures and a separate fee is not chargeable to the member by a network dentist. However, surgical revision may be allowed with the appropriate narrative justification, photographic and radiographic images, and specific procedures requested.

PROSTHODONTICS (REMOVABLE) – D5000-D5899

Complete Dentures (Including Routine Post-Deliver Care)

- D5110 S | complete denture – maxillary
 D5120 S | complete denture – mandibular D5130 S | immediate denture – maxillary
 D5140 S | immediate denture – mandibular

Partial Dentures (Including Routine Post-Delivery Care)

- D5211 S | maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)
 D5212 S | mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)
 D5213 S | maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
 D5214 S | mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
 D5221 S | immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)
 D5222 S | immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)
 D5223 S | immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
 D5224 S | immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
 D5225 S | maxillary partial denture – flexible base (including any retentive/clasping materials, rests and teeth)
 D5226 S | mandibular partial denture – flexible base (including any retentive/clasping materials, rests and teeth)
 D5227 S | immediate maxillary partial denture- flexible base (including any clasps, rests and teeth)
 D5228 S | immediate mandibular partial denture- flexible base (including any clasps, rests and teeth)
 D5282 N | removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary
 D5283 N | removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular
 D5284 N | removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant
 D5286 N | removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant

Adjustments to Dentures

- D5410 R | adjust complete denture – maxillary
 D5411 R | adjust complete denture – mandibular
 D5421 R | adjust partial denture – maxillary
 D5422 R | adjust partial denture – mandibular

Repairs to Complete Dentures

- D5511 R | repair broken complete denture base, mandibular
- D5512 R | repair broken complete denture base, maxillary
- D5520 R | replace missing or broken teeth – complete denture (each tooth)

Repairs to Partial Dentures

- D5611 R | repair resin partial denture base, mandibular
- D5612 R | repair resin partial denture base, maxillary
- D5621 R | repair cast partial framework, mandibular
- D5622 R | repair cast partial framework, maxillary
- D5630 R | repair or replace broken retentive clasping materials – per tooth
- D5640 R | replace broken teeth – per tooth
- D5650 S | add tooth to existing partial denture
- D5660 S | add clasp to existing partial denture – per tooth
- D5670 S | replace all teeth and acrylic on cast metal framework (maxillary)
- D5671 S | replace all teeth and acrylic on cast metal framework (mandibular)

Denture Rebase Procedures

- D5710 S | rebase complete maxillary denture
- D5711 S | rebase complete mandibular denture
- D5720 S | rebase maxillary partial denture
- D5721 S | rebase mandibular partial denture
- D5725 S | rebase hybrid prosthesis

Denture Reline Procedures

- D5730 S | reline complete maxillary denture (direct)
- D5731 S | reline complete mandibular denture (direct)
- D5740 S | reline maxillary partial denture (direct)
- D5741 S | reline mandibular partial denture (direct)
- D5750 S | reline complete maxillary denture (indirect)
- D5751 S | reline complete mandibular denture (indirect)
- D5760 S | reline maxillary partial denture (indirect)
- D5761 S | reline mandibular partial denture (indirect)
- D5765 S | soft liner for complete or partial removable denture- indirect

Interim Prosthesis

- D5810 S | interim complete denture (maxillary)
- D5811 S | interim complete denture (mandibular)
- D5820 S | interim partial denture (including retentive/clasping materials, rests, and teeth) maxillary
- D5821 S | interim partial denture (including retentive/clasping materials, rests and teeth) mandibular

Other Removable Prosthetic Services

- D5850 R | tissue conditioning, maxillary
- D5851 R | tissue conditioning, mandibular
- D5862 S | precision attachment, by report
- D5863 S | overdenture – complete maxillary
- D5864 S | overdenture – partial maxillary
- D5865 S | overdenture – complete mandibular
- D5866 S | overdenture – partial mandibular
- D5867 S | replacement of replaceable part of semi-precision or precision attachment, per attachment
- D5875 S | modification of removable prosthesis following implant surgery
- D5876 S | add metal substructure to acrylic full denture (per arch)
- D5899 N | unspecified removable prosthodontics procedure, by report

Benefits and Limitations for Prosthodontic Services (Removable)

- 9.0.1.** All prosthodontic treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.
- 9.0.2.** For reporting and benefit purposes, the completion date for crowns and fixed partial dentures is the preparation date for all claims. The completion date for removable prosthodontic procedures is the insertion date.
- 9.0.3.** Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the cancellation date of coverage are not eligible for payment or reimbursement.
- 9.0.4.** The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and restorative procedures is considered integral and is included in the fee for these procedures.
- 9.0.5.** Tissue conditioning is considered integral when performed on the same day as the delivery of a denture or a reline/rebase.
- 9.0.6.** Adjustments provided within six months of the insertion of an initial or replacement denture are integral to the denture.
- 9.0.7.** The relining or rebasing of a denture is considered integral when performed within six months following the insertion of that denture.
- 9.0.8.** A reline/rebase is covered once in any 36 months.
- 9.0.9.** Payment for a denture or an overdenture made with precious metals is based on the allowance for a conventional denture.
- 9.0.10.** Specialized procedures performed in conjunction with an overdenture are not covered.
- 9.0.11.** A fixed partial denture and removable partial denture are not covered benefits in the same arch. Payment will be made for a removable partial denture to replace all missing teeth in the arch.
- 9.0.12.** Cast unilateral removable partial dentures are not covered benefits.
- 9.0.13.** Precision attachments, personalization, precious metal bases and other specialized techniques are not covered benefits.
- 9.0.14.** All placement/replacement of removable prostheses (D5110 through D5226, D5810 through D5821, and D5862 through D5875) requires approval by a DSPOC.
- 9.0.15.** Implants and related services **require authorization** for the complete procedure and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.

10.0. MAXILLOFACIAL PROSTHETICS – D5900-D5999

D5911 S		facial moulage (sectional)
D5912 S		facial moulage (complete)
D5913 S		nasal prosthesis
D5914 S		auricular prosthesis
D5915 S		orbital prosthesis
D5916 S		ocular prosthesis
D5919 S		facial prosthesis
D5922 S		nasal septal prosthesis
D5923 S		ocular prosthesis, interim
D5924 S		cranial prosthesis
D5925 S		facial augmentation implant prosthesis
D5926 S		nasal prosthesis, replacement
D5927 S		auricular prosthesis, replacement
D5928 S		orbital prosthesis, replacement
D5929 S		facial prosthesis, replacement
D5931 S		obturator prosthesis, surgical
D5932 S		obturator prosthesis, definitive
D5933 S		obturator prosthesis, modification
D5934 S		mandibular resection prosthesis with guide flange
D5935 S		mandibular resection prosthesis without guide flange
D5936 S		obturator prosthesis, interim
D5937 S		trismus appliance (not for TMD treatment)
D5953 S		speech aid prosthesis, adult
D5954 S		palatal augmentation prosthesis
D5955 S		palatal lift prosthesis, definitive
D5958 S		palatal lift prosthesis, interim
D5959 S		palatal lift prosthesis, modification
D5960 S		speech aid prosthesis, modification
D5982 S		surgical stent
D5983 S		radiation carrier
D5984 S		radiation shield
D5985 S		radiation cone locator
D5986 S		fluoride gel carrier
D5987 S		commissure splint
D5988 S		surgical splint
D5991 S		vesticulobullous disease medicament carrier
D5992 S		adjust maxillofacial prosthetic appliance, by report
D5993 S		maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
D5995 N		periodontal medicament carrier with peripheral seal – laboratory processed – maxillary
D5996 N		periodontal medicament carrier with peripheral seal – laboratory processed – mandibular
D5999 N		unspecified maxillofacial prosthesis, by report

Implant Services – D6000-D6199

Pre-Surgical Services

D6190 S		radiographic/surgical implant index, by report
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Surgical Services

D6010 S		surgical placement of implant body: endosteal implant
D6011 S		surgical access to an implant body (second stage implant surgery)
D6012 S		surgical placement of interim implant body for transitional prosthesis: endosteal implant

D6013 N		surgical placement of mini implant
D6040 S		surgical placement: epostal implant
D6050 S		surgical placement: transosteal implant
D6100 S		surgical removal of implant body
D6101 S		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
D6102 S		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
D6103 S		bone graft for repair of peri-implant defect – does not include flap entry and closure.
D6104 S		bone graft at time of implant placement
D7993 N		surgical placement of craniofacial implant – extra oral
D7994 S		surgical placement: zygomatic implant

Implant Supported Prosthetics – Supporting Structures

D6051 S		interim implant abutment placement
D6055 S		connecting bar – implant supported or abutment supported
D6056 S		prefabricated abutment – includes modification and placement
D6057 S		custom fabricated abutment – includes placement

Implant/Abutment Supported Removable Dentures

D6110 S		implant /abutment supported removable denture for edentulous arch – maxillary
D6111 S		implant /abutment supported removable denture for edentulous arch – mandibular
D6112 S		implant /abutment supported removable denture for partially edentulous arch – maxillary
D6113 S		implant /abutment supported removable denture for partially edentulous arch – mandibular

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)

D6114 S		implant /abutment supported fixed denture for edentulous arch – maxillary
D6115 S		implant /abutment supported fixed denture for edentulous arch – mandibular
D6116 S		implant /abutment supported fixed denture for partially edentulous arch – maxillary
D6117 S		implant /abutment supported fixed denture for partially edentulous arch – mandibular
D6118 S		implant/abutment supported interim fixed denture for edentulous arch – mandibular
D6119 S		implant/abutment supported interim fixed denture for edentulous arch – maxillary

Single Crowns, Abutment Supported

D6058 S		abutment supported porcelain/ceramic crown
D6059 S		abutment supported porcelain fused to metal crown (high noble metal)
D6060 N		abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 S		abutment supported porcelain fused to metal crown (noble metal)
D6062 S		abutment supported cast metal crown (high noble metal)
D6063 N		abutment supported cast metal crown (predominantly base metal)
D6064 S		abutment supported cast metal crown (noble metal)
D6094 S		abutment supported crown – titanium and titanium alloys
D6097 S		abutment supported crown – porcelain fused to titanium and titanium alloys

Single Crowns, Implant Supported

D6065 S		implant supported porcelain/ceramic crown
D6066 S		implant supported crown – porcelain fused to high noble alloys
D6067 S		implant supported crown – high noble alloys
D6082 N		implant supported crown – porcelain fused to predominantly base alloys
D6083 S		implant supported crown – porcelain fused to noble alloys
D6084 S		implant supported crown – porcelain fused to titanium and titanium alloys
D6086 N		implant supported crown – predominantly base alloys
D6087 S		implant supported crown – noble alloys
D6088 S		implant supported crown – titanium and titanium alloys

Fixed Partial Denture Retainer, Abutment Supported

D6068 S		abutment supported retainer for porcelain/ceramic FPD
D6069 S		abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070 N		abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071 S		abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072 S		abutment supported retainer for cast metal FPD (high noble metal)
D6073 N		abutment supported retainer for cast metal FPD (predominantly base metal)
D6074 S		abutment supported retainer for cast metal FPD (noble metal)
D6194 S		abutment supported retainer crown for FPD – titanium and titanium alloys
D6195 S		abutment supported retainer – porcelain fused to titanium and titanium alloys

Fixed Partial Denture Retainer, Implant Supported

D6075 S		implant supported retainer for ceramic FPD
D6076 S		implant supported retainer for FPD – porcelain fused to high noble alloys
D6077 S		implant supported retainer for metal FPD – high noble alloys
D6098 N		implant supported retainer – porcelain fused to predominantly base alloys
D6099 S		implant supported retainer for FPD – porcelain fused to noble alloys
D6120 S		implant supported retainer – porcelain fused to titanium and titanium alloys
D6121 N		implant supported retainer for metal FPD – predominantly base alloys
D6122 S		implant supported retainer for metal FPD – noble alloys
D6123 S		implant supported retainer for metal FPD – titanium and titanium alloys

Other Implant Services

D6080 S		implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
D6081 S		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
D6085 S		interim implant crown
D6090 S		repair implant supported prosthesis, by report
D6091 S		replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment
D6092 S		Recement or rebond implant/abutment supported crown
D6093 S		Recement or rebond implant/abutment supported fixed partial denture
D6095 S		repair implant abutment, by report
D6096 S		remove broken implant retaining screw
D6191 S		semi precision abutment placement
D6192 S		semi precision attachment placement
D6198 S		remove interim implant component
D6199 N		unspecified implant procedure, by report

Benefits and Limitations for Implants Services

- 11.0.1.** Implants and related services require authorization for the complete procedure (placement of implant and the restoration) and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.
- 11.0.2.** All implants must be either Nobel Biocare or 3i or a compatible system.
- 11.0.3.** When covered, all procedures related to the placement of an implant (e.g. bone re- contouring (D4268) and excision of gingival tissue) are considered integral to the implant placement procedure.

11.0.4. D6081 shall deny as integral when reported on same day by same provider as D1110 or D4910.

11.0.5. When authorized, D6190 shall only be paid once per arch or comprehensive treatment plan.

PROSTHODONTIC (FIXED) – D6200-D6999

Fixed Partial Denture Pontics

D6205 N		pontic – indirect resin based composite
D6210 S		pontic – cast high noble metal
D6211 N		pontic – cast predominantly base metal
D6212 S		pontic – cast noble metal
D6214 S		pontic – titanium and titanium alloys
D6240 S		pontic – porcelain fused to high noble metal
D6241 N		pontic – porcelain fused to predominantly base metal
D6242 S		pontic – porcelain fused to noble metal
D6243 S		pontic – porcelain fused to titanium and titanium alloys
D6245 S		pontic – porcelain / ceramic
D6250 N		pontic – resin with high noble metal
D6251 N		pontic – resin with predominantly base metal
D6252 N		pontic – resin with noble metal
D6253 S		interim pontic – further treatment or completion of diagnosis necessary prior to final impression

Fixed Partial Denture Retainers – Inlays/Onlays

D6545 S		retainer – cast metal for resin bonded fixed prosthesis
D6548 S		retainer – porcelain / ceramic for resin bonded fixed prosthesis
D6549 N		resin retainer – for resin bonded fixed prosthesis
D6600 N		retainer inlay – porcelain / ceramic, two surfaces
D6601 N		retainer inlay – porcelain / ceramic, three or more surfaces
D6602 N		retainer inlay – cast high noble metal, two surfaces
D6603 N		retainer inlay – cast high noble metal, three or more surfaces
D6604 N		retainer inlay – cast predominantly base metal, two surfaces
D6605 N		retainer inlay – cast predominantly base metal, three or more surfaces
D6606 N		retainer inlay – cast noble metal, two surfaces
D6607 N		retainer inlay – cast noble metal, three or more surfaces
D6608 N		retainer onlay – porcelain / ceramic, two surfaces
D6609 N		retainer onlay – porcelain / ceramic, three or more surfaces
D6610 N		retainer onlay – cast high noble metal, two surfaces
D6611 N		retainer onlay – cast high noble metal, three or more surfaces
D6612 N		retainer onlay – cast predominantly base metal, two surfaces
D6613 N		retainer onlay – cast predominantly base metal, three or more surfaces
D6614 N		retainer onlay – cast noble metal, two surfaces
D6615 N		retainer onlay – cast noble metal, three or more surfaces
D6624 N		retainer inlay – titanium
D6634 N		retainer onlay – titanium

Fixed Partial Denture Retainers – Crowns

D6710 N		retainer crown – indirect resin based composite
D6720 N		retainer crown – resin with high noble metal
D6721 N		retainer crown – resin with predominantly base metal
D6722 N		retainer crown – resin with noble metal
D6740 S		retainer crown – porcelain / ceramic
D6750 S		retainer crown – porcelain fused to high noble metal

D6751 N	retainer crown – porcelain fused to predominantly base metal
D6752 S	retainer crown – porcelain fused to noble metal
D6753 S	retainer crown – porcelain fused to titanium and titanium alloys
D6780 S	retainer crown – 3/4 cast high noble metal
D6781 N	retainer crown – 3/4 cast predominantly base metal
D6782 S	retainer crown – 3/4 cast noble metal
D6783 N	retainer crown – 3/4 porcelain/ceramic
D6784 S	retainer crown – 3/4 titanium and titanium alloys
D6790 S	retainer crown – full cast high noble metal
D6791 N	retainer crown – full cast predominantly base metal
D6792 S	retainer crown – full cast noble metal
D6793 N	interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression
D6794 S	retainer crown – titanium and titanium alloys

Other Fixed Partial Denture Services

D6920 S	connector bar
D6930 R	recement or re-bond fixed partial denture
D6940 S	stress breaker
D6950 S	precision attachment
D6980 S	fixed partial denture repair, necessitated by restorative material failure
D6999 N	unspecified fixed prosthodontics procedure, by report

Benefits and Limitations for Prosthodontic Services (Fixed)

- 12.0.1.** All prosthodontic treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.
- 12.0.2.** All placement/replacement of fixed prostheses (D6210 through D6792) requires approval by a DSPOC.
- 12.0.3.** Per military's guidelines, all-ceramic fixed partial dentures involving and replacing molars will be Full-Contour zirconia (e.g. Bruxir, Lava Plus, Zirlux) whether they are placed in DTFs or via private sector care. Civilian dental providers are required to provide a copy of the lab bill, for non DTF – referred care, with the dental claim providing evidence of the materials used for fabricating the crown. If the dental office has their own milling machine (Cerec, ProCad, Vitablocs, Paradigm) the dentist shall indicate this and also confirm what brand and material type of block was used.
- 12.0.4.** Temporary fixed partial dentures are not a covered service if provided independently and are considered integral to the allowance for the fixed partial denture procedure when provided in conjunction with a permanent fixed partial denture procedure. They will not be considered for payment or reimbursement.
- 12.0.5.** Recementation of crowns, fixed partial dentures, inlays, onlays, or cast posts within six months of their placement by the same dental provider/facility is considered integral to the original procedure.
- 12.0.6.** Implants and related services require authorization for the complete procedure and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.

- 12.0.7.** Posts are only eligible when provided as part of a core buildup and are considered integral to the buildup procedure. A separate charge for a post as an independent procedure is not a covered benefit.

ORAL AND MAXILLOFACIAL SURGERY – D7000-D7999

Extractions (Includes Local Anesthesia, Suturing and Routine Postoperative Care)

D7111 R		extraction, coronal remnants – primary tooth
D7140 R		extraction, erupted tooth or exposed root (elevation and/or forceps removal) Surgical Extractions (Includes Local Anesthesia, Suturing and Routine Postoperative Care)
D7210 R		extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220 R		removal of impacted tooth – soft tissue
D7230 R		removal of impacted tooth – partially bony
D7240 R		removal of impacted tooth – completely bony
D7241 R		removal of impacted tooth – completely bony, with unusual surgical complications
D7250 R		removal of residual tooth roots (cutting procedure)
D7251 S		coronectomy – intentional partial tooth removal

Other Surgical Procedures

D7260 E		oroantral fistula closure
D7261 E		primary closure of a sinus perforation
D7270 E		tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7272 N		tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7280 S		exposure of an unerupted tooth
D7282 S		mobilization of erupted or malpositioned tooth to aid eruption
D7283 S		placement of device to facilitate eruption of impacted tooth
D7285 S		incisional biopsy of oral tissue – hard (bone, tooth)
D7286 S		incisional biopsy of oral tissue – soft
D7287 N		exfoliative cytological sample collection
D7288 N		brush biopsy – transepithelial sample collection
D7290 N		surgical repositioning of teeth
D7291 S		transeptal fiberotomy/supra crestal fiberotomy, by report
D7292 N		placement of temporary anchorage device [screw retained plate] requiring flap
D7293 N		placement of temporary anchorage device requiring flap
D7294 N		placement of temporary anchorage device without flap
D7295 S		harvest of bone for use in autogenous grafting procedure
D7296 N		corticotomy – one to three teeth or tooth spaces, per quadrant
D7297 N		corticotomy – four or more teeth or tooth spaces, per quadrant
D7298 N		removal of temporary anchorage device [screw retained plate], requiring flap
D7299 N		removal of temporary anchorage device, requiring flap
D2300 N		removal of temporary anchorage device, without flap

Alveoloplasty – Preparation of Ridge

D7310 S		alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant
D7311 S		alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces per quadrant
D7320 S		alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant
D7321 S		alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces per quadrant

Vestibuloplasty

D7340 S		vestibuloplasty – ridge extension (secondary epithelialization)
D7350 S		vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

Excision of Soft Tissue Lesions (Includes Non-Odontogenic Cysts)

D7410 S		excision of benign lesion up to 1.25 cm
D7411 S		excision of benign lesion greater than 1.25 cm
D7412 S		excision of benign lesion, complicated
D7413 S		excision of malignant lesion up to 1.25 cm
D7414 S		excision of malignant lesion greater than 1.25 cm
D7415 S		excision of malignant lesion, complicated
D7465 S		destruction of lesion(s) by physical or chemical method, by report

Excision of Intra-Osseous Lesions

D7440 S		excision of malignant tumor – lesion diameter up to 1.25 cm
D7441 S		excision of malignant tumor – lesion diameter greater than 1.25 cm
D7450 S		removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7451 S		removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm
D7460 S		removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7461 S		removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm

Excision of Bone Tissue

D7471 S		removal of lateral exostosis (mandible or maxilla)
D7472 S		removal of torus palatinus
D7473 S		removal of torus mandibularis
D7485 S		reduction of osseous tuberosity
D7490 S		radical resection of maxilla or mandible

Surgical Incision

D7510 R		incision and drainage of abscess – intraoral soft tissue
D7511 R		incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520 R		incision and drainage of abscess – extraoral soft tissue
D7521 R		incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7530 R		removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540 R		removal of reaction producing foreign bodies, musculoskeletal system
D7550 R		partial osteotomy/sequestrectomy for removal of non-vital bone
D7560 R		maxillary sinusotomy for removal of tooth fragment or foreign body

Treatment of Closed Fractures – Simple

D7610 S		maxilla – open reduction (teeth immobilized, if present)
D7620 S		maxilla – closed reduction (teeth immobilized, if present)
D7630 S		mandible – open reduction (teeth immobilized, if present)
D7640 S		mandible – closed reduction (teeth immobilized, if present)
D7650 S		malar and/or zygomatic arch – open reduction
D7660 S		malar and/or zygomatic arch – closed reduction
D7670 S		alveolus – closed reduction, may include stabilization of teeth
D7671 S		alveolus – open reduction, may include stabilization of teeth
D7680 S		facial bones – complicated reduction with fixation and multiple surgical approaches

Treatment of Open Fractures – Compound

D7710 S		maxilla open reduction
D7720 S		maxilla – closed reduction
D7730 S		mandible – open reduction
D7740 S		mandible – closed reduction
D7750 S		malar and/or zygomatic arch – open reduction
D7760 S		malar and/or zygomatic arch – closed reduction
D7770 S		alveolus – open reduction stabilization of teeth
D7771 S		alveolus – closed reduction stabilization of teeth
D7780 S		facial bones – complicated reduction with fixation and multiple approaches

Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

D7810 S		open reduction of dislocation
D7820 S		closed reduction of dislocation
D7830 S		manipulation under anesthesia
D7840 S		condylectomy
D7850 S		surgical discectomy, with/without implant
D7852 S		disc repair
D7854 S		synovectomy
D7856 S		myotomy
D7858 S		joint reconstruction
D7860 S		arthrotomy
D7865 S		arthroplasty
D7870 S		arthrocentesis
D7871 S		non-arthroscopic lysis and lavage
D7872 S		arthroscopy: diagnosis, with or without biopsy
D7873 S		arthroscopy: lavage and lysis of adhesions
D7874 S		arthroscopy: disc repositioning and stabilization
D7875 S		arthroscopy: synovectomy
D7876 S		arthroscopy: discectomy
D7877 S		arthroscopy: debridement
D7880 S		occlusal orthotic device, by report
D7881 N		occlusal orthotic device adjustment
D7899 N		unspecified TMD therapy, by report

Repair of Traumatic Wounds (Excludes Closure of Surgical Incisions)

D7910 E		suture of recent small wounds up to 5 cm
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Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure - Excludes Closure of Surgical Incisions)

D7911 E		complicated suture – up to 5 cm
D7912 E		complicated suture – greater than 5 cm

Other Repair Procedures

D7920 S		skin graft (identify defect covered, location and type of graft)
D7921 S		collection and application of autologous blood concentrate product
D7922 N		placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
D7940 N		osteoplasty – orthognathic deformities
D7941 N		osteotomy – mandibular rami
D7943 N		osteotomy – mandibular rami with bone graft; includes obtaining the graft
D7944 N		osteotomy – segmented or subapical
D7945 N		osteotomy – body of mandible
D7946 N		LeFort I (maxilla – total)
D7947 N		LeFort I (maxilla – segmented)
D7948 N		LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft
D7949 N		LeFort II or LeFort III – with bone graft
D7950 N		osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report
D7951 S		sinus augmentation with bone or bone substitutes via a lateral open approach
D7952 S		sinus augmentation via a vertical approach
D7953 S		bone replacement graft for ridge preservation – per site
D7955 S		repair of maxillofacial soft and/or hard tissue defect
D7961 S		buccal / labial frenectomy (frenulectomy)
D7962 S		lingual frenectomy (frenulectomy)
D7963 N		frenuloplasty
D7970 S		excision of hyperplastic tissue – per arch
D7971 S		excision of pericoronal gingiva

D7972 S		surgical reduction of fibrous tuberosity
D7979 S		non-surgical sialolithotomy
D7980 S		surgical sialolithotomy
D7981 S		excision of salivary gland, by report
D7982 S		sialodochoplasty
D7983 S		closure of salivary fistula
D7990 E		emergency tracheotomy
D7991 S		coronoidectomy
D7995 S		synthetic graft – mandible or facial bones, by report
D7996 S		implant – mandible for augmentation purposes (excluding alveolar ridge), by report
D7997 S		appliance removal (not by dentist who placed appliance), includes removal of archbar
D7998 N		intraoral placement of a fixation device not in conjunction with a fracture
D7999 N		unspecified oral surgery procedure, by report

Benefits and Limitations for Oral Surgery Services

- 13.0.1.** All oral surgery procedures in excess of \$750 per procedure or \$1500 per treatment episode require written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma or is required to control bleeding or infection or relieve pain.
- 13.0.2.** Simple incision and drainage reported without root canal therapy will be processed as palliative treatment.
- 13.0.3.** Simple incision drainage reported with root canal therapy is considered integral to the root canal therapy.
- 13.0.4.** Intraoral soft tissue incision and drainage is only covered when it is provided as the definitive treatment of an abscess. Routine follow up care is considered integral to the procedure.
- 13.0.5.** Biopsies are an eligible benefit when tissue is surgically removed for the specific purpose of histopathological examination and diagnosis.
- 13.0.6.** Biopsies are considered integral when performed in conjunction with other surgical procedures on the same day in the same area of the mouth except in states that require separate payments for the accession of the tissue and the lab bill.
- 13.0.7.** Charges for related services such as necessary wires and splints, adjustments and follow up visits are considered integral to the fee for reimplantation.
- 13.0.8.** Routine postoperative care such as suture removal is considered integral to the fee for the surgery.
- 13.0.9.** The removal of exposed roots (D7130) is included in the allowance for the extraction and will not be considered for payment or reimbursement as a separate procedure when performed by the same dental provider/facility. Payment may be allowed only if performed by a different dental provider/facility.

- 13.0.10.** Repair or reaccomplishing a surgical procedure by the same dentist and involving the same surgical site, performed within 12 months of the original surgery are considered integral procedures and a separate fee is not chargeable to the member by a network dentist. However, surgical revision may be allowed with the appropriate narrative justification, photographic and radiographic images, and specific procedures requested.

ORTHODONTIC SERVICES – D8000-D8999

Limited Orthodontic Treatment

D8040 S | limited orthodontic treatment of the adult dentition

Comprehensive Orthodontic

D8090 S | comprehensive orthodontic treatment of the adult dentition

Treatment to Control Harmful Habits

D8210 S | removable appliance therapy

D8220 N | fixed appliance therapy

Other Orthodontic Services

D8660 N | pre-orthodontic treatment examination to monitor growth and development
 D8670 S | periodic orthodontic treatment visit
 D8680 S | orthodontic retention (removal of appliances, construction and placement of retainer(s))
 D8681 N | removable orthodontic retainer adjustment
 D8690 N | orthodontic treatment (alternative billing to a contract fee)
 D8695 S | removal of fixed orthodontic appliances for reasons other than completion of treatment
 D8696 S | repair of orthodontic appliance – maxillary
 D8697 S | repair of orthodontic appliance – mandibular
 D8698 S | re-cement or re-bond fixed retainer – maxillary
 D8699 S | re-cement or re-bond fixed retainer – mandibular
 D8701 S | repair of fixed retainer, includes reattachment – maxillary
 D8702 S | repair of fixed retainer, includes reattachment – mandibular
 D8703 N | replacement of lost or broken retainer – maxillary
 D8704 N | replacement of lost or broken retainer – mandibular
 D8999 N | unspecified orthodontic procedure, by report

Benefits and Limitations for Orthodontic Services

- 14.0.1.** Orthodontics is elective treatment unless required to correct recent trauma and/or in support of required oral/maxillofacial surgery or prosthodontic procedures.
- 14.0.2.** Orthodontic consultations will be processed as comprehensive or periodic evaluations and are subject to the same time limitations.
- 14.0.3.** Orthodontic treatment provided in conjunction with orthognathic surgery must be coordinated through the Military Treatment Facility and the orthognathic surgery must be provided by a DTF dental provider.

- 14.1.4.** Eligible ADSMs must check with their unit commanders to ensure compliance with Service policies prior to receiving orthodontic treatment. Orthodontic treatment is not considered essential to military service and authorization for payment of orthodontic procedures is very limited. All authorization for payment of orthodontic treatment requires written authorization by the member's Service Dental Corps Chief or designated representative prior to initiating treatment. The presence of orthodontic appliances may affect dental readiness for recall and eligibility for certain assignments and may necessitate the inactivation or removal of the orthodontic appliances at the reservist's expense.
- 14.1.5.** Orthodontic treatment (limited) in support of prosthodontic treatment must be in support of a DTF prosthodontist or appropriately trained general dentist specialist. It is the responsibility of the restoring dentist to ensure adequate time on station remains for both patient and restoring dentist for completion of the restoration phase prior to initiation of orthodontic treatment.
- 14.1.6.** When orthodontic treatment is initiated at a DTF with in-house orthodontic treatment capability, it is the responsibility of the DTF orthodontist to ensure sufficient time on station remains for both patient and DTF orthodontic support for completion of treatment prior to initiation of orthodontic treatment. If the DTF restricts, suspends or terminates orthodontic services at any installation or if the service member receives Permanent Change of Station (PCS) orders to a location where military orthodontic treatment is not available, the service member assumes the financial responsibility for continuing or completing orthodontic treatment. In the case of limited orthodontic treatment, the military is not obligated to provide orthodontic care or restorative/prosthetic care at a later date.
- 14.1.7.** If the service member separates from active duty before orthodontic treatment is complete, the service member may elect to maintain orthodontic appliances and continue treatment with a civilian orthodontist at their own expense. If orthodontic care was in support of orthognathic surgery, the military will in no way be responsible for payment of any care. If the member desires not to continue treatment with a civilian orthodontist after separating from the military or upon PCS to a location where military orthodontic treatment is not available, the service member may elect to have orthodontic appliances removed. The service member accepts responsibility for any relapse that may occur after this removal.
- 14.1.8.** Diagnostic casts (D0470) are payable once per orthodontic treatment plan.
- 14.1.9.** Initial payment for orthodontic services will not be made until a banding date has been submitted.
- 14.1.10.** All retention and case-finishing procedures are integral to the total case fee.
- 14.1.11.** Observations and adjustments are integral to the payment for retention appliances.
- 14.1.12.** Repair of damaged orthodontic appliances is not covered as a separate charge.
- 14.1.13.** Recementation of an orthodontic appliance by the same dental provider/facility who placed the appliance and/or who is responsible for the ongoing care of the patient is not covered. However, recementation or repair will be considered for payment as palliative emergency treatment if provided by other than the dental provider/facility rendering complete orthodontic treatment.

- 14.1.14.** Periodic orthodontic treatment visits (as part of contract) are considered an integral part of a complete orthodontic treatment plan and are not reimbursable as a separate service. ADA code D8670 should be used when submitting claims for periodic payments as part of the complete treatment plan payment.
- 14.1.15.** It is the dental provider's and service member's shared responsibility to notify appropriate military units and government agencies if orthodontic treatment is discontinued or completed sooner than anticipated.
- 14.1.16.** The replacement of a lost or missing appliance is not a covered benefit.
- 14.1.17.** Myofunctional therapy is integral to orthodontic treatment and is not payable as a separate benefit.

ADJUNCTIVE GENERAL SERVICES – D9000-D9999

Unclassified Treatment

- D9110 E | palliative (emergency) treatment of dental pain – minor procedure
- D9120 N | fixed partial denture sectioning
- D9130 N | temporomandibular joint dysfunction – non-invasive physical therapies

Anesthesia

- D9210 S | local anesthesia not in conjunction with operative or surgical procedures
- D9211 S | regional block anesthesia
- D9212 S | trigeminal division block anesthesia
- D9215 N | local anesthesia in conjunction with operative or surgical procedures
- D9219 N | evaluation for moderate sedation, deep sedation or general anesthesia
- D9222 S | deep sedation/general anesthesia – first 15 minutes
- D9223 S | deep sedation/general anesthesia – each subsequent 15 minute increment
- D9230 S | inhalation of nitrous oxide/analgesia, anxiolysis
- D9239 S | intravenous moderate (conscious) sedation/analgesia – first 15 minutes
- D9243 S | intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
- D9248 S | non-intravenous (conscious) sedation

Professional Consultation

- D9310 R | consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician
- D9311 S | consultation with a medical health care professional

Professional Visits

- D9410 N | house / extended care facility call
- D9420 S | hospital or ambulatory surgical center call
- D9430 N | office visit for observation (during regularly scheduled hours) – no other services performed
- D9440 R | office visit – after regularly scheduled hours
- D9450 N | case presentation, detailed and extensive treatment planning

Drugs

- D9610 S | therapeutic parenteral drug, single administration
- D9612 S | therapeutic parenteral drugs, two or more administrations, different medications

- D9613 S | infiltration of sustained release therapeutic drug, per quadrant
- D9630 S | drugs or medicaments dispensed in the office for home use

Miscellaneous Services

- D9910 S | application of desensitizing medicament
- D9911 S | application of desensitizing resin for cervical and/or root surface, per tooth
- D9912 N | pre-visit patient screening
- D9920 N | behavior management, by report
- D9930 S | treatment of complications (post-surgical) – unusual circumstances, by report
- D9932 N | cleaning and inspection of removable complete denture, maxillary
- D9933 N | cleaning and inspection of removable complete denture, mandibular
- D9934 N | cleaning and inspection of removable partial denture, maxillary
- D9935 N | cleaning and inspection of removable partial denture, mandibular
- D9941 R | fabrication of athletic mouthguard
- D9942 S | repair and/or reline of occlusal guard
- D9943 S | occlusal guard adjustment
- D9944 S | occlusal guard – hard appliance, full arch
- D9945 S | occlusal guard – soft appliance, full arch
- D9946 S | occlusal guard – hard appliance, partial arch
- D9947 N | custom sleep apnea appliance fabrication and placement
- D9948 N | adjustment of custom sleep apnea appliance
- D9949 N | repair of custom sleep apnea appliance
- D9950 S | occlusion analysis – mounted case
- D9951 S | occlusal adjustment – limited
- D9952 S | occlusal adjustment – complete
- D9970 S | enamel microabrasion
- D9971 S | odontoplasty -per tooth
- D9972 N | external bleaching – per arch - performed in office
- D9973 N | external bleaching – per tooth
- D9974 S | internal bleaching – per tooth
- D9975 N | external bleaching for home application, per arch; includes materials and fabrication of custom trays

Non-clinical Procedures

- D9961 N | duplicate/copy patient's records
- D9985 N | sales tax
- D9986 N | missed appointment
- D9987 N | cancelled appointment
- D9990 N | certified translation or sign-language services – per visit
- D9991 N | dental case management-addressing appointment compliance barriers
- D9992 N | dental case management-care coordination
- D9993 N | dental case management-motivational interviewing
- D9994 N | dental case management-patient education to improve oral health literacy
- D9995 R | teledentistry – synchronous; real-time encounter
- D9996 R | teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
- D9997 N | dental case management – patients with special health care needs
- D9999 N | unspecified adjunctive procedure, by report

Benefits and Limitations for Adjunctive General Services

- 15.0.1.** General anesthesia is covered (by report) only when provided in connection with a covered procedure(s) and when rendered by a dentist or other professional provider licensed and approved to provide anesthesia in the state where the service is rendered.

- 15.0.2.** General anesthesia is covered only by report when determined to be medically or dentally necessary for documented uncontrollable patients or justifiable medical or dental conditions.
- 15.0.3.** In order for general anesthesia to be covered, the procedure for which it was provided and the name of the dentist who provided the procedure must be submitted.
- 15.0.4.** D9219 will be denied for coverage as integral to D9222, D9223, D9239 and D9243.
- 15.0.5.** Intravenous (IV) sedation is covered only by report in conjunction with covered procedures for documented handicapped or uncontrollable patients or justifiable medical or dental conditions and if performed by a qualified dentist recognized by the State or jurisdiction in which they practice as authorized to perform IV sedation/general anesthesia.
- 15.0.6.** General anesthesia and intravenous sedation submitted without a report will be denied as a non-covered benefit.
- 15.0.7.** For a limited oral evaluation – problem focused or palliative (emergency) treatment to be covered, it must involve a problem or symptom that occurred suddenly and unexpectedly and require immediate attention.
- 15.0.8.** Palliative (emergency) treatment and limited oral evaluations – problem focused are covered only if no definitive treatment is provided. However, only one of these services may be allowed on the same date.
- 15.0.9.** In order for palliative (emergency) treatment to be covered, the dentist must provide treatment to alleviate the member's problem. If the only service provided is to evaluate the patient and refer to another dentist and/or prescribe medication, it would be considered a limited oral evaluation – problem focused.
- 15.0.10.** Consultations are covered only when provided by a dentist other than the dental provider/facility providing the treatment.
- 15.0.11.** After hours visits are covered only when the dentist must return to the office after regularly scheduled hours to treat the patient in an emergency situation.
- 15.0.12.** Therapeutic drug injections are only payable in unusual circumstances, which must be documented by report. They are not benefits if performed routinely or in conjunction with, or for the purposes of, general anesthesia, analgesia, sedation, nitrous oxide, or premedication.
- 15.0.13.** When infiltration of sustained release therapeutic drugs are used (D9613), the specific drug used shall be identified.
- 15.0.14.** Preparations and appliances to be used at home, such as over-the-counter fluoride gels, special mouth rinses (including antimicrobials), electric toothbrushes, irrigation units, etc., are not covered benefits.
- 15.0.15.** Occlusal guards require authorization regardless of cost and written authorization must be obtained prior to initiating treatment.

- 15.0.16.** Occlusal guard (D9946) are only covered when the issuing provider closely follows the care.
- 15.0.17.** Athletic mouthguards are limited to one per consecutive 12-month period.
- 15.0.18.** Bleaching of discolored teeth (D9974) is covered by report for endodontically treated anterior teeth. A current diagnostic-quality post-operative endodontic x-ray is required for consideration and written authorization must be obtained prior to initiating treatment. Bleaching of discolored teeth (D9974) is eligible once per tooth per three year period.
- 15.0.19.** External bleaching of discolored teeth is not a covered benefit.
- 15.0.20.** Any assessed tax (D9985) is the responsibility of the contractor (see FAR 52.229-3).
- 15.0.21.** Teledentistry is reported in addition to other procedures (e.g., diagnostic) delivered to the member on the date of service.

Appendix B -

ADDP Remote Materials Checklist

- 1.0.** The purpose of the Active Duty Dental Program (ADDP) is to ensure military members are world-wide deployable. It is not a dental insurance plan to provide for all dental care that could be provided.
- 2.0.** The following is a list of materials needed for the Military Dental Service Points of Contacts (DSPOCs) to review cases submitted under the ADDP for Service Members living in remote areas. Please note that these materials are only requested when the case must be reviewed by a DSPOC per ADDP contractual guidelines. Additionally, there are specific materials requested when the DSPOCs are reviewing appeals.
- 2.1.** Routine care (R), that does not exceed \$750 in charges per procedure or appointment or \$1,500 for a complete treatment plan, does not need to be pre-authorized
- 2.2.** The documentation materials indicated below by Current Dental Terminology (CDT) code are considered a minimum requirement for review and pre-authorization by the DSPOCs. Under certain circumstances the DSPOCs may request additional documentation material to clarify the requested treatment or prior treatment before rendering a decision for pre-authorization. All documentation material submitted for review must be of a diagnostic quality. Periodontal charting and narratives must be legible and the print dark enough to be read. Less than 6 point periodontal charting is not acceptable. Original or duplicate radiographic images must be of an overall acceptable diagnostic quality, density and contrast. Periapical radiographs must show the entire apex or apices, the periradicular area, and the clinical crown of the subject tooth/teeth being reviewed.
- 2.3.** Narrative Requirements: The goal is for the approved treatment plan to meet the needs of all involved. When a narrative is indicated or requested, the provider should provide all pertinent clinical information that is not apparent on the other documentation provided, i.e. radiographs and/or photographs. The total package should paint a complete picture that allows the military dentist reviewers to mesh the proposed dental treatment with Service guidelines and military readiness requirements. If the information submitted is not adequate to make a determination of the appropriateness of the dental service, the DSPOC reserves the right to request additional information prior to final authorization or denial for payment of a procedure.

Code Description	
E	Emergency Care – No authorization required
R	Routine Care - No authorization required (unless over \$750)
S	Specialty Care – Authorization is required
N	Non-covered procedure

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D0120	R	periodic oral evaluation – established patient	N/A	Narrative/Reason for Appeal
D0140	R	limited oral evaluation - problem focused	N/A	Narrative/Reason for Appeal
D0150	R	comprehensive oral evaluation –new or established patient	N/A	Narrative/Reason for Appeal
D0160	R	detailed and extensive oral evaluation - problem focused, by report	N/A	Narrative/Reason for Appeal
D0170	R	re-evaluation-limited, problem focused (established patient, not post-operative visit)	N/A	Narrative/Reason for Appeal
D0171	N	re-evaluation – post-operative office visit	N/A	Narrative/Reason for Appeal
D0180	R	comprehensive periodontal evaluation – new or established patient	N/A	Narrative/Reason for Appeal
D0190	N	screening of a patient	N/A	Narrative/Reason for Appeal
D0191	N	assessment of a patient	N/A	Narrative/Reason for Appeal
D0210	R	intraoral - complete series of radiographic images	N/A	Narrative/Reason for Appeal
D0220	R	intraoral - periapical first radiographic image	N/A	Narrative/Reason for Appeal
D0230	R	intraoral - periapical each additional radiographic image	N/A	Narrative/Reason for Appeal
D0240	R	intraoral - occlusal radiographic image	N/A	Narrative/Reason for Appeal
D0250	R	extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	N/A	Narrative/Reason for Appeal
D0251	R	extraoral posterior dental radiographic image	N/A	Narrative/Reason for Appeal
D0270	R	bitewing - single radiographic image	N/A	Narrative/Reason for Appeal
D0272	R	bitewings - two radiographic images	N/A	Narrative/Reason for Appeal
D0273	R	bitewings – three radiographic images	N/A	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D0274	R	bitewings - four radiographic images	N/A	Narrative/Reason for Appeal
D0277	R	vertical bitewings - 7 to 8 radiographic images	N/A	Narrative/Reason for Appeal
D0310	N	sialography	N/A	Narrative/Reason for Appeal
D0320	S	temporomandibular joint arthrogram, including injection	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0321	S	other temporomandibular joint radiographic images, by report	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0322	S	tomographic survey	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0330	R	panoramic radiographic image	N/A	Narrative/Reason for Appeal
D0340	S	2D cephalometric radiographic image – acquisition, measurement and analysis	Narrative & Pano	Narrative/Reason for Appeal
D0350	S	2D oral/facial photographic images obtained intraorally or extraorally	Narrative	Narrative/Reason for Appeal
D0351	S	3D photographic image	Narrative	Narrative/Reason for Appeal
D0364	S	cone beam Computed Tomography (CT) capture and interpretation with limited field of view – less than one whole jaw	Narrative	Narrative/Reason for Appeal & Pano
D0365	S	cone beam CT capture and interpretation with field of view of one full dental arch – mandible	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0366	S	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0367	S	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0368	S	cone beam CT capture and interpretation for TMJ series including two or more exposures	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0369	S	maxillofacial Magnetic Resonance Imaging (MRI) capture and interpretation	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0370	S	maxillofacial ultrasound capture and interpretation	Narrative & Pano	Narrative/Reason for Appeal & Pano

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D0371	S	sialoendoscopy capture and interpretation	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0380	S	cone beam CT image capture with limited field of view – less than one whole jaw	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0381	S	cone beam CT image capture with field of view of one full dental arch – mandible	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0382	S	cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0383	S	cone beam CT image capture with field of view of both jaws, with or without cranium	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0384	S	cone beam CT image capture for TMJ series including two or more exposures	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0385	S	maxillofacial MRI image capture	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0386	S	maxillofacial ultrasound image capture	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0391	S	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0393	S	treatment simulation using 3D image volume	Narrative	Narrative/Reason for Appeal
D0394	S	digital subtraction of two or more images or image volumes of the same modality	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0395	S	fusion of two or more 3D image volumes of one or more modalities	Narrative & Pano	Narrative/Reason for Appeal & Pano
D0411	S	HbA1c in-office point of service testing	Narrative	Narrative/Reason for Appeal
D0412	S	blood glucose level test – in office using a glucose meter	Narrative	Narrative/Reason for Appeal
D0414	S	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Narrative	Narrative/Reason for Appeal
D0415	S	collection of microorganisms for culture and sensitivity	Narrative	Narrative/Reason for Appeal
D0416	S	viral culture	Narrative	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D0417	S	collection and preparation of saliva sample for laboratory diagnostic testing	Narrative	Narrative/Reason for Appeal
D0418	S	analysis of saliva sample	Narrative	Narrative/Reason for Appeal
D0419	S	assessment of salivary flow by measurement	Narrative	Narrative/Reason for Appeal
D0422	N	collection and preparation of genetic sample material for laboratory analysis and report	Narrative	Narrative/Reason for Appeal
D0423	N	genetic test for susceptibility to diseases – specimen analysis	Narrative	Narrative/Reason for Appeal
D0425	S	caries susceptibility test	Narrative	Narrative/Reason for Appeal
D0431	N	adjunctive pre-diagnostic test that aids in the detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	N/A	Narrative/Reason for Appeal
D0460	S	pulp vitality tests	Narrative	Narrative/Reason for Appeal
D0470	N	diagnostic casts	N/A	Narrative/Reason for Appeal
D0472	S	accession of tissue, gross examination, preparation and transmission of written report	Narrative	Narrative/Reason for Appeal
D0473	S	accession of tissue, gross and microscopic examination, preparation and transmission of written report	Narrative	Narrative/Reason for Appeal
D0474	S	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Narrative	Narrative/Reason for Appeal
D0475	S	decalcification procedure	Narrative	Narrative/Reason for Appeal
D0476	S	special stains for microorganisms	Narrative	Narrative/Reason for Appeal
D0477	S	special stains, not for microorganisms	Narrative	Narrative/Reason for Appeal
D0478	S	immunohistochemical stains	Narrative	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D0479	S	tissue in-situ hybridization, including interpretation	Narrative	Narrative/Reason for Appeal
D0480	S	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Narrative	Narrative/Reason for Appeal
D0481	S	electron microscopy	Narrative	Narrative/Reason for Appeal
D0482	S	direct immunofluorescence	Narrative	Narrative/Reason for Appeal
D0483	S	indirect immunofluorescence	Narrative	Narrative/Reason for Appeal
D0484	S	consultation on slides prepared elsewhere	Narrative	Narrative/Reason for Appeal
D0485	S	consultation, including preparation of slides from biopsy material supplied by referring source	Narrative	Narrative/Reason for Appeal
D0486	S	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Narrative	Narrative/Reason for Appeal
D0502	S	other oral pathology procedures, by report	Narrative	Narrative/Reason for Appeal
D0600	N	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	N/A	Narrative/Reason for Appeal
D0601	N	caries risk assessment and documentation, with a finding of low risk	N/A	Narrative/Reason for Appeal
D0602	N	caries risk assessment and documentation, with finding of moderate risk	N/A	Narrative/Reason for Appeal
D0603	N	caries risk assessment of documentation, with finding of high risk	N/A	Narrative/Reason for Appeal
D0604	N	antigen testing for a public health related pathogen including coronavirus	N/A	Narrative/Reason for Appeal
D0605	N	antibody testing for a public health related pathogen, including coronavirus	N/A	Narrative/Reason for Appeal
D0606	N	Molecular testing for a public health related pathogen, including coronavirus	N/A	Narrative/Reason for Appeal
D0701	N	panoramic radiographic image – image capture only	N/A	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D0702	N	2-D cephalometric radiographic image – image capture only	N/A	Narrative/Reason for Appeal
D0703	S	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	Narrative	Narrative/Reason for Appeal
D0704	N	3-D photographic image – image capture only	N/A	Narrative/Reason for Appeal
D0705	N	extra-oral posterior dental radiographic image – image capture only	N/A	Narrative/Reason for Appeal
D0706	N	intraoral – occlusal radiographic image – image capture only	N/A	Narrative/Reason for Appeal
D0707	N	intraoral – periapical radiographic image – image capture only	N/A	Narrative/Reason for Appeal
D0708	N	intraoral – bitewing radiographic image – image capture only	N/A	Narrative/Reason for Appeal
D0709	N	intraoral – complete series of radiographic images – image capture only	N/A	Narrative/Reason for Appeal
D0999	N	unspecified diagnostic procedure, by report	N/A	Narrative/Reason for Appeal
D1110	R	prophylaxis – adult	N/A	Narrative/Reason for Appeal
D1206	R	topical application of fluoride varnish	N/A	Narrative/Reason for Appeal
D1208	R	topical application of fluoride – excluding varnish	N/A	Narrative/Reason for Appeal
D1310	N	nutritional counseling for control of dental disease	N/A	Narrative/Reason for Appeal
D1320	N	tobacco counseling for the control and prevention of oral disease	N/A	Narrative/Reason for Appeal
D1321	N	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high risk substance use	N/A	Narrative/Reason for Appeal
D1330	N	oral hygiene instructions	N/A	Narrative/Reason for Appeal
D1351	S	sealant - per tooth	Patients Age; Bite Wing X-ray (BWV); Caries Risk Assessment	Narrative/Reason for Appeal & Patients Age; BWV; Caries Risk Assessment

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D1352	S	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Patients Age; Bite Wing X-ray (BWV); Caries Risk Assessment	Narrative/Reason for Appeal & Patients Age; BWV; Caries Risk Assessment
D1353	S	sealant repair – per tooth	Narrative	Narrative/Reason for Appeal
D1354	N	application of caries arresting medicament – per tooth	Narrative	Narrative/Reason for Appeal
D1355	N	caries preventive medicament application – per tooth	Narrative	Narrative/Reason for Appeal
D1510	N	space maintainer – fixed – unilateral – per quadrant	N/A	Narrative/Reason for Appeal
D1516	N	space maintainer – fixed – bilateral, maxillary	N/A	Narrative/Reason for Appeal
D1517	N	space maintainer – fixed – bilateral, mandibular		Narrative/Reason for Appeal
D1520	N	space maintainer – removable – unilateral – per quadrant	N/A	Narrative/Reason for Appeal
D1526	N	space maintainer – removable – bilateral, maxillary	N/A	Narrative/Reason for Appeal
D1527	N	space maintainer – removable – bilateral, mandibular	N/A	Narrative/Reason for Appeal
D1551	N	re-cement or rebond bilateral space maintainer - maxillary	N/A	Narrative/Reason for Appeal
D1552	N	re-cement or rebond bilateral space maintainer - mandibular	N/A	Narrative/Reason for Appeal
D1553	N	re-cement or rebond bilateral space maintainer – per quadrant	N/A	Narrative/Reason for Appeal
D1556	S	removal of fixed unilateral space maintainer – per quadrant	Patient's Age; BWV	Narrative/Reason for Appeal; Patient's Age; BWV
D1557	S	removal of fixed bilateral space maintainer – maxillary	Patient's Age; BWV	Narrative/Reason for Appeal; Patient's Age; BWV
D1558	S	removal of fixed bilateral space maintainer – mandibular	Patient's Age; BWV	Narrative/Reason for Appeal; Patient's Age; BWV
D1575	N	distal shoe space maintainer-fixed unilateral – per quadrant	N/A	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D1701	N	Pfizer-BioNTech Covid-19 vaccine administration-first dose	N/A	Narrative/Reason for Appeal
D1702	N	Pfizer-BioNTech Covid-19 vaccine administration-second dose	N/A	Narrative/Reason for Appeal
D1703	N	Moderna Covid-19 vaccine administration-first dose	N/A	Narrative/Reason for Appeal
D1704	N	Moderna Covid-19 vaccine administration-second dose	N/A	Narrative/Reason for Appeal
D1705	N	AstraZeneca Covid-19 vaccine administration-first dose	N/A	Narrative/Reason for Appeal
D1706	N	AstraZeneca Covid-19 vaccine administration-second dose	N/A	Narrative/Reason for Appeal
D1707	N	Janssen Covid-19 vaccine administration	N/A	Narrative/Reason for Appeal
D1999	N	unspecified preventive procedure, by report	N/A	Narrative/Reason for Appeal
D2140	R	amalgam one surface, primary or permanent	BWX	Narrative/Reason for Appeal & BWX
D2150	R	amalgam two surfaces, primary or permanent	BWX	Narrative/Reason for Appeal & BWX
D2160	R	amalgam three surfaces, primary or permanent	BWX	Narrative/Reason for Appeal & BWX
D2161	R	amalgam four or more surfaces, primary or permanent	BWX	Narrative/Reason for Appeal & BWX
D2330	R	resin based composite one surface, anterior	Periapical X-ray (PA)	Narrative/Reason for Appeal & PA
D2331	R	resin based composite two surfaces, anterior	PA	Narrative/Reason for Appeal & PA
D2332	R	resin based composite three surfaces, anterior	PA	Narrative/Reason for Appeal & PA
D2335	R	resin based composite four or more surfaces or involving incisal angle (anterior)	PA	Narrative/Reason for Appeal & PA
D2390	S	resin based composite crown, anterior	PA	Narrative/Reason for Appeal & PA
D2391	R	resin based composite one surface, posterior	BWX	Narrative/Reason for Appeal & BWX

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D2392	R	resin based composite two surfaces, posterior	BWX	Narrative/Reason for Appeal & BWX
D2393	R	resin based composite three surfaces, posterior	BWX	Narrative/Reason for Appeal & BWX
D2394	R	resin based composite – four or more surfaces, posterior	BWX	Narrative/Reason for Appeal & BWX
D2410	N	gold foil – one surface	N/A	Narrative/Reason for Appeal
D2420	N	gold foil – two surfaces	N/A	Narrative/Reason for Appeal
D2430	N	gold foil – three surfaces	N/A	Narrative/Reason for Appeal
D2510	N	inlay – metallic - one surface	BWX and PA per unit	Narrative/Reason for Appeal & BWX; PA per unit
D2520	N	inlay – metallic - two surfaces	BWX and PA per unit	Narrative/Reason for Appeal & BWX; PA per unit
D2530	N	inlay – metallic - three or more surfaces	BWX and PA per unit	Narrative/Reason for Appeal & BWX; PA per unit
D2542	S	onlay - metallic - two surfaces	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2543	S	onlay - metallic - three surfaces	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2544	S	onlay - metallic - four or more surfaces	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2610	S	inlay porcelain/ceramic one surface	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2620	S	inlay porcelain/ceramic two surfaces	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2630	S	inlay porcelain/ceramic three or more surfaces	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D2642	S	onlay porcelain/ceramic two surfaces	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2643	S	onlay porcelain/ceramic three surfaces	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2644	S	onlay porcelain/ceramic four or more surfaces	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2651	N	inlay resin based composite two surfaces	BWX and PA per unit	Narrative/Reason for Appeal & BWX; PA per unit
D2652	N	inlay resin based composite three or more surfaces	BWX and PA per unit	Narrative/Reason for Appeal & BWX; PA per unit
D2662	N	onlay resin based composite two surfaces	BWX and PA per unit	Narrative/Reason for Appeal & BWX; PA per unit
D2663	N	onlay resin based composite three surfaces	BWX and PA per unit	Narrative/Reason for Appeal & BWX; PA per unit
D2664	N	onlay resin based composite four or more surfaces	BWX and PA per unit	Narrative/Reason for Appeal & BWX; PA per unit
D2710	N	crown – resin-based composite (indirect)	N/A	Narrative/Reason for Appeal
D2712	N	crown –3/4 resin-based composite (indirect)	N/A	Narrative/Reason for Appeal
D2720	N	crown - resin with high noble metal	N/A	Narrative/Reason for Appeal
D2721	N	crown - resin with predominantly base metal	N/A	Narrative/Reason for Appeal
D2722	N	crown - resin with noble metal	N/A	Narrative/Reason for Appeal
D2740	S	crown - porcelain/ceramic	BWX and PA per unit. Verify that crowns are either Lithium Disilicate (IPS E.Max CAD or Ivoclar Vivadent) or Full Contour Zirconia (i.e., Bruxir, Lava Plus, Zirlux)	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D2750	S	crown - porcelain fused to high noble metal	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2751	N	crown - porcelain fused to predominantly base metal	N/A	Narrative/Reason for Appeal
D2752	S	crown - porcelain fused to noble metal	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2753	S	crown – porcelain fused to titanium and titanium alloys	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX and PA per unit
D2780	S	crown – 3/4 cast high noble metal	BWX and PA per unit	PA cemented restoration: BWX & PA per unit
D2781	N	crown - 3/4 cast predominantly base metal	N/A	Narrative/Reason for Appeal
D2782	S	crown – 3/4 cast noble metal	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2783	N	crown – 3/4 porcelain/ceramic	N/A	Narrative/Reason for Appeal
D2790	S	crown - full cast high noble metal	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2791	N	crown - full cast predominantly base metal	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2792	S	crown - full cast noble metal	BWX and PA per unit	Narrative/Reason for Appeal & PA cemented restoration: BWX & PA per unit
D2794	S	crown – titanium and titanium alloys	BWX and PA per unit	Narrative/Reason for Appeal & BWX & PA per unit
D2799	S	Interim crown– further treatment or completion of diagnosis necessary prior to final impression	BWX and PA per unit	Narrative/Reason for Appeal & BWX & PA per unit
D2910	R	recement or rebond inlay, onlay, veneer or partial coverage restoration	PA per unit	Narrative/Reason for Appeal & PA per unit

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D2915	S	recement or rebond indirectly fabricated or prefabricated post and core	PA per unit	Narrative/Reason for Appeal & PA per unit
D2920	R	recement or rebond crown	PA per unit	Narrative/Reason for Appeal & PA per unit
D2921	E	reattachment of tooth fragment, incisal edge or cusp	N/A	Narrative/Reason for Appeal
D2928	N	prefabricated porcelain/ceramic crown – permanent tooth	N/A	Narrative/Reason for Appeal
D2929	N	prefabricated porcelain/ceramic crown – primary tooth	N/A	Narrative/Reason for Appeal
D2930	N	prefabricated stainless steel crown – primary tooth	N/A	Narrative/Reason for Appeal
D2931	S	prefabricated stainless steel crown - permanent tooth	PA per unit	Narrative/Reason for Appeal & PA per unit
D2932	N	prefabricated resin crown	N/A	Narrative/Reason for Appeal
D2933	N	prefabricated stainless steel crown with resin window	N/A	Narrative/Reason for Appeal
D2940	E	protective restoration	BWX or PA & Narrative	Narrative/Reason for Appeal &: BWX & PA
D2941	N	interim therapeutic restorationprimary dentition	N/A	Narrative/Reason for Appeal
D2949	S	restorative foundation for an indirect restoration	BWX or PA and Narrative	Narrative/Reason for Appeal &: BWX & PA
D2950	S	core buildup, including any pins when required	BWX and PA	Narrative/Reason for Appeal &: BWX & PA
D2951	R	pin retention - per tooth, in addition to restoration	BWX or PA	Narrative/Reason for Appeal &: BWX & PA
D2952	S	post and core in addition to crown, indirectly fabricated	PA per unit	Narrative/Reason for Appeal &: PA per unit
D2953	N	each additional indirectly fabricated post - same tooth	PA per unit	Narrative/Reason for Appeal &: PA per unit
D2954	S	prefabricated post and core in addition to crown	PA per unit	Narrative/Reason for Appeal &: PA per unit
D2955	S	post removal	PA per unit	Narrative/Reason for Appeal &: PA per unit

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D2957	N	each additional prefabricated post - same tooth	PA	Narrative/Reason for Appeal &: PA
D2960	N	labial veneer (resin laminate) – direct	N/A	Narrative/Reason for Appeal
D2961	N	labial veneer (resin laminate) - indirect	N/A	Narrative/Reason for Appeal
D2962	N	labial veneer (porcelain laminate) - indirect	N/A	Narrative/Reason for Appeal
D2971	S	additional procedures to customize a crown to fit under an existing partial denture framework	PA, Narrative	Narrative/Reason for Appeal & PA & Narrative
D2975	S	coping	PA and Full Mouth X-ray (FMX) or Pano	Narrative/Reason for Appeal & PA & FMX or Pano
D2980	R	crown repair, necessitated by restorative material failure	PA and narrative	Narrative/Reason for Appeal & PA
D2981	N	inlay repair necessitated by restorative material failure	N/A	Narrative/Reason for Appeal
D2982	N	onlay repair necessitated by restorative material failure	N/A	Narrative/Reason for Appeal
D2983	N	veneer repair necessitated by restorative material failure	N/A	Narrative/Reason for Appeal
D2990	S	resin infiltration of incipient smooth surface lesions	BWX or narrative	Narrative/Reason for Appeal & BWX
D2999	N	unspecified restorative procedure, by report	N/A	Narrative/Reason for Appeal
D3110	N	pulp cap direct (excluding final restoration)	PA	Narrative/Reason for Appeal & PA
D3120	N	pulp cap indirect (excluding final restoration)	N/A	Narrative/Reason for Appeal
D3220	R	therapeutic pulpotomy (excluding final restoration)	PA	Narrative/Reason for Appeal & PA
D3221	R	pulpal debridement, primary and permanent teeth	PA	Narrative/Reason for Appeal & PA
D3222	S	partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	PA	Narrative/Reason for Appeal & PA

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D3230	S	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	PA	Narrative/Reason for Appeal & PA
D3240	S	pulpal therapy (resorbable filling) – posterior, primary tooth excluding final restoration)	PA	Narrative/Reason for Appeal & PA
D3310	E	endodontic therapy - anterior (excluding final restoration)	PA for routine endo / emergency endo does not require preauthorization	Narrative/Reason for Appeal & PA Root Canal Fill: PA for routine endo/ emergency does not require preauthorization
D3320	E	endodontic therapy – premolar tooth (excluding final restoration)	PA for routine endo / emergency endo does not require preauthorization	Narrative/Reason for Appeal & PA Root Canal Fill: PA for routine endo/ emergency does not require preauthorization
D3330	E	endodontic therapy - molar (excluding final restoration)	PA for routine endo / emergency endo does not require preauthorization	Narrative/Reason for Appeal & PA Root Canal Fill: PA for routine endo/ emergency does not require preauthorization
D3331	S	treatment of root canal obstruction; non-surgical access	PA	Narrative/Reason for Appeal & PA
D3332	S	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	PA	Narrative/Reason for Appeal & PA
D3333	S	internal root repair of perforation defects	PA	Narrative/Reason for Appeal & PA
D3346	S	retreatment of previous root canal therapy - anterior	PA	Narrative/Reason for Appeal & PA Root Canal Fill: PA
D3347	S	retreatment of previous root canal therapy - premolar	PA	Narrative/Reason for Appeal & PA Root Canal Fill: PA
D3348	S	retreatment of previous root canal therapy - molar	PA	Narrative/Reason for Appeal & PA Root Canal Fill: PA
D3351	S	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	PA	Narrative/Reason for Appeal & PA
D3352	S	apexification/recalcification - interim medication replacement	PA	Narrative/Reason for Appeal & PA
D3353	S	apexification/recalcification - final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	PA	Narrative/Reason for Appeal & PA

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D3355	S	pulpal regeneration – initial visit	PA	Narrative/Reason for Appeal & PA
D3356	S	pulpal regeneration – interim medication replacement	PA	Narrative/Reason for Appeal & PA
D3357	S	pulpal regeneration-completion of treatment	PA	Narrative/Reason for Appeal & PA
D3410	S	apicoectomy - anterior	PA	Narrative/Reason for Appeal & PA
D3421	S	apicoectomy - premolar (first root)	PA	Narrative/Reason for Appeal & PA
D3425	S	apicoectomy - molar (first root)	PA	Narrative/Reason for Appeal & PA
D3426	S	apicoectomy (each additional root)	PA	Narrative/Reason for Appeal & PA
D3428	S	bone graft in conjunction with periradicular surgery – per tooth, single site	PA	Narrative/Reason for Appeal & PA
D3429	S	periradicular surgery – each additional contiguous tooth in the same surgical site	PA	Narrative/Reason for Appeal & P
D3430	S	retrograde filling - per root	PA	Narrative/Reason for Appeal & PA
D3431	S	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	PA	Narrative/Reason for Appeal & PA
D3432	S	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	PA	Narrative/Reason for Appeal & PA
D3450	S	root amputation - per root	PA	Narrative/Reason for Appeal & PA
D3460	N	endodontic endosseous implant	PA	Narrative/Reason for Appeal & PA
D3470	S	intentional reimplantation (including necessary splinting)	PA	Narrative/Reason for Appeal & PA
D3471	S	surgical repair of root resorption – anterior	PA	Narrative/Reason for Appeal & PA
D3472	S	surgical repair of root resorption – premolar	PA	Narrative/Reason for Appeal & PA
D3473	S	surgical repair of root resorption – molar	PA	Narrative/Reason for Appeal & PA

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D3501	S	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	PA	Narrative/Reason for Appeal & PA
D3502	S	surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	PA	Narrative/Reason for Appeal & PA
D3503	S	surgical exposure of root surface without apicoectomy or repair of root resorption – molar	PA	Narrative/Reason for Appeal & PA
D3910	S	surgical procedure for isolation of tooth with rubber dam	PA	Narrative/Reason for Appeal & PA
D3920	S	hemisection (including any root removal), not including root canal therapy	PA	Narrative/Reason for Appeal & PA
D3921	S	Decoronation or submergence of an erupted tooth	PA	Narrative/Reason for Appeal & PA
D3950	S	canal preparation and fitting of preformed dowel or post	PA	Narrative/Reason for Appeal & PA
D3999	N	unspecified endodontic procedure, by report	N/A	Narrative/Reason for Appeal
D4210	S	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	FMX, Perio Charting & Color Photographs	Narrative/Reason for Appeal & FMX, & Perio Charting & Color Photograph
D4211	S	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	FMX, Perio Charting & Color Photographs	Narrative/Reason for Appeal & FMX, Perio Charting & Color Photographs
D4212	N	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	N/A	Narrative/Reason for Appeal
D4230	S	anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant	FMX, Perio Charting, Narrative & Color Photographs	Narrative/Reason for Appeal, FMX, Perio Charting, & Color Photographs
D4231	S	anatomical crown exposure – one to three teeth or bounded tooth spaces per quadrant	FMX, Perio Charting, Narrative & Color Photographs	Narrative/Reason for Appeal, FMX, Perio Charting, & Color Photographs
D4240	S	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	FMX & Perio Charting with Clinical Attachment Loss (CAL), & Narrative/Diagnosis	Narrative/Reason for Appeal, FMX & Perio Charting with CAL, & Narrative/Diagnosis

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D4241	S	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	FMX & Perio Charting with CAL, & Narrative/ Diagnosis	Narrative/Reason for Appeal, FMX and Post-Treatment PA or Vertical Bitewing & Perio Charting with CAL
D4245	S	apically positioned flap	FMX & Perio Charting, Narrative, Color Photographs	Narrative/Reason for Appeal, FMX & Perio Charting with CAL
D4249	S	clinical crown lengthening - hard tissue	PA or FMX & Perio Charting	Narrative/Reason for Appeal & PA or FMX & Perio Charting
D4260	S	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	PA or FMX, Perio Charting, & Narrative	Narrative/Reason for Appeal, PA or FMX, & Perio Charting
D4261	S	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	PA or FMX & Perio Charting	Narrative/Reason for Appeal & PA or FMX & Perio Charting
D4263	S	bone replacement graft – retained natural tooth - first site in quadrant	FMX or Vertical Bitewing, Perio Charting with CAL, Narrative to include type of material, & smoking status	Narrative/Reason for Appeal & FMX or Vertical Bitewing, Perio Charting with CAL, Narrative to include type of material, & smoking status
D4264	S	bone replacement graft – retained natural tooth - each additional site in quadrant	FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, & smoking status	Narrative/Reason for Appeal & FMX or Vertical Bitewings, Perio Charting, Narrative to include type of material, & smoking status
D4265	S	biologic materials to aid in soft and osseous tissue regeneration, per site	FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, & smoking status	Narrative/Reason for Appeal & FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, & smoking status
D4266	S	guided tissue regeneration - resorbable barrier, per site	FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, & smoking statu	Narrative/Reason for Appeal, FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, & smoking status
D4267	S	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, & smoking status	Narrative/Reason for Appeal, FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, & smoking status

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D4322	S	splint- intra-coronal; natural teeth or prosthetic crowns	FMX, Perio Charting with CAL and mobility, & narrative	Narrative/Reason for Appeal, FMX, Perio Charting with CAL and mobility
D4323	S	splint-extra-coronal;natural teeth or prosthetic crowns	FMX, Perio Charting with CAL and mobility, & narrative	Narrative/Reason for Appeal, FMX, Perio Charting with CAL and mobility
D4321	S	provisional splinting - extracoronal	FMX, Perio Charting with CAL and mobility, & narrative	Narrative/Reason for Appeal, FMX, Perio Charting with CAL and mobility
D4341	S	periodontal scaling and root planing – four or more teeth per quadrant	FMX & Perio Charting	Narrative/Reason for Appeal & FMX & Perio Charting
D4342	S	periodontal scaling and root planing – one to three teeth per quadrant	FMX & Perio Charting	Narrative/Reason for Appeal & FMX & Perio Charting
D4268	S	surgical revision procedure, per tooth	FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, & smoking status	Narrative/Reason for Appeal, FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, & smoking status
D4270	S	pedicle soft tissue graft procedure	FMX or Vertical Bitewing, Perio Charting, Narrative, Color Photograph, & smoking status	Narrative/Reason for Appeal & FMX or Vertical Bitewing, Perio Charting, Narrative, Color Photograph, & smoking status
D4273	S	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	FMX or Vertical Bitewing, Perio Charting, Narrative, Color Photographs, & smoking status	Narrative/Reason for Appeal, FMX or Vertical Bitewing, Perio Charting, Color Photographs, & smoking status
D4274	S	mesial distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Pano or FMX or PA Perio Charting, & Narrative	Narrative/Reason for Appeal & Pano or FMX or PA Perio Charting, & Narrative/Diagnosis
D4275	S	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, Color Photographs, & smoking status	Narrative/Reason for Appeal, FMX or Vertical Bitewing, Perio Charting, Narrative to include type of material, Color Photographs, & smoking status

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D4276	S	combined connective tissue and pedicle graft, per tooth	FMX or Vertical Bitewing, Perio Charting, Narrative, Color Photographs, & smoking status	Narrative/Reason for Appeal, FMX or Vertical Bitewing, Perio Charting, Color Photographs, & smoking status
D4277	S	free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft	FMX or Vertical Bitewing, Perio Charting, Narrative, Color Photographs, & smoking status	Narrative/Reason for Appeal, FMX or Vertical Bitewing, Perio Charting, Color Photographs, & smoking status
D4278	S	free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	FMX or Vertical Bitewing, Perio Charting, Narrative, Color Photographs, & smoking status	Narrative/Reason for Appeal, FMX or Vertical Bitewing, Perio Charting, Color Photographs, & smoking status
D4283	S	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	FMX or Vertical Bitewing, Perio Charting, Narrative, Color Photographs, & smoking status	Narrative/Reason for Appeal, FMX or Vertical Bitewing, Perio Charting, Color Photographs, & smoking status
D4346	S	scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	FMX & Perio Charting	Narrative/Reason for Appeal & FMX & Perio Charting
D4355	R	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Pano or FMX & Perio Charting	Narrative/Reason for Appeal & Pano or FMX, & Perio Charting
D4381	N	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	N/A	Narrative/Reason for Appeal
D4910	R	periodontal maintenance	Pano or FMX & Perio Charting	Narrative/Reason for Appeal & Pano or FMX, & Perio Charting
D4920	R	unscheduled dressing change (by someone other than treating dentist or their staff)	Narrative	Narrative/Reason for Appeal
D4921	N	gingival irrigation-per quadrant	N/A	Narrative/Reason for Appeal
D4999	N	unspecified periodontal procedure, by report	N/A	Narrative/Reason for Appeal
D5110	S	complete denture - maxillary	Pano	Narrative/Reason for Appeal & Pano
D5120	S	complete denture - mandibular	Pano	Narrative/Reason for Appeal & Pano
D5130	S	immediate denture - maxillary	Pano	Narrative/Reason for Appeal & Pano

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D5140	S	immediate denture - mandibular	Pano	Narrative/Reason for Appeal & Pano
D5211	S	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5212	S	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5213	S	maxillary partial denture - cast metal framework with resin denture bases (including retentive clasping materials, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5214	S	mandibular partial denture - cast metal framework with resin denture bases (including retentive clasping materials, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5221	S	immediate maxillary partial denture – resin base (including retentive clasping materials, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5222	S	immediate mandibular partial denture – resin base (including retentive clasping materials, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5223	S	immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive clasping materials s, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5224	S	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive clasping materials, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5225	S	maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5226	S	mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5227	S	Immediate maxillary partial dentureflexible base (including any clasps, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5228	S	Immediate maxillary partial dentureflexible base (including any clasps, rests and teeth)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D5282	N	removable unilateral partial denture – one piece cast metal (including retentive/ clasping materials, rests and teeth), maxillary	N/A	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D5283	N	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	N/A	Narrative/Reason for Appeal
D5284	N	removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	N/A	Narrative/Reason for Appeal
D5286	N	removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant	N/A	Narrative/Reason for Appeal
D5410	R	adjust complete denture - maxillary	Narrative	Narrative/Reason for Appeal
D5411	R	adjust complete denture - mandibular	Narrative	Narrative/Reason for Appeal
D5421	R	adjust partial denture - maxillary	Narrative	Narrative/Reason for Appeal
D5422	R	adjust partial denture - mandibular	Narrative	Narrative/Reason for Appeal
D5511	R	repair broken complete denture base - mandibular	Narrative	Narrative/Reason for Appeal
D5512	R	repair broken complete denture base – maxillary	Narrative	Narrative/Reason for Appeal
D5520	R	replace missing or broken teeth - complete denture (each tooth)	Narrative	Narrative/Reason for Appeal
D5611	R	repair resin partial denture base - mandibular	Narrative	Narrative/Reason for Appeal
D5612	R	repair resin partial denture base – maxillary	Narrative	Narrative/Reason for Appeal
D5621	R	repair cast partial framework - mandibular	Narrative	Narrative/Reason for Appeal
D5622	R	repair cast partial framework – maxillary	Narrative	Narrative/Reason for Appeal
D5630	R	repair or replace broken retentive clasping materials – per tooth	Narrative	Narrative/Reason for Appeal
D5640	R	replace broken teeth - per tooth	Narrative	Narrative/Reason for Appeal
D5650	S	add tooth to existing partial denture	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D5660	S	add clasp to existing partial denture – per tooth	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5670	S	replace all teeth and acrylic on cast metal framework (maxillary)	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5671	S	replace all teeth and acrylic on cast metal framework (mandibular)	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5710	S	rebase complete maxillary denture	Pano & Narrative	Narrative/Reason for Appeal & Pano
D5711	S	rebase complete mandibular denture	Pano & Narrative	Narrative/Reason for Appeal & Pano
D5720	S	rebase maxillary partial denture	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5721	S	rebase mandibular partial denture	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5725	S	rebase hybrid prosthesis	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5730	S	reline complete maxillary denture (direct)	Pano & Narrative	Narrative/Reason for Appeal & Pano
D5731	S	reline complete mandibular denture (direct)	Pano & Narrative	Narrative/Reason for Appeal & Pano
D5740	S	reline maxillary partial denture (direct)	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5741	S	reline mandibular partial denture (direct)	Pano or FMX Narrative	Narrative/Reason for Appeal & Pano or FMX
D5750	S	reline complete maxillary denture (indirect)	Pano & Narrative	Narrative/Reason for Appeal & Pano
D5751	S	reline complete mandibular denture (indirect)	Pano & Narrative	Narrative/Reason for Appeal & Pano
D5760	S	reline maxillary partial denture (indirect)	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5761	S	reline mandibular partial denture (indirect)	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5765	S	Soft liner for complete or partial removable denture-indirect	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5810	S	interim complete denture (maxillary)	Pano & Narrative	Narrative/Reason for Appeal & Pano

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D5811	S	interim complete denture (mandibular)	Pano & Narrative	Narrative/Reason for Appeal & Pano
D5820	S	interim partial denture (including retentive/clasping materials, rests and teeth) maxillary	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5821	S	interim partial denture (including retentive/clasping materials, rests and teeth) mandibular	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D5850	R	tissue conditioning, maxillary	Narrative	Narrative/Reason for Appeal
D5851	R	tissue conditioning, mandibular	Narrative	Narrative/Reason for Appeal
D5862	S	precision attachment, by report	Narrative	Narrative/Reason for Appeal
D5863	S	overdenture – complete maxillary	Pano & PA of implants, & Narrative	Narrative/Reason for Appeal & Pano
D5864	S	overdenture – partial maxillary	Pano & PA of implants, & Narrative	Narrative/Reason for Appeal & Pano
D5865	S	overdenture – complete mandibular	Pano & PA of implants, & Narrative	Narrative/Reason for Appeal & Pano
D5866	S	overdenture – partial mandibular	Pano & PA of implants, & Narrative	Narrative/Reason for Appeal & Pano
D5867	S	replacement of replaceable part of semi-precision attachment, per attachment	Pano & PA of implants, & Narrative	Narrative/Reason for Appeal
D5875	S	modification of removable prosthesis following implant surgery	Pano & PA of implants, & Narrative	Narrative/Reason for Appeal
D5876	S	add metal substructure to acrylic full denture (per arch)	Narrative	Narrative/Reason for Appeal
D5899	N	unspecified removable prosthodontics procedure, by report	N/A	Narrative/Reason for Appeal
D5911	S	facial moulage (sectional)	Appropriate radiographic image or photos	Narrative/Reason for Appeal & appropriate radiographic image
D5912	S	facial moulage (complete)	Appropriate radiographic image or photos	Narrative/Reason for Appeal & appropriate radiographic image
D5913	S	nasal prosthesis	Appropriate radiographic image or photos	Narrative/Reason for Appeal & appropriate radiographic image

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D5914	S	auricular prosthesis	Appropriate radiographic image or photos	Narrative/Reason for Appeal & appropriate radiographic image
D5915	S	orbital prosthesis	Appropriate radiographic image or photos	Narrative/Reason for Appeal & appropriate radiographic image
D5916	S	ocular prosthesis	Appropriate radiographic image or photos	Narrative/Reason for Appeal & appropriate radiographic image
D5919	S	facial prosthesis	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5922	S	nasal septal prosthesis	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5923	S	ocular prosthesis, interim	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5924	S	cranial prosthesis	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5925	S	facial augmentation implant prosthesis	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5926	S	nasal prosthesis, replacement	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5927	S	auricular prosthesis, replacement	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5928	S	orbital prosthesis, replacement	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5929	S	facial prosthesis, replacement	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5931	S	obturator prosthesis, surgical	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D5932	S	obturator prosthesis, definitive	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5933	S	obturator prosthesis, modification	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5934	S	mandibular resection prosthesis with guide flange	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5935	S	mandibular resection prosthesis without guide flange	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5936	S	obturator prosthesis, interim	Appropriate radiographic image or photos & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5937	S	trismus appliance (not for TMD treatment)	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5953	S	speech aid prosthesis, adult	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5954	S	palatal augmentation prosthesis	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5955	S	palatal lift prosthesis, definitive	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5958	S	palatal lift prosthesis, interim	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5959	S	palatal lift prosthesis, modification	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5960	S	speech aid prosthesis, modification	Narrative	Narrative/Reason for Appeal
D5982	S	surgical stent	Pano & Narrative	Narrative/Reason for Appeal & Pano
D5983	S	radiation carrier	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5984	S	radiation shield	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D5985	S	radiation cone locator	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5986	S	fluoride gel carrier	Pano & Narrative	Narrative/Reason for Appeal & Pano
D5987	S	commissure splint	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5988	S	surgical splint	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5991	S	vesiculobullous disease medicament carrier	Narrative & Color Photographs	Narrative/Reason for Appeal
D5992	S	adjust maxillofacial prosthetic appliance, by report	radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5993	S	maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Appropriate radiographic image & Narrative	Narrative/Reason for Appeal & appropriate radiographic image
D5995	N	periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	N/A	Narrative/Reason for Appeal
D5996	N	periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	N/A	Narrative/Reason for Appeal
D5999	N	unspecified maxillofacial prosthesis, by report	N/A	Narrative/Reason for Appeal
D6010	S	surgical placement of implant body: endosteal implant	FMX or Other appropriate radiographic image - Brand of implant compatible with Nobel Biocare and 3i in the area of abutment configuration & screw thread design - Mesial-distal and buccal lingual dimensions of ridge - Vertical restorative space - Smoking Status - Time tooth missing - Command memorandum showing 12 month eligibility	Narrative/Reason for Appeal & Pano or FMX or Other appropriate radiographic image - Brand of implant placed showing compatibility of surgical implant system with Nobel Biocare and 3i in the area of abutment configuration & screw thread design - Smoking Status - Time tooth missing - Command memorandum showing 12 month eligibility

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D6011	S	surgical access to an implant body (second stage implant surgery)	PA & Pano or FMX or Other appropriate radiographic image	Narrative/Reason for Appeal, PA & Pano or FMX or Other appropriate radiographic image
D6012	S	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	PA & Pano or FMX or Other appropriate radiographic image	Narrative/Reason for Appeal, PA & Pano or FMX or Other appropriate radiographic image
D6013	N	surgical placement of mini-implant	PA & Pano or FMX or Other appropriate radiographic image	Narrative/Reason for Appeal, PA & Pano or FMX or Other appropriate radiographic image
D6040	S	surgical placement: eposteal implant	Pano or FMX or Other appropriate radiographic image	Narrative/Reason for Appeal & Pano or FMX or Other appropriate radiographic image
D6050	S	surgical placement: transosteal implant	Pano or FMX or Other appropriate radiographic image	Narrative/Reason for Appeal & Pano or FMX or Other appropriate radiographic image
D6051	S	interim implant abutment placement	PA & Pano or FMX or Other appropriate radiographic image	Narrative/Reason for Appeal
D6055	S	connecting bar – implant supported or abutment supported	PA & Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6056	S	prefabricated abutment – includes modification and placement	Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6057	S	custom fabricated abutment – includes placement	Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6058	S	abutment supported porcelain/ceramic crown	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6059	S	abutment supported porcelain fused to metal crown (high noble metal)	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6060	N	abutment supported porcelain fused to metal crown (predominantly base metal)	N/A	Narrative/Reason for Appeal
D6061	S	abutment supported porcelain fused to metal crown (noble metal)	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6062	S	abutment supported cast metal crown (high noble metal)	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6063	N	abutment supported cast metal crown (predominantly base metal)	N/A	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D6064	S	abutment supported cast metal crown (noble metal)	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6065	S	implant supported porcelain/ceramic crown	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6066	S	implant supported porcelain fused to high noble alloys	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6067	S	implant supported crown - high noble alloys	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6068	S	abutment supported retainer for porcelain/ceramic Fixed Partial Denture (FPD)	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6069	S	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6070	N	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	N/A	Narrative/Reason for Appeal
D6071	S	abutment supported retainer for porcelain fused to metal FPD (noble metal)	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6072	S	abutment supported retainer for cast metal FPD (high noble metal)	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6073	N	abutment supported retainer for cast metal FPD (predominantly base metal)	N/A	Narrative/Reason for Appeal
D6074	S	abutment supported retainer for cast metal FPD (noble metal)	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6075	S	implant supported retainer for ceramic FPD	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6076	S	implant supported retainer for FPD – porcelain fused to high noble alloys	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6077	S	implant supported retainer for metal FPD - high noble alloys	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration : Pano or FMX
D6080	S	implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D6081	S	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	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6082	N	implant supported crown – porcelain fused to predominantly base alloys	NA	Narratives/Reason for Appeal
D6083	S	implant supported crown – porcelain fused to noble alloys	Images showing implant in place, PA or Pano or FMX	Narrative/Reason for Appeal & PA restoration: Pano or FMX
D6084	S	implant supported crown – porcelain fused to titanium and titanium alloys	Images showing implant in place, PA or Pano or FMX	Narrative/Reason for Appeal & PA restoration: Pano or FMX
D6085	S	Interim implant crown	Images showing implant in place, PA or Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6086	N	implant supported crown – predominantly base alloys	N/A	Narratives/Reason for Appeal
D6087	S	implant supported crown – noble alloys	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration: Pano or FMX
D6088	S	implant supported crown – titanium and titanium alloys	Images showing implant in place, PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration: Pano or FMX
D6090	S	repair implant supported prosthesis, by report	PA & Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D6091	S	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	PA & Pano or FMX & Narrative	Narrative/Reason for Appeal, PA & Pano or FMX
D6092	S	recement or rebond implant/abutment supported crown	PA & Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D6093	S	recement or rebond implant/abutment supported fixed partial denture	PA & Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D6094	S	abutment supported crown – titanium and titanium alloys	PA & Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6095	S	repair implant abutment, by report	PA & Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D6096	S	remove broken implant retaining screw	PA & Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D6097	S	abutment supported crown – porcelain fused to titanium and titanium alloys	PA & Pano or FMX	Narrative/Reason for Appeal & Pano or FMX

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D6098	N	implant supported retainer – porcelain fused to predominantly base alloys	N/A	Narrative/Reason for Appeal
D6099	S	implant supported retainer for FPD – porcelain fused to noble alloys	PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration: Pano or FMX
D6100	S	Surgical removal of implant body	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D6101	S	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	Narrative	Narrative/Reason for Appeal
D6102	S	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	Narrative	Narrative/Reason for Appeal
D6103	S	bone graft for repair of peri-implant defect – does not include flap entry and closure.	Pano or FMX, Narrative, & material name to be used	Narrative/Reason for Appeal & Pano or FMX
D6104	S	bone graft at time of implant placement	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D6110	S	implant/abutment supported removable denture for edentulous arch - maxillary	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano
D6111	S	implant/abutment supported removable denture for edentulous arch - mandibular	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano
D6112	S	implant/abutment supported removable denture for partially edentulous arch - maxillary	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano
D6113	S	implant/abutment supported removable denture for partially edentulous arch - mandibular	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano
D6114	S	implant/abutment supported fixed denture for edentulous arch - maxillary	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano
D6115	S	implant/abutment supported fixed denture for edentulous arch - mandibular	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano
D6116	S	implant/abutment supported fixed denture for partially edentulous arch - maxillary	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano
D6117	S	implant/abutment supported fixed denture for partially edentulous arch - mandibular	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano
D6118	S	implant/abutment supported interim fixed denture for edentulous arch mandibular	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D6119	S	implant/abutment supported interim fixed denture for edentulous arch maxillary	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & Pano
D6120	S	implant supported retainer – porcelain fused to titanium and titanium alloys	PA & Pano or FMX, & Narrative	Narrative/Reason for Appeal & PA final restoration: Pano or FMX
D6121	N	implant supported retainer for metal FPD – predominantly base alloys	N/A	Narrative/Reason for appeal
D6122	S	implant supported retainer for metal FPD – noble alloys	PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration: Pano or FMX
D6123	S	implant supported retainer for metal FPD – titanium and titanium alloys	PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration: Pano or FMX
D6190	S	radiographic/surgical implant index, by report	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D6191	S	semi precision abutment – placement	Pano or FMX or other appropriate radiographic image	Narrative/Reason for Appeal Pano or FMX or other appropriate radiographic image
D6192	S	semi precision attachment – placement	Pano or FMX or other appropriate radiographic image	Narrative/Reason for Appeal Pano or FMX or other appropriate radiographic image
D6194	S	abutment supported retainer crown for FPD – titanium and titanium alloys	PA & Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D6195	S	abutment supported retainer – porcelain fused to titanium and titanium alloys	PA & Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6198	S	remove interim implant component	PA & Pano or FMX	Narrative/Reason for Appeal & PA final restoration: Pano or FMX
D6199	N	unspecified implant procedure, by report	N/A	Narrative/Reason for Appeal
D6205	N	pontic – indirect resin based composite	N/A	Narrative/Reason for Appeal
D6210	S	pontic - cast high noble metal	PA & Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6211	N	pontic - cast predominantly base metal	N/A	Narrative/Reason for Appeal
D6212	S	pontic - cast noble metal	PA & Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D6214	S	pontic – titanium and titanium alloys	PA & Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6240	S	pontic - porcelain fused to high noble metal	PA & Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6241	N	pontic - porcelain fused to predominantly base metal	N/A	Narrative/Reason for Appeal
D6242	S	pontic - porcelain fused to noble metal	PA & Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6243	S	pontic – porcelain fused to titanium and titanium alloys	PA & Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6245	S	pontic – porcelain/ceramic	N/A	Narrative/Reason for Appeal
D6250	N	pontic - resin with high noble metal	N/A	Narrative/Reason for Appeal
D6251	N	pontic - resin with predominantly base metal	N/A	Narrative/Reason for Appeal
D6252	N	pontic - resin with noble metal	N/A	Narrative/Reason for Appeal
D6253	S	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression	N/A	Narrative/Reason for Appeal
D6545	S	retainer cast metal for resin bonded fixed prosthesis	PA & Pano or FMX	Narrative/Reason for Appeal, PA & Pano or FMX
D6548	S	retainer – porcelain/ceramic for resin bonded fixed prosthesis	PA & Pano or FMX	Narrative/Reason for Appeal
D6549	N	resin retainer - for resin bonded fixed prosthesis	PA & Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D6600	N	retainer inlay – porcelain/ceramic, two surfaces	N/A	Narrative/Reason for Appeal
D6601	N	retainer inlay – porcelain/ceramic, three or more surfaces	N/A	Narrative/Reason for Appeal
D6602	N	retainer inlay cast high noble metal, two surfaces	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D6603	N	retainer inlay cast high noble metal, three or more surfaces	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D6604	N	retainer inlay – cast predominantly base metal, two surfaces	N/A	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D6605	N	retainer inlay – cast predominantly base metal, three or more surfaces	N/A	Narrative/Reason for Appeal
D6606	N	retainer inlay – cast noble metal, two surfaces	N/A	Narrative/Reason for Appeal
D6607	N	retainer inlay - cast noble metal, three or more surfaces	N/A	Narrative/Reason for Appeal
D6608	N	retainer onlay – porcelain/ceramic, two surfaces	N/A	Narrative/Reason for Appeal
D6609	N	retainer onlay – porcelain/ceramic, three or more surfaces	N/A	Narrative/Reason for Appeal
D6610	N	retainer onlay – cast high noble metal, two surfaces	N/A	Narrative/Reason for Appeal
D6611	N	retainer onlay - cast high noble metal, three or more surfaces	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6612	N	retainer onlay – cast predominantly base metal, two surfaces	N/A	Narrative/Reason for Appeal
D6613	N	retainer onlay – cast predominantly base metal, three or more surfaces	N/A	Narrative/Reason for Appeal
D6614	N	retainer onlay – cast noble metal, two surfaces	N/A	Narrative/Reason for Appeal
D6615	N	retainer onlay – cast noble metal, three or more surfaces	N/A	Narrative/Reason for Appeal
D6624	N	retainer inlay – titanium	N/A	Narrative/Reason for Appeal
D6634	N	retainer onlay – titanium	N/A	Narrative/Reason for Appeal
D6710	N	retainer crown – indirect resin based composite	N/A	Narrative/Reason for Appeal
D6720	N	retainer crown resin with high noble metal	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6721	N	retainer crown resin with predominantly base metal	N/A	Narrative/Reason for Appeal
D6722	N	retainer crown resin with noble metal	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D6740	S	retainer crown – porcelain/ceramic	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6750	S	retainer crown porcelain fused to high noble metal	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6751	N	retainer crown porcelain fused to predominantly base metal	N/A	Narrative/Reason for Appeal
D6752	S	retainer crown porcelain fused to noble metal	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6753	S	retainer crown – porcelain fused to titanium and titanium alloys	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6780	S	retainer crown 3/4 cast high noble metal	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6781	N	retainer crown 3/4 cast predominantly base metal	N/A	Narrative/Reason for Appeal
D6782	S	retainer crown 3/4 cast noble metal	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6783	N	retainer crown 3/4 porcelain/ceramic	N/A	Narrative/Reason for Appeal
D6784	S	retainer crown – 3/4 titanium and titanium alloys	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6790	S	retainer crown full cast high noble metal	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6791	N	retainer crown full cast predominantly base metal	N/A	Narrative/Reason for Appeal
D6792	S	retainer crown full cast noble metal	Pano or FMX	Narrative/Reason for Appeal & PA cemented restoration: Pano or FMX
D6793	N	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression	N/A	Narrative/Reason for Appeal
D6794	S	retainer crown titanium and titanium alloys	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D6920	S	connector bar	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D6930	R	recement or rebond fixed partial denture	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D6940	S	stress breaker	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D6950	S	precision attachment	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D6980	S	fixed partial denture repair, necessitated by restorative material failure	Narrative	Narrative/Reason for Appeal
D6999	N	unspecified fixed prosthodontics procedure, by report	N/A	Narrative/Reason for Appeal
D7111	R	extraction coronal remnants – primary tooth	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D7140	R	extraction erupted tooth or exposed root (elevation and/or forceps removal)	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D7210	R	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D7220	R	removal of impacted tooth - soft tissue	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D7230	R	removal of impacted tooth - partially bony	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D7240	R	removal of impacted tooth - completely bony	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D7241	R	removal of impacted tooth - completely bony, with unusual surgical complications	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7250	R	removal of residual tooth roots (cutting procedure)	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7251	S	coronectomy – intentional partial tooth removal	Pano or FMX Narrative	Narrative/Reason for Appeal & Pano or FMX
D7260	E	oroantral fistula closure	Pano or FMX, Color Photograph, & Narrative, No preauthorization required if emergent situation	Narrative/Reason for Appeal, Pano or FMX, & Color Photograph

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D7261	E	primary closure of a sinus perforation	Pano or FMX & Narrative, No preauthorization required if emergent situation	Narrative/Reason for Appeal & Pano or FMX
D7270	E	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Pano, PA or FMX & Narrative, No preauthorization required if emergent situation	Narrative/Reason for Appeal & Pano, PA or FMX
D7272	N	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	N/A	Narrative/Reason for Appeal
D7280	S	exposure of an unerupted tooth	Pano, FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7282	S	mobilization of erupted or malpositioned tooth to aid eruption	Pano, FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7283	S	placement of device to facilitate eruption of impacted tooth	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7285	S	incisional biopsy of oral tissue - hard (bone, tooth)	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7286	S	incisional biopsy of oral tissue - soft	Narrative	Narrative/Reason for Appeal
D7287	N	exfoliative cytological sample collection	N/A	Narrative/Reason for Appeal
D7288	N	brush biopsy – transepithelial sample collection	N/A	Narrative/Reason for Appeal
D7290	N	surgical repositioning of teeth	N/A	Narrative/Reason for Appeal
D7291	S	transseptal fiberotomy, by report	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7292	N	placement of temporary anchorage device [screw retained plate] requiring flap	N/A	Narrative/Reason for Appeal
D7293	N	placement of temporary anchorage device requiring flap	N/A	Narrative/Reason for Appeal
D7294	N	placement of temporary anchorage device without flap	N/A	Narrative/Reason for Appeal
D7295	S	harvest of bone for use in autogenous grafting procedure	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D7296	N	corticotomy – one to three teeth or tooth spaces, per quadrant	N/A	Narrative/Reason for Appeal
D7297	N	corticotomy – four or more teeth or tooth spaces, per quadrant	N/A	Narrative/Reason for Appeal
D7298	N	removal of temporary anchorage device [screw retained plate], requiring flap	N/A	Narrative/Reason for Appeal
D7299	N	removal of temporary anchorage device requiring flap	N/A	Narrative/Reason for Appeal
D7300	N	removal of temporary anchorage device without flap	N/A	Narrative/Reason for Appeal
D7310	S	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7311	S	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces per quadrant	Pano or FMX & Narrative	Narrative/Reason for Appeal
D7320	S	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7321	S	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces per quadrant	Pano or FMX & Narrative	Narrative/Reason for Appeal
D7340	S	vestibuloplasty ridge extension (secondary epithelialization)	Pano or FMX, Color Photograph, & Narrative	Narrative/Reason for Appeal, Pano or FMX, & Color Photograph
D7350	S	vestibuloplasty ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Pano or FMX, Color Photograph, & Narrative	Narrative/Reason for Appeal, Pano or FMX, & Color Photograph
D7410	S	excision of benign lesion up to 1.25 cm	Narrative	Narrative/Reason for Appeal
D7411	S	excision of benign lesion greater than 1.25 cm	Narrative	Narrative/Reason for Appeal
D7412	S	excision of benign lesion, complicated	Narrative	Narrative/Reason for Appeal
D7413	S	excision of malignant lesion up to 1.25 cm	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7414	S	excision of malignant lesion greater than 1.25 cm	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D7415	S	excision of malignant lesion, complicated	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7440	S	excision of malignant tumor - lesion diameter up to 1.25 cm	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7441	S	excision of malignant tumor - lesion diameter greater than 1.25 cm	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7450	S	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7451	S	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7460	S	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7461	S	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7465	S	destruction of lesion(s) by physical or chemical method, by report	Narrative	Narrative/Reason for Appeal
D7471	S	removal of lateral exostosis (mandible or maxilla)	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7472	S	removal of torus palatinus	Pano or other appropriate radiograph Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7473	S	removal of torus mandibularis	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7485	S	reduction of osseous tuberosity	Pano or FMX & Narrative	Narrative/Reason for Appeal & Pano or FMX
D7490	S	radical resection of maxilla or mandible	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7510	R	incision and drainage of abscess - intraoral soft tissue	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7511	R	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D7520	R	incision and drainage of abscess - extraoral soft tissue	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7521	R	incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7530	R	removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7540	R	removal of reaction producing foreign bodies, musculoskeletal system	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7550	R	partial ostectomy/sequestrectomy for removal of non-vital bone	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7560	R	maxillary sinusotomy for removal of tooth fragment or foreign body	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7610	S	maxilla - open reduction (teeth immobilized, if present)	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7620	S	maxilla - closed reduction (teeth immobilized, if present)	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7630	S	mandible - open reduction (teeth immobilized, if present)	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7640	S	mandible - closed reduction (teeth immobilized, if present)	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7650	S	malar and/or zygomatic arch - open reduction	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7660	S	malar and/or zygomatic arch - closed reduction	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D7670	S	alveolus – closed reduction, may include stabilization of teeth	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7671	S	alveolus – open reduction, may include stabilization of teeth	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7680	S	facial bones - complicated reduction with fixation and multiple surgical approaches	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7710	S	maxilla open reduction	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or FMX or other appropriate radiograph
D7720	S	maxilla - closed reduction	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7730	S	mandible – open reduction	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7740	S	mandible - closed reduction	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7750	S	malar and/or zygomatic arch - open reduction	Pano or other appropriate radiograph	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7760	S	malar and/or zygomatic arch - closed reduction	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7770	S	alveolus – open reduction stabilization of teeth	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7771	S	alveolus – closed reduction stabilization of teeth	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7780	S	facial bones - complicated reduction with fixation and multiple approaches	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D7810	S	open reduction of dislocation	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7820	S	closed reduction of dislocation	Pano or other appropriate radiograph & Narrative	Narrative/Reason for Appeal & Pano or other appropriate radiograph
D7830	S	manipulation under anesthesia	Narrative	Narrative/Reason for Appeal
D7840	S	condylectomy	Narrative or other appropriate radiograph	Narrative/Reason for Appeal
D7850	S	surgical discectomy, with/without implant	Narrative or other appropriate radiograph	Narrative/Reason for Appeal
D7852	S	disc repair	Narrative or other appropriate radiograph	Narrative/Reason for Appeal
D7854	S	synovectomy	Narrative	Narrative/Reason for Appeal
D7856	S	myotomy	Narrative	Narrative/Reason for Appeal
D7858	S	joint reconstruction	Narrative or other appropriate radiograph	Narrative/Reason for Appeal
D7860	S	arthrotomy	Narrative	Narrative/Reason for Appeal
D7865	S	arthroplasty	Narrative	Narrative/Reason for Appeal
D7870	S	arthrocentesis	Narrative	Narrative/Reason for Appeal
D7871	S	non-arthroscopic lysis and lavage	Narrative	Narrative/Reason for Appeal
D7872	S	arthroscopy - diagnosis, with or without biopsy	Narrative	Narrative/Reason for Appeal
D7873	S	arthroscopy: lavage and lysis of adhesions	Narrative	Narrative/Reason for Appeal
D7874	S	arthroscopy: disc repositioning and stabilization	Narrative	Narrative/Reason for Appeal
D7875	S	arthroscopy: synovectomy	Narrative	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D7876	S	arthroscopy: discectomy	Narrative	Narrative/Reason for Appeal
D7877	S	arthroscopy: debridement	Narrative	Narrative/Reason for Appeal
D7880	S	occlusal orthotic device, by report	Narrative	Narrative/Reason for Appeal
D7881	N	occlusal orthotic device adjustment	N/A	Narrative/Reason for Appeal
D7899	N	unspecified TMD therapy, by report	N/A	Narrative/Reason for Appeal
D7910	E	suture of recent small wounds up to 5 cm	N/A	Narrative/Reason for Appeal
D7911	E	complicated suture up to 5 cm	N/A	Narrative/Reason for Appeal
D7912	E	complicated suture greater than 5 cm	N/A	Narrative/Reason for Appeal
D7920	S	skin graft (identify defect covered, location and type of graft)	Narrative	Narrative/Reason for Appeal
D7921	S	collection and application of autologous blood concentrate product	Narrative	Narrative/Reason for Appeal
D7922	N	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Narrative	Narrative/Reason for Appeal
D7940	N	osetoplasty – orthognathic deformities	N/A	Narrative/Reason for Appeal
D7941	N	osteotomy – mandibular rami	N/A	Narrative/Reason for Appeal
D7943	N	osteotomy – mandibular rami with bone graft; includes obtaining the graft	N/A	Narrative/Reason for Appeal
D7944	N	osteotomy – segmented or subapical	N/A	Narrative/Reason for Appeal
D7945	N	osteotomy – body of mandible	N/A	Narrative/Reason for Appeal
D7946	N	LeFort I (maxilla – total)	N/A	Narrative/Reason for Appeal
D7947	N	LeFort I (maxilla – segmented)	N/A	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D7948	N	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	N/A	Narrative/Reason for Appeal
D7949	N	LeFort II or LeFort III – with bone graft	N/A	Narrative/Reason for Appeal
D7950	N	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla autogenous or nonautogenous, by report	Narrative	Narrative/Reason for Appeal
D7951	S	sinus augmentation with the bone or bone substitutes via a lateral open approach	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D7952	S	sinus augmentation via a vertical approach	Pano or FMX	Narrative/Reason for Appeal & Pano or FMX
D7953	S	bone replacement graft for ridge preservation – per site	Narrative	Narrative/Reason for Appeal
D7955	S	repair of maxillofacial soft and/or hard tissue defect	Narrative	Narrative/Reason for Appeal
D7961	S	buccal / labial frenectomy (frenulectomy)	Narrative	Narrative/Reason for Appeal
D7962	S	lingual frenectomy (frenulectomy)	Narrative	Narrative/Reason for Appeal
D7963	N	frenuloplasty	N/A	Narrative/Reason for Appeal
D7970	S	excision of hyperplastic tissue - per arch	Narrative	Narrative/Reason for Appeal
D7971	S	excision of pericoronal gingiva	Narrative	Narrative/Reason for Appeal
D7972	S	surgical reduction of fibrous tuberosity	Narrative	Narrative/Reason for Appeal
D7979	S	non-surgical sialolithotomy	Narrative	Narrative/Reason for Appeal
D7980	S	surgical sialolithotomy	Narrative	Narrative/Reason for Appeal
D7981	S	excision of salivary gland, by report	Narrative	Narrative/Reason for Appeal
D7982	S	sialodochoplasty	Narrative	Narrative/Reason for Appeal
D7983	S	closure of salivary fistula	Narrative	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D7990	E	emergency tracheotomy	N/A	Narrative/Reason for Appeal
D7991	S	coronoidectomy	Narrative	Narrative/Reason for Appeal
D7993	N	surgical placement of craniofacial implant – extra oral	N/A	Narrative/Reason for Appeal Pano or FMX
D7994	S	surgical placement: zygomatic implant	Narrative	Narrative/Reason for Appeal Pano or FMX
D7995	S	synthetic graft - mandible or facial bones, by report	Narrative	Narrative/Reason for Appeal
D7996	S	implant - mandible for augmentation purposes (excluding alveolar ridge), by report	Narrative	Narrative/Reason for Appeal
D7997	S	appliance removal (not by dentist who placed appliance), includes removal of archbar	Narrative	Narrative/Reason for Appeal
D7998	N	intraoral placement of fixation device not in conjunction with a fracture	N/A	Narrative/Reason for Appeal
D7999	N	unspecified oral surgery procedure, by report	N/A	Narrative/Reason for Appeal
D8040	S	limited orthodontic treatment of the adult dentition	Separate Approval System In Place (documentation photos, command memorandum, treatment plan, Pano or ceph)	Narrative/Reason for Appeal & Separate Approval System In Place (documentation photos, command memorandum, treatment plan, Pano or ceph)
D8090	S	comprehensive orthodontic treatment of the adult dentition	Separate Approval System In Place (documentation photos, command memorandum, treatment plan, Pano or ceph)	Narrative/Reason for Appeal & Separate Approval System In Place (documentation photos, command memorandum, treatment plan, Pano or ceph)
D8210	S	removable appliance therapy	Separate Approval System In Place (documentation photos, command memorandum, treatment plan, Pano or ceph)	Narrative/Reason for Appeal & Separate Approval System In Place (documentation photos, command memorandum, treatment plan, Pano or ceph)
D8220	N	fixed appliance therapy	N/A	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D8660	N	pre-orthodontic treatment examination to monitor growth and development	Command Memorandum	Narrative/Reason for Appeal & Command Memorandum
D8670	S	periodic orthodontic treatment visit	N/A – if ortho treatment was approved	Narrative/Reason for Appeal & if ortho treatment was approved
D8680	S	appliances, construction and placement of retainer(s)	Separate Approval System In Place (documentation photos, command memorandum, treatment plan, Pano or ceph)	Narrative/Reason for Appeal & Separate Approval System In Place (documentation photos, command memorandum, treatment plan, Pano or ceph)
D8681	N	removable orthodontic retainer adjustment	N/A	Narrative/Reason for Appeal
D8690	N	orthodontic treatment (alternative billing to a contract fee)	N/A	Narrative/Reason for Appeal
D8695	S	removal of fixed orthodontic appliances for reasons other than completion of treatment	Narrative	Narrative/Reason for Appeal
D8696	S	repair of orthodontic appliance - maxillary	Narrative	Narrative/Reason for Appeal
D8697	S	repair of orthodontic appliance - mandibular	Narrative	Narrative/Reason for Appeal
D8698	S	recement or rebond fixed retainer - maxillary	Narrative	Narrative
D8699	S	recement or rebond fixed retainer – mandibular	Narrative	Narrative
D8701	S	repair of fixed retainer, includes reattachment - maxillary	Narrative	Narrative
D8702	S	repair of fixed retainer, includes reattachment - mandibular	Narrative	Narrative
D8703	N	replacement of lost or broken retainer – maxillary	Narrative	Narrative/Reason for Appeal
D8704	N	replacement of lost or broken retainer - mandibular	Narrative	Narrative/Reason for Appeal
D8999	N	unspecified orthodontic procedure, by report	N/A	Narrative/Reason for Appeal
D9110	E	palliative (emergency) treatment of dental pain - minor procedure	N/A	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D9120	N	fixed partial denture sectioning	N/A	Narrative/Reason for Appeal
D9130	N	temporomandibular joint dysfunction – non-invasive physical therapies	N/A	Narrative/Reason for Appeal
D9210	S	local anesthesia not in conjunction with operative or surgical procedures	Narrative	Narrative/Reason for Appeal
D9211	S	regional block anesthesia	Treatment plan/Narrative	Narrative/Reason for Appeal & Treatment plan
D9212	S	trigeminal division block anesthesia	Treatment plan/Narrative	Narrative/Reason for Appeal & Treatment plan
D9215	N	local anesthesia in conjunction with operative or surgical procedures	N/A	Narrative/Reason for Appeal
D9219	N	evaluation for moderate sedation, deep sedation or general anesthesia	Narrative	Narrative/Reason for Appeal
D9222	S	deep sedation/general anesthesia – first 15 minutes	Narrative	Narrative/Reason for Appeal
D9223	S	deep sedation/general anesthesia – each 15 minute increment	Treatment Plan/Narrative	Narrative/Reason for Appeal & Treatment plan
D9230	S	inhalation of nitrous oxide/analgesia, anxiolysis	Treatment Plan/Narrative	Narrative/Reason for Appeal
D9239	S	intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Treatment Plan/Narrative	Narrative/Reason for Appeal & Treatment plan
D9243	S	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Treatment Plan/Narrative	Narrative/Reason for Appeal & Treatment plan
D9248	S	non-intravenous (conscious) sedation	Treatment Plan/Narrative	Narrative/Reason for Appeal & Treatment plan
D9310	R	consultation diagnostic service provided by dentist or physician other than requesting dentist or physician	Narrative	Narrative/Reason for Appeal
D9311	S	consultation with a medical health care professional	Narrative	Narrative/Reason for Appeal
D9410	N	house/extended care facility call	N/A	Narrative/Reason for Appeal
D9420	S	hospital or ambulatory surgical center call	Narrative	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D9430	N	office visit for observation (during regularly scheduled hours) - no other services performed	N/A	Narrative/Reason for Appeal
D9440	R	office visit - after regularly scheduled hours	Narrative	Narrative/Reason for Appeal
D9450	N	case presentation, detailed and extensive treatment planning	N/A	Narrative/Reason for Appeal
D9610	S	therapeutic parenteral drug, single administration	Narrative	Narrative/Reason for Appeal
D9612	S	therapeutic parenteral drugs, two or more administrations, different medications	Narrative	Narrative/Reason for Appeal
D9613	S	infiltration of sustained release therapeutic drug, per quadrant	Narrative	Narrative/Reason for Appeal
D9630	S	drugs or medicaments dispensed in the office for home use	Narrative	Narrative/Reason for Appeal
D9910	S	application of desensitizing medicament	Narrative	Narrative/Reason for Appeal
D9911	S	application of desensitizing resin for cervical and/or root surface, per tooth	Narrative	Narrative/Reason for Appeal
D9912	N	Pre-visit patient screening	N/A	Narrative/Reason for Appeal
D9920	N	behavior management, by report	N/A	Narrative/Reason for Appeal
D9930	S	treatment of complications (postsurgical) - unusual circumstances, by report	Narrative	Narrative/Reason for Appeal
D9932	N	cleaning and inspection of removable complete denture, maxillary	N/A	Narrative/Reason for Appeal
D9933	N	cleaning and inspection of removable complete denture, mandibular	N/A	Narrative/Reason for Appeal
D9934	N	cleaning and inspection of removable partial denture, maxillary	N/A	Narrative/Reason for Appeal
D9935	N	cleaning and inspection of removable partial denture, mandibular	N/A	Narrative/Reason for Appeal
D9941	R	fabrication of athletic mouthguard	Narrative	Narrative/Reason for Appeal
D9942	S	repair and/or reline of occlusal guard	Narrative	Narrative/Reason for Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D9943	S	occlusal guard adjustment	Narrative	Narrative/Reason for Appeal
D9944	S	occlusal guard – hard appliance, full arch	Narrative	Narrative/Reason for Appeal
D9945	S	occlusal guard – soft appliance, full arch	Narrative	Narrative/Reason for Appeal
D9946	S	occlusal guard – hard appliance, partial arch	Narrative	Narrative/Reason for Appeal
D9947	N	Custom sleep apnea appliance fabrication and placement	N/A	Narrative/Reason for Appeal
D9948	N	Adjustment of custom sleep apnea appliance	N/A	Narrative/Reason for Appeal
D9949	N	Repair of custom sleep apnea appliance	N/A	Narrative/Reason for Appeal
D9950	S	occlusion analysis - mounted case	Narrative	Narrative/Reason for Appeal
D9951	S	occlusal adjustment – limited	Narrative	Narrative/Reason for Appeal
D9952	S	occlusal adjustment - complete	Narrative	Narrative/Reason for Appeal
D9961	N	duplicate/copy patient's records	N/A	Narrative/Reason for Appeal
D9970	S	enamel microabrasion	Narrative	Narrative/Reason for Appeal
D9971	S	odontoplasty -per tooth	Narrative	Narrative/Reason for Appeal
D9972	N	external bleaching - per archperformed in office	N/A	Narrative/Reason for Appeal
D9973	N	external bleaching - per tooth	N/A	Narrative/Reason for Appeal
D9974	S	internal bleaching – per tooth	Narrative	Narrative/Reason for Appeal
D9975	N	external bleaching for home application, per arch; includes materials and fabrication of custom trays	N/A	Narrative/Reason for Appeal
D9985	N	sales tax	N/A	Not Subject to Appeal

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D9986	N	missed appointment	N/A	Narrative/Reason for Appeal
D9987	N	cancelled appointment	N/A	Narrative/Reason for Appeal
D9990	N	certified translation or sign-language services – per visit	N/A	Narrative/Reason for Appeal
D9991	N	dental case management-addressing appointment compliance barriers	N/A	Narrative/Reason for Appeal
D9992	N	dental case management-care coordination	N/A	Narrative/Reason for Appeal
D9993	N	dental case management motivational interviewing	N/A	Narrative/Reason for Appeal
D9994	N	dental case management-patient education to improve oral health literacy	N/A	Narrative/Reason for Appeal
D9995	R	teledentistry – synchronous, realtime encounter	N/A	Narrative/Reason for Appeal
D9996	R	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	N/A	Narrative/Reason for Appeal
D9997	N	dental case management – patients with special health care needs	Narrative of diagnosed condition and functional	Narrative/Reason for Appeal with diagnosed condition and functional limitation
D9999	N	unspecified adjunctive procedure, by report	N/A	Narrative/Reason for Appeal

Appendix C -

Glossary of Terms

Active Duty Service Member (ADSM) – A person on active duty in a Uniformed Service who is under a call or order that does not specify a period of 30 days or less. This contract only applies to the following Uniformed Services: The Army, Navy, Air Force, Marine Corps, Coast Guard, and uniformed members of the Commissioned Corps of the National Oceanographic and Atmospheric Administration (NOAA). The Commissioned Corps of the Public Health Service (PHS) does not currently participate in the Active Duty Dental Program.

Allowed Charge – Relative to network providers, the allowed charge for any procedure is the lower of: (1) the amount billed or (2) the amount under the network agreement that the network provider has agreed to accept as payment in full.

Anesthesia Services – The administration of an anesthetic agent by injection or inhalation. The purpose and effect of which is to produce surgical anesthesia characterized by muscular relaxation, loss of sensation, or loss of consciousness when administered by or under the direction of a physician or dentist in connection with otherwise covered surgery. Anesthesia services do not include hypnosis or acupuncture.

Assignment of Benefits – Acceptance by a non-network provider of payment directly from the insurer while reserving the right to charge the ADSM for any remaining amount of the fees for services which exceeds the prevailing fee allowance of the insurer.

Authorization – An authorization is required for all DTF referred care and care for which the remote ADSM cannot self-refer. ADDP authorizations are only approved by a Dental Treatment Facility, the DHA Dental Service Point of Contact, or the ADDP contractor.

Authorized Provider – A dentist, dental hygienist, or certified and licensed anesthetist specifically authorized to provide benefits under the Active Duty Dental Program (ADDP).

Average Allowed Charge – The average allowed charge is the mean across all procedures for a given code performed in a given three-digit zip code.

Balance Billing – When a provider seeks any payment, other than any payment relating to applicable allowable charge or for services outside of the authorization unless the ADSM agrees to pay prior to services being rendered.

Beneficiary Counseling and Assistance Coordinators (BCAC) – Individuals in the customer service community who address TRICARE and Military Health System issues and concerns. A directory of BCAC locations may be found on the TRICARE website at: <http://www.tricare.mil/bcacdcao>.

Billed Charge – The billed charge is equal to the undiscounted amount charged by a provider.

By Report – “By report” or “Report required” means dental procedures, which are authorized as benefits only in unusual circumstances requiring justification of exceptional conditions related to otherwise authorized procedures.

Continental United States (CONUS) – Includes the 50 United States, District of Columbia, U.S. Virgin Islands, Guam, Puerto Rico, American Samoa, and the Northern Mariana Islands. **Contracting Officer** – A Government employee having authority vested by a Contracting Officer’s Warrant to execute, administer, and terminate contracts and orders, and modifications thereto, which obligate Government funds and commit the Government to contractual terms and conditions.

Coordination of Benefits – A system to determine who the primary payer is and who the secondary payer is when more than one health and/or dental insurance coverage applies to a dental procedure (TRICARE is always the primary payer for the ADDP).

Covered Benefit – Dental procedure included in a dental benefit plan subject to plan limitations.

Covered Services – Dental procedure codes specified as a benefit in a dental benefits plan.

Denied Benefit – Dental procedure denied based on an enrollee's dental plan limitations (e.g. a procedure that is allowed twice within a 12-month period would be denied if a claim was filed for a third time because of the dental plan limitations).

Denied Service – A dental procedure that is not a covered benefit under the dental benefit plan (e.g. teeth whitening is a service, but it is not a benefit covered by the ADDP dental benefits plan).

Dental Care – Services relating to the teeth and their supporting structures.

Dental Explanation of Benefits (DEOB) – The document prepared by insurance carriers, health care organizations, and TRICARE provided to enrollees and dentists explaining benefits determinations to include such information as: type of service received, the amount billed, the allowable charge, the cost share amount, services denied (with denial reasons), and application of annual and lifetime maximums.

Dental Hygienist – Practitioner in rendering complete oral prophylaxis services, applying medication, performing dental radiography, and providing dental education services with a certificate, associate degree, or bachelor's degree in the field, and licensed by an appropriate authority.

Dental Readiness Classifications – The oral health status of uniformed personnel is classified into four categories.

Class 1: Patients with current dental examination who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

Class 2: Patients with current dental examination whose oral conditions are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable.

Class 3: Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

Class 4: Patients who require periodic dental examinations or patients with unknown dental classification. Class 4 patients normally are not considered to be worldwide deployable.

Dental Service Point of Contact – A dentist or dental technician assigned as the Government point of contact for all dental issues arising from care rendered to ADSMs in the civilian community. Dental technicians review simple cases and policy questions based on algorithms. Dentists review dental care for appropriateness and more complex cases. The Dental Service Point of Contact (DSPOC) positions are established within the DHA Dental Program Section to provide a means to identify, manage, and provide dental oversight of civilian dental care provided to ADSMs.

Dental Treatment Facility (DTF) – A facility operated by the military that provides dental care to ADSMs. DTFs have responsibility for management of all service members within their service areas even if that service member is not in the same branch of service as the base or post were assigned. DTFs also manage the care of non-active duty service members (e.g. Reservists) who have a dental Line of Duty (LOD) determination while in a drill or on active duty for less than 30 days.

Dentist – Doctor of Dental Medicine (D.M.D.) or Doctor of Dental Surgery (D.D.S.) or doctor with an equivalent dental degree, who is licensed to practice dentistry by an appropriate authority.

Diagnostic Services – Category of dental services including clinical oral examinations, radiographic examinations, and diagnostic laboratory tests and examinations provided in connection with other dental procedures authorized as ADDP benefits.

Emergency Care – Care which includes any treatment necessary to relieve pain, treat infection, control hemorrhaging, or repair broken fillings by placement of temporary or permanent fillings (not crowns). Root canal treatment and extractions may be included if needed to relieve the pain and infection. Crowns, implants, bridges and dentures work are not considered emergency care.

Endodontics – The etiology, prevention, diagnosis, and treatment of diseases and injuries affecting the dental pulp, tooth root, and periapical tissue.

Excludable Services – Excludable services are services that are not specifically excluded but are not covered because they are not medically necessary based on the circumstance.

Fraud – For purposes of the ADDP, fraud is defined as (1) a deception or misrepresentation by a provider, beneficiary, sponsor, or any person acting on behalf of a provider, sponsor, or beneficiary with the knowledge (or who had reason to know or should have known) that the deception or misrepresentation could result in some unauthorized ADDP benefit to self or some other person, or some unauthorized ADDP payment, or (2) a claim that is false or fictitious, or includes or is supported by any written statement which asserts a material fact which is false or fictitious, or includes or is supported by any written statement that (a) omits a material fact and (b) is false or fictitious as a result of such omission and (c) is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact. It is presumed that, if a deception or misrepresentation is established and an ADDP claim is filed, the person responsible for the claim had the requisite knowledge. This presumption is refutable only by substantial evidence. It is further presumed that the provider of the services is responsible for the actions of all individuals who file a claim on behalf of the provider (for example, billing clerks); this presumption may only be rebutted by clear and convincing evidence.

Geographical Area of Coverage:

CONUS Service Area – The “CONUS” or “Continental United States” service area includes the fifty (50) United States, District of Columbia, U.S. Virgin Islands, Guam, Puerto Rico, American Samoa, and the Northern Mariana Islands.

OCONUS Service Area – The “OCONUS” or “Outside the Continental United States” service area includes all other countries, island masses and territorial waters. Covered services provided on a civilian ship or vessel that is outside the territorial waters of the CONUS service area are considered covered under the OCONUS service area, regardless of the provider’s home address.

Inactive National Guard (ING) – The ING are personnel in an inactive status in the Ready Reserve, but not in the Selected Reserve. They are attached to a specific National Guard unit, who are required to muster once a year with their assigned unit, but do not participate in training activities.

Individual Ready Reserve (IRR) – The IRR consists of those members of the Ready Reserve who are not in the Selected Reserve or the Inactive National Guard. Within the IRR of each reserve component there two types of mobilization categories:

Mobilization Only Personnel – The IRR member volunteers for a specific service category or the member is selected for a specific category by the Secretary concerned, based upon the needs of the service and the grade and military skills of that member. An IRR mobilization member is eligible for benefits (other than pay and training) as are normally available to members of the Selected Reserve.

Non-Mobilization Only Personnel – The IRR member is subject to being ordered to active duty involuntarily. An IRR non-mobilization member has limited benefits and is not entitled to the same benefits as a Selected Reserve member.

Initial Determination – A formal written decision on dental reimbursement or a request for a benefit pre-determination. Rejection of dental reimbursement or pre-determination, or of a request for benefit or provider authorization for failure to comply with administrative requirements, including failure to submit reasonably requested information, is not an initial determination. Responses to general or specific inquiries regarding dental benefits are not initial determinations.

Line of Duty (LOD) – Reserve Component members, to include the National Guard members, serving on duty 30 days or less are not eligible for DTF dental care except for emergencies. If a Reserve Component Member in an active duty status becomes injured or ill during training or duty related incident and requires dental treatment, they are only entitled to treatment for that injury or illness. The responsibility for determining eligibility for treatment rests with military medical authorities in accordance with published service regulations and Defense Health Agency guidance. The care may be received after a member is inactivated provided that the appropriate LOD documentation is on file; Defense Enrollment Eligibility Reporting System (DEERS) will not indicate eligibility.

Member Liability – The ADSM is liable for any expenses for services and supplies not covered, but for which the member has agreed in writing to pay. The ADSM, his/her estate, or responsible family member, has no legal obligation to pay for the costs of dental care or treatment received for covered services, and where required, services that were authorized.

Military Fixed Overseas Dental Treatment Facility (ODTF) – For the purposes of this contract, fixed ODTFs are Outside Continental United States (OCONUS) facilities that are staffed on a year-round basis and provide dental care to active duty members and their family members. Family members are seen on a space-available basis. Fixed ODTFs are sometimes referred to as “full-time”.

Network Provider – A dentist or dental hygienist who has agreed to accept the contractor’s reasonable fee allowances or other fee arrangements as the total charge (even though less than the actual billed amount).

Non-Network Provider – A dentist or dental hygienist that furnished dental services to an ADSM, but who has not agreed to accept the insurer’s fee allowances and applicable cost-share as the total charge for the

services. A non-network provider relies on the ADSM for final responsibility for payment of his or her charge, but may accept payment (assignment of benefits) directly from the insurer or assist the ADSM in filing the claim for reimbursement by the dental plan contractor. Where the non-network provider does not accept payment directly from the insurer, the insurer pays the ADSM, not the provider. Use of a non-network provider must be pre-authorized by the contractor before non-emergency care is delivered.

Oral and Maxillofacial Surgery – Surgical procedures performed in the oral cavity or maxillofacial region.

Oral Surgeon – A person who has received a degree in dentistry and has completed residential training in oral and maxillofacial surgery, that is, that branch of the healing arts that deals with the diagnosis and the surgical correction and adjunctive treatment of diseases, injuries, and defects of the mouth, the jaws, and associated structures.

Orthodontics – The supervision, guidance, and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex.

Outside Continental United States (OCONUS) – Includes all other countries, island masses and territorial waters not considered to be within the CONUS service area.

Party to the Initial Determination – An ADSM, network provider, and/or a provider seeking to become or remain an authorized ADDP provider whose interest have been adjudicated by the initial determination.

Periodontics – The examination, diagnosis, and treatment of diseases affecting the surrounding and supporting structures of the teeth.

Prevailing Charge – The charges submitted by certain dental providers which fall within the range of charges that are most frequently used in a state for a particular procedure or service. The top of the range establishes the maximum amount ADDP will authorize for payments of a given procedure or service, except where unusual circumstances or dental complications warrant an additional charge.

Preventive Services – Dental care services to prevent dental disease, including traditional prophylaxis, scaling deposits from teeth, polishing teeth, and topical application of fluoride to teeth, sealants, etc.

Prosthodontics – The diagnosis, planning, making, insertion, adjustment, refinement, and repair of artificial devices intended for the replacement of missing teeth, deficient teeth that cannot be corrected with direct restorations, and associated tissues.

Provider – A dentist, dental hygienist, or certified and licensed anesthetist, or other individual professional provider, or other provider of services or supplies in accordance with 32 CFR 199.2. This term, when used in relation to OCONUS service area providers, may include other recognized professions authorized to furnish care under laws of that particular territory, possession or country.

Ready Reserve – The Ready Reserve consists of units or Reserves, or both, liable for active duty. The Ready Reserve comprises military members of the Reserve and National Guard that consists of three reserve component subcategories: (1) Selected Reserve; (2) Individual Ready Reserve; and (3) Inactive National Guard.

Referral – The act or an instance of referring an ADSM from a Dental Treatment Facility to a civilian provider for dental care. ADDP referrals may only be made by the Dental Treatment Facility.

Remote Active Duty Service Member – An active duty service member who works and lives more than 50 miles from a military Dental Treatment Facility. This also includes eligible members enrolled in TRICARE Prime Remote, uniformed members of NOAA, Early Activation reserve component members, Foreign Forces members in CONUS geographic regions, Line of Duty members, Wounded Warriors and certain Reserve component members under TAMP.

Residual Claim – A claim for dental care services rendered during the dental care delivery period of the contract, but processed during the Phase-Out period of that contract when that contractor is no longer providing dental care delivery (e.g. the contract has been transitioned to another contractor).

Restorative Services – Restoration of teeth including those procedures commonly described as amalgam restorations, resin restorations, pin retention, and stainless steel crowns for primary teeth.

Retained Claims – Claims retained by the contractor for processing to completion or development.

Routine Care – Covered benefits for remote ADSMs that do not require authorization which includes diagnostic (exams and X-rays), preventive (cleanings), routine restorations (amalgam or composite fillings), and single tooth extractions that does not exceed \$750 per appointment. It does not include crowns nor other specialty care.

Routine Care Appointment – A routine appointment is for care such as a 6-month, annual exam and preventive services (e.g. prophylaxis and application of fluoride).

Sealants – A material designed for application on specified teeth to seal the surface irregularities to prevent ingress of oral fluids, food, and debris in order to prevent tooth decay.

Selected Reserve (SelRes) – The Selected Reserve consist of those units and individuals within the Ready Reserve designated by their respective Services and approved by the Chairman of the Joint Chiefs of Staff as so essential to initial wartime missions that they have priority over all other Reserves.

Service Point of Contact (SPOC) – Serves as a centralized service point of contact and is the primary POC for respective service headquarters and commands.

Specialty Care – Other dental care (e.g. prosthodontics, implantology, periodontics, oral surgery, orthodontics, endodontics, orofacial pain) or diagnostic procedure not considered emergency or routine care.

TRICARE OCONUS Preferred Dentist (TOPD) – A dentist who has signed an agreement with the ADDP contractor agreeing to abide to the applicable credentialing requirements and standards of care for the country in which they practice; submit claims directly to the contractor for authorized and/or covered services

rendered to ADMSs. Active Duty Service Members (ADSMs) shall not have cost shares or co-pays with TOPDs. TOPDs are not network providers.