

## 2023 Missouri CHIP Clinical Criteria

### Prior Authorization of Treatment and Emergency Treatment

10/24/23 revision

When submitting for prior authorization / retrospective review of these procedures, please note the documentation requirements when sending in the information to UHC Dental.

UHC Dental criteria utilized for medical necessity determination were developed from information collected from American Dental Association's Code Manuals, clinical articles and guidelines, as well as dental schools, practicing dentists, insurance companies, other dental related organizations, and local state or health plan requirements. The criteria UHC Dental reviewers will look for in order to approve the request is listed below. Should the procedure need to be initiated under an emergency condition to relieve pain and suffering, you are to provide treatment to alleviate the patient's condition. However, to receive reimbursement for the treatment, UHC Dental will require the same criteria / documentation be provided (with the claim for payment) and the same criteria be met to receive payment for the treatment.

When reviewing requests for services the following guidelines will be used: Treatment will not be routinely approved when functional replacement with less costly restorative materials, including prosthetic replacement, is possible. Dental work for cosmetic reasons or because of the personal preference of the member or provider is not within the scope of the Medicaid program.

| Procedure                | Procedure Codes   | Documentation (simplified for Skygen)                                  | Required Documentation  | Criteria for Approval  | Prior or Post |
|--------------------------|---|--|---|--|---------------|
| <b>Sialography</b>       | D0310   | Panoramic x-ray<br>Narrative of necessity                              | Current panoramic x-ray<br>Narrative of necessity                             | <ul style="list-style-type: none"> <li>Documentation describes medical necessity</li> </ul>  | Prior         |
| <b>Crowns</b>            | D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792 | Current x-rays<br>Narrative of necessity if decay not evident on films | Current pre-op x-rays<br>Narrative of necessity if decay not evident on films | <ul style="list-style-type: none"> <li>Anterior - 50% incisal edge / 4+ surfaces involved</li> <li>Bicuspid – 1 cusp / 3+ surfaces involved</li> <li>Molar – 2 cusps / 4+ surfaces involved</li> <li>Minimum 50% bone support</li> <li>No periodontal furcation</li> <li>No subcrestal caries</li> <li>Clinically acceptable RCT (if performed)</li> </ul> | Prior         |
| <b>Provisional Crown</b> | D2799   | Current x-rays<br>Narrative of necessity                               | Current pre-op x-rays<br>Narrative of necessity                               | <ul style="list-style-type: none"> <li>Documentation describes medical necessity and provisional crown need for a minimum of 6 months.</li> <li>Not to be used as a temporary crown for a routine prosthetic restoration</li> </ul>  | Prior         |
| <b>Core Buildup</b>      | D2950   | Current x-rays   | Current pre-op x-rays   | <ul style="list-style-type: none"> <li>Significant loss of coronal tooth structure due to caries or trauma in which insufficient tooth structure remains to adequately retain an indirect restoration.</li> </ul>  | Prior         |

| Procedure  | Procedure Codes     | Documentation (simplified for Skygen)                        | Required Documentation  | Criteria for Approval  | Prior or Post |
|--|---------------------|--|---|--|---------------|
| <b>Post And Core In Addition To Crown</b>                                  | D2952, D2953, D2954 | Current x-rays<br>Narrative of necessity<br>Post RCT PA      | Current pre-op x-rays<br>Narrative of necessity<br>For any tooth with endodontic procedure planned or performed, a periapical x-ray of the final endodontic procedure is required | <ul style="list-style-type: none"> <li>For teeth with significant loss of coronal tooth structure in endodontically treated teeth in which insufficient tooth structure remains to adequately retain an indirect restoration</li> <li>For Posts: when there is inadequate remaining tooth structure to support a core</li> </ul>     | Prior         |
| <b>Labial Veneer</b>   | D2960, D2961, D2962 | Current x-rays   | Current pre-op x-rays   | <ul style="list-style-type: none"> <li>For coverage of enamel only fractures that cannot be adequately repaired with a direct restoration (i.e., CDT codes D2330–D2335)</li> <li>Teeth with enamel defects including but not limited to enamel hypoplasia, severe decalcification, enamel hypocalcification and fluorosis</li> </ul> | Prior         |
| <b>Additional Procedures To Construct New Crown Under Existing Partial</b> | D2971               | Panoramic or FMX<br>Narrative of necessity                   | Panoramic or full mouth series.<br>Narrative of necessity   | <ul style="list-style-type: none"> <li>Documentation supports procedure, missing teeth on at least one side of requested crown</li> </ul>  | Prior         |
| <b>Repair of Crown / Inlay / Onlay</b>                                     | D2980, D2981, D2982 | Current x-rays<br>Narrative of necessity/report of procedure | Current pre-op x-rays<br>Narrative of necessity/report of procedure   | <ul style="list-style-type: none"> <li>Documentation supports reason for why repair is necessary</li> </ul>  | Prior         |

| Procedure   | Procedure Codes     | Documentation (simplified for Skygen)    | Required Documentation                          | Criteria for Approval   | Prior or Post |
|---|---------------------|--|---|---|---------------|
| <b>Endodontic Therapy</b>                                       | D3310, D3320, D3330 | Current x-rays                           | Current pre-op x-rays                           | <p>Covered in the following scenarios:</p> <ul style="list-style-type: none"> <li>• A restorable mature, completely developed permanent or primary tooth with irreversible pulpitis, necrotic pulp or frank vital pulpal exposure</li> <li>• Teeth with radiographic periapical pathology</li> <li>• Primary teeth without a permanent successor</li> <li>• Trauma</li> <li>• When needed for prosthetic rehabilitation</li> </ul> <p>Not covered in the following situations:</p> <ul style="list-style-type: none"> <li>• Teeth with a poor long-term prognosis</li> <li>• Teeth with inadequate bone support or advanced or untreated periodontal disease</li> <li>• Teeth with incompletely formed root apices</li> </ul> | Prior         |
| <b>Treatment Of Root Canal Obstruction; Non-Surgical Access</b> | D3331               | Current x-rays<br>Narrative of necessity | Current pre-op x-rays<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• When there is an obstruction of the root canal system, (biological, iatrogenic ledges or post removal) and endodontic retreatment is needed</li> </ul>   | Prior         |
| <b>Incomplete Endodontic Therapy</b>                            | D3332               | Current x-rays<br>Narrative of necessity | Current pre-op x-rays<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• The inability to complete endodontic therapy may occur if, during treatment, it becomes apparent that access is not possible, the tooth will not be able to be restored, or the tooth fractures</li> </ul>   | Prior         |
| <b>Internal Root Repair Of Perforation Defects</b>              | D3333               | Current x-rays<br>Narrative of necessity | Current pre-op x-rays<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• There is a root perforation caused by pathology such as resorption or decay</li> <li>• A communication between the pulp space and external root surface as a result of internal root resorption</li> </ul>   | Prior         |

| Procedure   | Procedure Codes     | Documentation (simplified for Skygen)    | Required Documentation                          | Criteria for Approval   | Prior or Post |
|---|---------------------|--|---|---|---------------|
| <b>Retreatment Of Previous Root Canal Therapy</b> | D3346, D3347, D3348 | Current x-rays                           | Current pre-op x-rays                           | <ul style="list-style-type: none"> <li>• Tooth is sensitive to pressure and percussion or other subjective symptoms</li> <li>• Placement of a post has the potential to compromise the existing obturation or apical seal of the canal system</li> <li>• Minimum 50% bone support</li> <li>• No periodontal furcation</li> <li>• No subcrestal caries</li> <li>• Evidence of apical pathology/fistula</li> <li>• Pain from percussion / temp</li> </ul>   | Prior         |
| <b>Apexification / Recalcification</b>            | D3351, D3352, D3353 | Current x-rays<br>Narrative of necessity | Current pre-op x-rays<br>Narrative of necessity | <p>Covered in the following scenarios:</p> <ul style="list-style-type: none"> <li>• Incomplete apical closure in a permanent tooth root</li> <li>• External root resorption or when the possibility of external root resorption exists</li> <li>• Necrotic pulp, irreversible pulpitis or periapical lesion</li> <li>• For prevention or arrest of resorption</li> <li>• Perforations or root fractures that do not communicate with oral cavity</li> </ul> <p>Not covered in the following situations:</p> <ul style="list-style-type: none"> <li>• A tooth with a completely closed apex</li> </ul> | Prior         |

| Procedure                            | Procedure Codes            | Documentation (simplified for Skygen)    | Required Documentation                          | Criteria for Approval   | Prior or Post |
|--------------------------------------|----------------------------|--|---|---|---------------|
| <b>Apicoectomy</b>                   | D3410, D3421, D3425, D3426 | Current x-rays<br>Narrative of necessity | Current pre-op x-rays<br>Narrative of necessity | <p>Covered in the following scenarios:</p> <ul style="list-style-type: none"> <li>• Failed retreatment of endodontic therapy</li> <li>• When the apex of tooth cannot be accessed due to calcification or another anomaly</li> <li>• When a biopsy of periradicular tissue is Necessary</li> <li>• Where visualization of the periradicular tissues and tooth root is required when perforation or root fracture is suspected</li> <li>• Further diagnosis when post endodontic therapy symptoms persist</li> <li>• A marked over extension of obturating materials interfering with healing</li> </ul> <p>Not covered in the following situations:</p> <ul style="list-style-type: none"> <li>• Unusual bony or root configurations resulting in lack of surgical access</li> <li>• The possible involvement of neurovascular structures</li> <li>• Teeth with a hopeless prognosis</li> </ul> | Prior         |
| <b>Retrograde Filling - Per Root</b> | D3430                      | Current x-rays<br>Narrative of necessity | Current pre-op x-rays<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• Periradicular pathosis and a blockage of the root canal system that could not be obturated by nonsurgical root canal treatment</li> <li>• Persistent Periradicular pathosis resulting from an inadequate apical seal that cannot be corrected non-surgically</li> <li>• Root perforations</li> <li>• Resorptive defects</li> </ul>   | Prior         |

| Procedure                            | Procedure Codes     | Documentation (simplified for Skygen)   | Required Documentation   | Criteria for Approval  | Prior or Post |
|--------------------------------------|---------------------|---|--|--|---------------|
| <b>Root Amputation - Per Root</b>    | D3450               | Current x-rays<br>Narrative of necessity  | Current pre-op x-rays<br>Narrative of necessity  | <ul style="list-style-type: none"> <li>• Class III Furcation involvement</li> <li>• Untreatable bony defect (of one root)</li> <li>• Root fracture</li> <li>• Root caries</li> <li>• Root resorption</li> <li>• Persistent sinus tract or recurrent apical pathology</li> <li>• When there is greater than 75% bone supporting remaining root(s)</li> <li>• The tooth has had successful endodontic treatment</li> </ul>   | Prior         |
| <b>Gingivectomy Or Gingivoplasty</b> | D4210, D4211, D4212 | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects</li> <li>• Generalized 5 mm or more pocketing indicated on the periodontal charting</li> </ul>  | Prior         |
| <b>Anatomical Crown Exposure</b>     | D4230, D4231        | Current x-rays  | Current pre-op x-rays  | <ul style="list-style-type: none"> <li>• To facilitate the restoration of subgingival caries</li> <li>• To allow proper contour of restoration</li> <li>• To allow management of a subgingivally fractured tooth</li> </ul>  | Prior         |
| <b>Flap Procedures</b>               | D4240, D4241, D4245 | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• The presence of moderate to deep probing depths</li> <li>• Moderate/severe gingival enlargement or extensive areas of overgrowth</li> <li>• Loss of attachment</li> <li>• The need for increased access to root surface and/or alveolar bone when previous non-surgical attempts have been unsuccessful</li> <li>• The diagnosis of a cracked tooth, fractured root or external root resorption when this cannot be accomplished by non-invasive methods</li> <li>• To preserve keratinized tissue in conjunction with osseous surgery</li> </ul> | Prior         |

| Procedure  | Procedure Codes                          | Documentation (simplified for Skygen)   | Required Documentation   | Criteria for Approval  | Prior or Post |
|--|--|---|--|--|---------------|
| <b>Clinical Crown Lengthening - Hard Tissue</b>                          | D4249                                    | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | <ul style="list-style-type: none"> <li>In an otherwise periodontally healthy area to allow a restorative procedure on a tooth with little to no crown exposure</li> <li>To allow preservation of the biological width for restorative procedures</li> </ul>  | Prior         |
| <b>Osseous Surgery</b>   | D4260, D4261                             | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Patients with a diagnosis of moderate to advanced or Refractory periodontal disease</li> <li>When less invasive therapy (i.e., non-surgical periodontal therapy, Flap procedures) has failed to eliminate disease</li> </ul>  | Prior         |
| <b>Bone Replacement Graft - First Site In Quadrant</b>                   | D4263, D4264                             | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Infrabony/Intrabony vertical defects</li> <li>Class II Furcation involvements</li> </ul>  | Prior         |
| <b>Biologic Materials To Aid In Soft And Osseous Tissue Regeneration</b> | D4265                                    | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Documentation supports need to aid in the regeneration of periodontal tissues</li> </ul>  | Prior         |
| <b>Guided Tissue Generation</b>  | D4266, D4267                             | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Intrabony/infrabony vertical defects</li> <li>Class II Furcation involvements</li> <li>To enhance periodontal tissue regeneration and healing for mucogingival defects in conjunction with mucogingival surgeries</li> </ul>  | Prior         |
| <b>Surgical Revision Procedure, Per Tooth</b>                            | D4268                                    | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | <ul style="list-style-type: none"> <li>May be indicated to correct an abnormal healing response that interferes with the therapeutic goals of the original regenerative surgical procedure</li> </ul>  | Prior         |
| <b>Tissue Graft Procedure</b>  | D4270, D4273, D4275, D4276, D4277, D4278 | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Areas with less than 2 mm of attached gingiva</li> <li>Unresolved sensitivity in areas of Recession</li> <li>Progressive Recession or chronic inflammation</li> <li>Teeth with subgingival restorations where there is little or no attached gingiva to improve plaque control</li> </ul> | Prior         |

| Procedure  | Procedure Codes            | Documentation (simplified for Skygen)   | Required Documentation  | Criteria for Approval  | Prior or Post |
|--|----------------------------|---|---|--|---------------|
| <b>Distal Or Proximal Wedge Procedure</b>  | D4274                      | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity          | <ul style="list-style-type: none"> <li>No history of D4260/D4261 within 12 months</li> <li>More than 50% bone to remain after procedure</li> <li>To expose coronal fracture or caries but not on same day as restorative procedure</li> </ul>  | Prior         |
| <b>Provisional Splinting - Intracoronal</b>  | D4320, D4321               | Current x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity | Current pre-op x-rays<br>Complete 6 point periodontal charting<br>Narrative of necessity          | <ul style="list-style-type: none"> <li>Documentation indicates periodontal mobility Type 3 or 4</li> <li>Documentation shows treatment plan of planned or completed periodontal therapy</li> </ul>   | Prior         |
| <b>Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle</b> | D4381                      | Panoramic or FMX<br>Perio charting<br>Previous scaling and root planing dates     | Panoramic x-ray or full series<br>Periodontal charting<br>Previous scaling and root planing dates | <ul style="list-style-type: none"> <li>Periodontal disease with probing depths greater than or equal to 5 millimeters with active disease (bleeding upon probing, exudate, and inflammation) present.</li> </ul>   | Prior         |
| <b>Periodontal Maintenance</b>   | D4910                      | Current x-rays<br>Complete 6 point periodontal charting                           | Current pre-op x-rays<br>Complete 6 point periodontal charting                                    | <p>Covered in the following scenarios:</p> <ul style="list-style-type: none"> <li>To maintain the results of surgical and non-surgical periodontal treatment</li> <li>As an extension of active periodontal therapy at selected intervals</li> </ul> <p>Not covered in the following scenarios:</p> <ul style="list-style-type: none"> <li>If no history of scaling and root planing (SRP) or surgical procedures</li> </ul> | Prior         |
| <b>Complete Dentures</b>   | D5110, D5120, D5130, D5140 | Panoramic x-ray or FMX  | Panoramic x-ray or full mouth series  | <ul style="list-style-type: none"> <li>Remaining teeth do not have adequate bone support or are not restorable</li> <li>Existing denture greater than 5 years old and unserviceable (narrative must explain why any existing denture is not serviceable or cannot be relined or rebased)</li> </ul>  | Prior         |



| <b>Procedure</b>                          | <b>Procedure Codes</b>     | <b>Documentation (simplified for Skygen)</b>                   | <b>Required Documentation</b>                                  | <b>Criteria for Approval</b>  | <b>Prior or Post</b> |
|---|----------------------------|--|--|---|----------------------|
| <b>Partial Dentures</b>                   | D5211, D5212, D5213, D5214 | Panoramic x-ray or FMX   | Panoramic x-ray or full mouth series                           | <ul style="list-style-type: none"> <li>• Replacing one or more anterior teeth</li> <li>• Replacing three or more posterior teeth (excluding 3rd molars)</li> <li>• Existing partial denture greater than 5 years old and unserviceable</li> <li>• Abutment teeth have greater than 50% bone support and are restorable</li> </ul>   | Prior                |
| <b>Repair Cast Partial Framework</b>      | D5621, D5622               | Narrative of necessity   | Narrative of necessity   | <ul style="list-style-type: none"> <li>• Dentures greater than 6 months old</li> <li>• Documentation describes medical necessity</li> </ul>   | Prior                |
| <b>interim Partial Denture</b>            | D5820, D5821               | Panoramic x-ray or full mouth series<br>Narrative of necessity | Panoramic x-ray or full mouth series<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• While tissue is healing following extractions</li> <li>• Maintenance of a space for future permanent treatment such as an implant, bridge, or definitive fixed prosthesis</li> <li>• To condition teeth and ridge tissue for optimum support of a definitive removable partial denture</li> <li>• To maintain established jaw relation until all restorative treatment has been completed and a definitive partial denture can be constructed</li> </ul> | Prior                |
| <b>Precision Attachment, By Report</b>    | D5862                      | Panoramic x-ray or FMX<br>Narrative of necessity               | Panoramic x-ray or full mouth series<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• Documentation supports why attachment will significantly enhance function</li> </ul>   | Prior                |
| <b>Overdentures</b>                       | D5863, D5864, D5865, D5866 | Panoramic x-ray or FMX<br>Narrative of necessity               | Panoramic x-ray or full mouth series<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• To preserve the integrity of the edentulous ridge</li> <li>• When the teeth available as retainers have a good long-term prognosis</li> </ul>  | Prior                |
| <b>Maxillofacial Prosthetics</b>          | D5913 – D5996              | Panoramic x-ray or FMX<br>Narrative of necessity               | Panoramic x-ray or full mouth series<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• Documentation describes accident, facial trauma, disease, facial reconstruction, or other medical necessity need</li> </ul>  | Prior                |
| <b>Surgical Placement Of Implant Body</b> | D6010, D6040, D6050        | Panoramic x-ray or FMX   | Pre-op panoramic x-ray or full mouth series                    | <ul style="list-style-type: none"> <li>• Documentation shows healthy bone and periodontium</li> </ul>   | Prior                |

| Procedure  | Procedure Codes   | Documentation (simplified for Skygen)                               | Required Documentation  | Criteria for Approval  | Prior or Post |
|--|---|---|---|--|---------------|
| <b>Implant Related Services</b>                              | D6082, D6083, D6084, D6086, D6087, D6088, D6097, D6098, D6099, D6120, D6121, D6122, D6123   | At least 12 weeks post-operative x-rays of osseointegrated implant. | X-rays of implant in place and osseointegrated to determine benefits for implant abutments and implant crowns. Films must be at least 12 weeks post-operative to evaluate osseointegration. | <ul style="list-style-type: none"> <li>Documentation shows fully integrated surgical implant with good crown / root ratio</li> <li>Healthy bone and periodontium surrounding surgical implant</li> </ul>   |               |
| <b>Repair or Removal of an Implant</b>                       | D6090, D6095, D6100   | Current x-rays of area<br>Narrative of necessity                    | Current x-rays of area<br>Narrative of necessity  | <ul style="list-style-type: none"> <li>Documentation describes medical necessity for repair or surgical removal of an implant</li> </ul>   | Prior         |
| <b>Bridges</b>   | D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6790, D6791, D6792 | Panoramic x-ray or FMX<br>Dental charting indicating missing teeth  | Current pre-op panoramic x-ray or full mouth series<br>Dental charting indicating missing teeth   | <ul style="list-style-type: none"> <li>Replacement of missing permanent teeth in which the Retainer/Abutment teeth have a favorable long-term prognosis</li> <li>Replacement of one to two missing teeth in a Tooth Bounded Space</li> <li>Minimum 50% bone support on abutments</li> <li>No periodontal furcation on abutments</li> <li>No sub-crestal caries on abutments</li> <li>Clinically acceptable RCT on abutments</li> </ul> <p>Replacement of existing fixed partial denture:</p> <ul style="list-style-type: none"> <li>One of the abutment crowns is defective on existing bridge</li> <li>One of the abutment crowns has recurrent decay on existing bridge</li> <li>One of the abutment crowns needs root canal on existing bridge</li> </ul> | Prior         |
| <b>Connector Bar / Stress Breaker / Precision Attachment</b> | D6920, D6940, D6950   | Current x-rays of area<br>Narrative of necessity                    | Current x-rays of area<br>Narrative of necessity  | <ul style="list-style-type: none"> <li>Documentation supports why this will significantly enhance function</li> </ul>  | Prior         |
| <b>Bridge Repair</b>   | D6980   | Narrative of necessity  | Narrative of necessity  | <ul style="list-style-type: none"> <li>Documentation supports medical necessity and the appliance to be repaired is functional and has a favorable long-term prognosis.</li> </ul>   | Prior         |

| Procedure                        | Procedure Codes             | Documentation (simplified for Skygen)             | Required Documentation                            | Criteria for Approval   | Prior or Post |
|----------------------------------|-----------------------------|---|---|---|---------------|
| <b>Removal Of Impacted Tooth</b> | D7220, D7230, D7240, D7241, | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Pericoronitis</li> <li>• Carious lesion</li> <li>• Facilitation of the management of or limitation of progression of periodontal disease</li> <li>• Non-treatable pulpal or periapical lesion</li> <li>• Acute or chronic infection</li> <li>• Ectopic position</li> <li>• Elective therapeutic removal</li> <li>• Abnormalities of tooth size or shape precluding normal function</li> <li>• Facilitation of orthodontic tooth movement and promotion of dental stability</li> <li>• Tooth impeding the normal eruption of an adjacent tooth</li> <li>• Tooth in line of fracture</li> <li>• Impacted tooth</li> <li>• Pathology associated with tooth</li> <li>• Pathology associated with impacted tooth (odontogenic cysts, neoplasms)</li> <li>• Tooth involved in tumor resection</li> <li>• Preventive or prophylactic removal, when indicated, for patients with medical or surgical conditions or treatments</li> <li>• Clinical findings of fractured tooth or teeth</li> <li>• Internal or external resorption of tooth or adjacent teeth</li> <li>• Anatomical position causing potential damage to adjacent teeth</li> <li>• Patient's informed refusal of nonsurgical treatment options</li> </ul> | Prior         |

| Procedure   | Procedure Codes | Documentation (simplified for Skygen)             | Required Documentation                            | Criteria for Approval   | Prior or Post |
|---|-----------------|---|---|---|---------------|
| <b>Removal Of Residual Tooth Roots</b>                              | D7250           | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <p>Covered in the following scenarios:</p> <ul style="list-style-type: none"> <li>When tooth roots or fragments of tooth roots remain in the bone following a previous incomplete tooth extraction</li> </ul> <p>Not covered in the Following Scenarios:</p> <ul style="list-style-type: none"> <li>Tooth decay resulting in the destruction of the dentition to the extent that only root tips remain (should be considered D7140 or D7210)</li> </ul> | Prior         |
| <b>Coronectomy - Intentional Partial Tooth Removal</b>              | D7251           | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>When clinical criteria for extraction of impacted teeth is met</li> <li>When the removal of complete tooth would likely result in damage to the neurovascular bundle</li> </ul>  | Prior         |
| <b>Oroantral Fistula Closure / Sinus Perforation</b>                | D7260, D7261    | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Closure is needed due to extraction, oral infection, or sinus infection</li> </ul>   | Prior         |
| <b>Exposure of an Unerupted Tooth</b>                               | D7280           | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Documentation supports this is needed for a normally developing permanent tooth that is unable to erupt into a functional position</li> </ul>  | Prior         |
| <b>Placement Of Device To Facilitate Eruption Of Impacted Tooth</b> | D7283           | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Documentation supports this is needed following the surgical exposure of an un-erupted tooth to aid in its eruption</li> </ul>   | Prior         |
| <b>Exfoliative Cytological Sample Collection</b>                    | D7287           | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Documentation supports medical necessity</li> </ul>  | Prior         |
| <b>Surgical Repositioning Of Teeth</b>                              | D7290           | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>The treatment of displacement injuries to permanent teeth</li> <li>Extrusion of teeth with crown/root fractures to prepare for restoration of permanent teeth</li> </ul>   | Prior         |
| <b>Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report</b>   | D7291           | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Indicated to reduce rotational relapse of individual teeth following orthodontic treatment</li> </ul>  | Prior         |
| <b>Harvest Of Bone For Use In Autogenous Grafting Procedure</b>     | D7295           | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Documentation indicates harvest of bone reported in addition to autogenous grafting procedure that do not include harvest of bone</li> </ul>   | Prior         |

| Procedure  | Procedure Codes                   | Documentation (simplified for Skygen)             | Required Documentation                            | Criteria for Approval  | Prior or Post |
|--|-----------------------------------|---|---|--|---------------|
| <b>Corticotomy</b>                                   | D7296, D7297                      | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Documentation describes why osteogenic orthodontics is necessary</li> </ul>   | Prior         |
| <b>Alveoloplasty In Conjunction With Extractions</b> | D7310, D7320                      | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>For bone re-contouring and smoothing as part of the tooth extraction process</li> <li>For bone re-contouring and smoothing as a standalone procedure prior to fixed or removable prosthetic construction</li> <li>To provide stability for implant placement</li> <li>For de-bulking procedures for pathologic conditions of the bone</li> </ul>  | Prior         |
| <b>Vestibuloplasty - Ridge Extension</b>             | D7340, D7350                      | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction</li> <li>To complement and complete osseous procedure when reconstructing edentulous bone</li> <li>To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement</li> <li>For overall stability of a dental implant and the maintenance of bone health around an implant</li> </ul> | Prior         |
| <b>Excision of Lesion / Tumor</b>                    | D7410 – D7465                     | Narrative of necessity<br>Pathology report        | Narrative of necessity<br>Pathology report        | <ul style="list-style-type: none"> <li>Copy of pathology report</li> <li>Documentation explains necessity for excision of lesion/tumor/cyst</li> </ul>   | Prior         |
| <b>Excision of Bone Tissue</b>                       | D7471, D7472, D7472, D7485, D7490 | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>When the presence of tori/exostosis interferes with the fit of a dental prosthesis and it cannot be adapted successfully</li> <li>When causing soft tissue trauma with existing removable appliances</li> <li>For unusually large tori/exostosis that are prone to recurrent traumatic injury</li> <li>When there is a functional disturbance, including, but not limited to normal tongue movement, mastication, swallowing and speech</li> </ul>  | Prior         |

| Procedure   | Procedure Codes  | Documentation (simplified for Skygen)             | Required Documentation                            | Criteria for Approval  | Prior or Post |
|---|--|---|---|--|---------------|
| <b>Surgical Incisions</b>   | D7530, D7540, D7550, D7560   | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Documentation describes non-vital tooth, root fracture or foreign body</li> <li>Documentation describes periapical or periodontal abscess</li> </ul>  | Prior         |
| <b>Fractures – Simple / Compound</b>                                    | D7620 – D7780  | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Documentation describes accident, operative report, and medical necessity</li> </ul>  | Prior         |
| <b>Reduction of Dislocation and Management of TMJ Dysfunctions</b>      | D7810, D7820, D7830 – D7880  | Current x-rays<br>Narrative of necessity          | Current x-rays<br>Narrative of necessity          | <p>Covered in the following Scenarios:</p> <ul style="list-style-type: none"> <li>Narrative, x-rays, or photos support medical necessity for procedure</li> <li>Documentation supports history of TMJ pain / treatment efforts</li> </ul> <p>Not Covered in the following scenarios:</p> <ul style="list-style-type: none"> <li>For bruxism, grinding or other occlusal factors</li> </ul> | Prior         |
| <b>Suture Of Recent Small Wounds Up To 5 Cm</b>                         | D7910, D7911, D7912  | Current x-rays<br>Narrative of necessity          | Current pre-op x-rays<br>Narrative of necessity   | <ul style="list-style-type: none"> <li>Documentation describes accident</li> <li>Not for tooth extraction or to close surgical incision</li> </ul>   | Prior         |
| <b>Skin Graft (Identify Defect Covered, Location And Type Of Graft)</b> | D7920  | Narrative of necessity                            | Narrative of necessity                            | <ul style="list-style-type: none"> <li>Documentation describes location and type of graft</li> </ul>   | Prior         |
| <b>Osteoplasty</b>  | D7940, D7941, D7943, D7944, D7945                                    | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity | <ul style="list-style-type: none"> <li>Correction of congenital, developmental, or acquired traumatic or surgical deformity</li> </ul>   | Prior         |
| <b>Other Repair Procedures (Oral &amp; Maxillofacial Surgery)</b>       | D7946, D7947, D7948, D7949, D7950, D7955, D7991, D7995, D7996, D7998 | Current x-rays<br>Narrative of necessity          | Current pre-op x-rays<br>Narrative of necessity   | <ul style="list-style-type: none"> <li>Narrative, x-rays, or photos support medical necessity for procedure</li> </ul>   | Prior         |
| <b>Bone Replacement Graft for Ridge Preservation</b>                    | D7953  | Current x-rays<br>Narrative of necessity          | Current pre-op x-rays<br>Narrative of necessity   | <ul style="list-style-type: none"> <li>To preserve the alveolar ridge needed to support a dental prosthesis.</li> <li>Osseous, osteoperiosteal or cartilage grafting is indicated to augment deficient alveolar bone needed to support a dental prosthesis</li> </ul>  | Prior         |

| Procedure   | Procedure Codes            | Documentation (simplified for Skygen)             | Required Documentation   | Criteria for Approval  | Prior or Post |
|---|----------------------------|---|--|--|---------------|
| <b>Frenulectomy / Frenuloplasty</b>   | D7961, D7962               | Narrative of necessity                            | Narrative of necessity   | <p>When the position attachment of the frenum is:</p> <ul style="list-style-type: none"> <li>• Causing a diastema, gingival recession, or stripping</li> <li>• Interfering with proper oral hygiene</li> <li>• Causing a functional disturbance, including, but not limited to mastication, swallowing and speech</li> <li>• Causing interference with feeding in newborns</li> <li>• Needed prior to the construction of a removable denture replacing teeth in the area of aberrant frenal attachment</li> </ul> | Prior         |
| <b>Excision Of Hyperplastic Tissue / Surgical Reduction of Fibrous Tuberosity</b> | D7970, D7972               | Narrative of necessity                            | Narrative of necessity   | <ul style="list-style-type: none"> <li>• When the presence of interferes with the fit of a partial or complete denture</li> </ul>  | Prior         |
| <b>Excision of Pericoronal Gingiva</b>  | D7971                      | Current x-rays<br>Narrative of necessity          | Current pre-op x-rays<br>Narrative of necessity                            | <ul style="list-style-type: none"> <li>• For recurrent infections of the operculum around impacted or partially erupted lower third molars</li> <li>• When an erupted maxillary third molar is traumatizing soft tissue around opposing tooth</li> <li>• When the presence interferes with the fit of a partial or complete denture</li> </ul>   | Prior         |
| <b>Salivary Gland and Duct Procedures</b>   | D7980, D7981, D7982, D7983 | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity                          | <ul style="list-style-type: none"> <li>• Procedures include the removal of sialoliths, surgical excision of portions of, or the entire gland, repair of salivary fistulas and defects of salivary ducts, and may be completed intraorally or extra-orally.</li> </ul>  | Prior         |
| <b>Appliance Removal (Not By Dentist Who Placed Appliance)</b>                    | D7997                      | Current panoramic x-ray<br>Narrative of necessity | Current panoramic x-ray<br>Narrative of necessity                          | <ul style="list-style-type: none"> <li>• Documentation describes removal not by dentist who placed appliance</li> </ul>  | Prior         |
| <b>Interceptive Orthodontic Treatment</b>   | D8050, D8060               | Pano<br>Ceph<br>Photos<br>Treatment plan          | Current panoramic x-ray<br>Cephalometric x-ray<br>Photos<br>Treatment plan | <ul style="list-style-type: none"> <li>• Palatal expansion</li> <li>• Correction of skeletal disharmonies of the primary/transitional dentition</li> <li>• Correction of anterior crossbite</li> <li>• Severe cuspid crowding/correction of inadequate space for cuspid eruption</li> </ul>  | Prior         |

| Procedure   | Procedure Codes                                 | Documentation (simplified for Skygen)                 | Required Documentation  | Criteria for Approval   | Prior or Post |
|---|---|---|---|---|---------------|
| <b>Limited and Comprehensive Orthodontic Treatment</b>                | D8010, D8020, D8030, D8040, D8070, D8080, D8090 | Pano<br>Ceph<br>Photos<br>Treatment plan<br>HLD Index | Current panoramic x-ray<br>Cephalometric x-ray<br>Photos<br>Treatment plan<br>HDL Scoring Index | <p>Full permanent dentition. Exceptions to having a full permanent dentition are as follows:</p> <ul style="list-style-type: none"> <li>Participant has a primary tooth retained due to ectopic or missing permanent tooth; or</li> <li>Participant may have primary teeth present if they have cleft palate, severe traumatic deviations, or an impacted maxillary central incisor; or</li> <li>Participant may have primary teeth if they are thirteen (13) years of age or older</li> </ul> <p>The participant meets all the criteria above and one (1) of the criteria from the HLD score index below (see Appendix "X" for this score sheet):</p> <ul style="list-style-type: none"> <li>Has a cleft palate</li> <li>Has a deep impinging overbite when the lower incisors are damaging the soft tissue of the palate (lower incisor contact only on the palate is not sufficient)</li> <li>Has a cross-bite of individual anterior teeth when damage of soft tissue is present</li> <li>Has severe traumatic deviations</li> <li>Has an over-jet greater than nine-millimeter (9mm) or reverse over-jet of greater than three and one-half millimeters (3.5mm)</li> <li>Has an impacted maxillary central incisor; or</li> <li>Scores 28 points or greater on the scored items of the HLD Index.</li> </ul> | Prior         |
| <b>Appliance Therapy</b>  | D8210, D8220                                    | Pano<br>Ceph<br>Photos<br>Treatment Plan              | Current panoramic x-ray<br>Cephalometric x-ray<br>Photos<br>Treatment plan                      | <ul style="list-style-type: none"> <li>Documentation of thumb sucking or tongue thrusting habit</li> </ul>  | Prior         |
| <b>Orthodontic Retention (Removal Of Appliances, Place Retainers)</b> | D8680   | Diagnostic quality photos                             | Diagnostic quality photos   | <ul style="list-style-type: none"> <li>Documentation shows completed case based on original case initiated (limited / comprehensive)</li> </ul>   | Prior         |



| Procedure   | Procedure Codes            | Documentation (simplified for Skygen)  | Required Documentation   | Criteria for Approval  | Prior or Post |
|---|----------------------------|--|--|--|---------------|
| <b>Unspecified Orthodontic Procedure, By Report</b>                                     | D8999                      | Panoramic x-ray<br>Narrative of necessity                                    | Current panoramic x-ray<br>Narrative of necessity                            | <ul style="list-style-type: none"> <li>Documentation describes medical necessity</li> </ul>  | Prior         |
| <b>Deep Sedation / General Anesthesia and Intravenous Moderate (Conscious) Sedation</b> | D9222, D9223, D9239, D9243 | Narrative of necessity   | Narrative of necessity   | <ul style="list-style-type: none"> <li>Clinical procedures of extensiveness or complexity or situations that require more than a local anesthetic</li> <li>Uncooperative or unmanageable individuals for which other behavior management techniques are inappropriate or inadequate</li> <li>Physical, cognitive, or developmental disabilities</li> <li>Significant underlying medical condition</li> <li>Allergy or sensitivity to Local Anesthesia</li> <li>Lengthy restoration procedures for pediatric members</li> <li>Individuals with extreme anxiety or fear</li> <li>Severe infection that inhibits local anesthesia</li> </ul> <p>Not Covered for the following scenarios:</p> <ul style="list-style-type: none"> <li>Electively requested by the member</li> </ul> | Prior         |
| <b>Therapeutic Parenteral Drug</b>  | D9610, D9612               | Narrative of necessity<br>Description of drugs and parenteral administration | Narrative of necessity<br>Description of drugs and parenteral administration | <ul style="list-style-type: none"> <li>May be indicated to enhance healing of surgical procedures or reduce pain and/or risk of infection.</li> <li>Medications include antibiotics, steroids, or anti-inflammatory drugs</li> </ul>   | Prior         |
| <b>Treatment of Complications (Post-Surgical) - Unusual Circumstances, By Report</b>    | D9930                      | Current x-rays<br>Narrative of necessity / report of procedure               | Current pre-op x-rays<br>Narrative of necessity / report of procedure        | <ul style="list-style-type: none"> <li>Documentation describes medical necessity for procedure</li> </ul>  | Prior         |
| <b>Repair and/or Reline Occlusal Guard</b>  | D9942                      | Narrative of necessity   | Narrative of necessity   | <ul style="list-style-type: none"> <li>Narrative supports need for repair or reline</li> </ul>   |               |

| Procedure   | Procedure Codes                                 | Documentation (simplified for Skygen)                                      | Required Documentation  | Criteria for Approval  | Prior or Post |
|---|---|--|---|--|---------------|
| <b>Occlusal Guard</b>   | D9944, D9945, D9946                             | Narrative of necessity   | Narrative of necessity  | <p>Covered in the following scenarios:</p> <ul style="list-style-type: none"> <li>• Bruxism or clenching either as a nocturnal parasomnia or during waking hours, resulting in excessive wear or fractures of natural teeth or restorations</li> <li>• To protect natural teeth when the opposing dentition has the potential to cause enamel wear such as the presence of porcelain or ceramic restorations</li> </ul> <p>Not Covered for the following scenarios:</p> <ul style="list-style-type: none"> <li>• For treatment of temporomandibular disorders or myofascial pain dysfunction</li> <li>• As an appliance intended for orthodontic tooth movement</li> </ul>   | Prior         |
| <b>Unspecified Procedures, By Report</b>  | D0999, D2999, D3999, D4999, D5999, D6999, D7999 | Description of procedure and narrative of medical necessity                | Description of procedure and narrative of medical necessity                 | <ul style="list-style-type: none"> <li>• Procedure cannot be adequately described by an existing code</li> <li>• Documentation supports medical necessity</li> </ul>   | Prior         |
| <b>Unspecified Adjunctive Procedure, By Report</b><br><br><b>(Used for treatment done in an ASC/OR)</b> | D9999   | Narrative of medical necessity<br><br>Name of hospital/outpatient facility | Narrative of medical necessity,<br><br>Name of hospital/outpatient facility | Participants unable to cooperate in the conventional dental setting due to age, handicap, or psychological problems. <ul style="list-style-type: none"> <li>• Children under 36 months of age with severe dental decay</li> <li>• Mentally and physically handicapped participants</li> <li>• Accident participants; and</li> <li>• Dental phobic participants.</li> </ul> <p>Covered dental services in an ambulatory surgical center include the following:</p> <ul style="list-style-type: none"> <li>• Tooth extraction</li> <li>• Wisdom tooth/impacted tooth extraction</li> <li>• Pedodontic restoration. (This may include one (1) or more of the following procedures:<br/>complete clinical examination, prophylaxis, fluoride treatment, composite/amalgam restorations, extractions, removal of wisdom/impacted teeth, primary teeth, pulpotomies on primary teeth, root canals on permanent teeth and crowns</li> <li>• Local and general anesthesia</li> </ul> | Prior         |