Solstice Benefits

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Solstice

Instructions for use

The following sections list the appropriate CDT (Current Dental Terminology) codes, a description of the procedure, a short summary of the benefit guideline and the documentation requirements for that procedure code.

Although a procedure code may be listed, a subscriber's contract may not cover all procedures. The group/subscriber account chooses the benefit coverage.

The following dental clinical guidelines and dental criteria are designed to provide guidance for the adjudication of claims or pre-determination requests by the clinical dental reviewer. The dental reviewer should use these guidelines in conjunction with clinical judgment and any unique circumstances that accompany a request for coverage. ***Specific plan coverage, exclusions or limitations may supersede these criteria***.

Documentation Requirements

For the services outlined below, specific documentation needed to make a determination of coverage will be provided. Please submit this information with your request for coverage.

For services that do not have specific documentation requirements listed, providers may be asked to submit additional information on an individual basis. To ensure best health outcomes for our members, we may periodically require providers to submit documentation for services that do not have specific documentation requirements listed below

Solstice

Diagnostic – D0120

CDT Code and Nomenclature

D0120 - Periodic Oral Evaluation

Descriptor

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated and may require interpretation of information acquired procedures separately.

Documentation required for review:

No required documentation is needed unless requested after initial review.

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Review Guidelines

Benefits allowed:

- If submitted with any procedure code for a patient over 3 years old
- If submitted with D0140 - D0191 for a patient over 3 years old, it will be considered inclusive
- If submitted with D9310 for a patient over 3 years old, it will be considered inclusive

Benefits not allowed:

- if not covered by the plan
- If submitted for any patient under 3 years old

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0140

CDT Code and Nomenclature

D0140 - Limited oral evaluation - problem focused

Descriptor

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits allowed:

- If submitted with D0170, it will be considered inclusive
- If submitted for a patient of any age

Benefits not allowed :

- if not covered by the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0145

CDT Code and Nomenclature

D0145 - Oral Eval for a patient under 3 years of age and counseling with primary caregiver

Descriptor

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted with any procedure code for a patient under 3 years old
- If submitted for a patient under 3 years old

Benefits not allowed:

- if not covered by the plan
- if submitted for patients older than 3 years old

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0150

CDT Code and Nomenclature

D0150 - comprehensive oral evaluation - new or established patient

Descriptor
Used by a general dentist and/or specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years.
It is a thorough evaluation and recording of the extra oral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted with D0170 - D0180 it will be considered inclusive
- If submitted with any procedure code for a patient

Benefits not allowed:

- if not covered by the plan
- If D0150 is submitted with D0140
- If D0150 is submitted with D0170-D0180

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0160

CDT Code and Nomenclature

D0160 - Detailed and extensive oral evaluation - problem focused

Descriptor
A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Indicated but not limited to complicated perio-prosthetic conditions
- Indicated for complex TMJ dysfunction (if TMJ is covered by the plan)

Benefits not allowed:

- if not covered by the plan
- If D0150 is submitted with D0140
- If D0150 is submitted with D0170-D0180

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0170

CDT Code and Nomenclature

D0170 - Re-evaluation - limited, problem focused

Descriptor
Assessing the status of a previously existing condition. For example:
- Traumatic injury where no treatment was rendered but patient needs follow-up monitoring;
- Evaluation for undiagnosed continuing pain;
- Soft tissue lesion requiring follow-up evaluation.

Benefits allowed:

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- if not covered by the plan
- f D0170 is submitted with D0140

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0171

CDT Code and Nomenclature

D0171 - Re-evaluation - post-operative office visit

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0180

CDT Code and Nomenclature

D0180 - Comprehensive periodontal evaluation - new or established patient

Descriptor
This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.

Documentation required for review:

No required documentation is needed unless requested after initial review.

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted by a GD or Specialist

Benefits not allowed:

- if not covered by the plan
- If submitted with D0150 or D0120

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0220, D0230

CDT Code and Nomenclature

D0220 - Intraoral - periapical first radiographic image
Descriptor
This is a radiograph of the entire tooth, includes the apex of the tooth, and some surrounding tissue. Frequently referred to as a periapical-also typical with diagnosis of endodontic conditions.

D0230 – intraoral - periapical each additional radiographic image
Descriptor
This is a radiograph of the entire tooth, includes the apex of the tooth, and some surrounding tissue. Frequently referred to as a periapical-also typical with diagnosis of endodontic conditions.

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits allowed:

- If more than 1 periapical film is reported on the same day, code first periapical as D0220, and each additional as D0230
- If 10 or more D0220, D0230 with or without bitewings D0272/D0274 are reported, manually process as FMX D0210
- in conjunction with clinical exam to aid in diagnosis or confirm findings.

Benefits not allowed:

- if not covered by the plan
- If multiple D0220, D0230 are submitted with RCT (D3310, D3320, D3330, D3346, D3347, D3348) allow the 1st D0220 and consider the D0230(s) inclusive to the RCT.

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0210, D0709

CDT Code and Nomenclature

D0210 - intraoral - complete series

D0709 - intraoral – complete series of radiographic images – image capture only

D0210 Descriptor
A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical and alveolar bone.

D0709 Descriptor
A radiographic survey of the whole mouth, usually consisting of 14-22 images (periapical and posterior bitewing as indicated) intended to display crowns and roots of all teeth, periapical areas and alveolar bone

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- 10 or more films taken.
- If separate reported 10 or more periapicals D0220, D0230 with or without bitewings D0272/D0274 manually process as FMX D0210
- Shares frequency with D0330, D0701 and D0210

Benefits not allowed:

- if not covered by the plan
- if D0270, D0272, D0273, D0274, D0277, D0220, D0230 is submitted with a D0210, allow the D0210 and deny the others inclusive.

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0270, D0272, D0273, D0274, D0277

CDT Code and Nomenclature

D0270 - bitewing - single radiographic image
D0272 - bitewings - two radiographic images
D0273 - bitewings - three radiographic images
D0274 - bitewings - four radiographic images
D0277 - vertical bitewings - 7 to 8 radiographic images

Descriptor
This does not constitute a full mouth intraoral radiographic series (this description is only for D0277)

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Combination of films per year shall not exceed total amount for FMX (D0210)

Benefits not allowed:

- if not covered by the plan
- if D0270, D0272, D0273, D0274, D0277, D0220, D0230 is submitted with a D0210, allow the D0210 consider the bitewings inclusive.

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0330, D0701

CDT Code and Nomenclature

D0330 - panoramic radiographic image

D0701 – Panoramic radiographic image – capture only

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted with any procedure code for a patient of any age within any time period on any tooth or quad by any provider

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0272, D0703

CDT Code and Nomenclature

D0272 – 2-D cephalometric radiographic image – image capture only

D0731 – 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Shares frequency with D0340/D0350

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0364, D0369

CDT Code and Nomenclature

D0364 - Cone beam CT capture and interpretation with limited field of view - less than one whole jaw

D0369 - Maxillofacial MRI capture and interpretation

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For implant and implant related services
- On surgical extractions – D7240 and D7241 only
- On RCT posterior teeth only (this includes premolars)
- At DDS office, not in an imaging center
- If interpretation report is signed by same provider billing the code

Benefits not allowed:

- If not covered by the plan
- If implant services and implant related services are not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0365, D0366, D0367, D0370

CDT Code and Nomenclature

D0365 - Cone beam CT capture and interpretation with field of view of one full dental arch – mandible

D0366 - Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla

D0367 - Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium

D0370 - Maxillofacial ultrasound capture and interpretation

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For implant and implant related services
- On surgical extractions – D7240 and D7241 only
- At DDS office, not in an imaging center
- If interpretation report is signed by same provider billing the code

Benefits not allowed:

- If not covered by the plan
- If implant services and implant related services are not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0368

CDT Code and Nomenclature

D0368 - Cone beam CT capture and interpretation for TMJ series including two or more exposures

Benefits allowed:

- At DDS office, not in an imaging center
- If interpretation report is signed by same provider billing the code
- if plan has TMJ benefits or TMJ diagnostic allowance

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Benefits not allowed:

- If not covered by the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0380

CDT Code and Nomenclature

D0380 - Cone Beam CT image capture with limited field of view - less than one whole jaw

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For implant and implant related services
- On surgical extractions – D7240 and D7241 only
- On RCT posterior teeth only (this includes pre-molars)
- At DDS office, not in an imaging center
- If the interpretation report is signed by a different provider billing the code

Benefits not allowed:

- If not covered by the plan
- If implant services and implant related services are not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0381, D0382, D0383

CDT Code and Nomenclature

D0381 - Cone beam CT image capture with field of view on one full dental arch – mandible

D0382 - Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium

D0383 - Cone beam CT image capture with field of view of both jaws, with or without cranium

Benefits allowed:

- For implant and implant related services
- On surgical extractions – D7240 and D7241 only
- At DDS office, not in an imaging center
- If the interpretation report is signed by a different provider billing the code

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Benefits not allowed:

- If not covered by the plan
- If implant services and implant related services are not covered by the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0384

CDT Code and Nomenclature

D0384 - Cone beam CT image capture for TMJ series including two or more exposures

Benefits allowed:

- At DDS office, not in an imaging center
- If the plan has TMJ benefits or TMJ diagnostic allowance
- If the interpretation report is signed by a different provider billing the code

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Benefits not allowed:

- If not covered by the plan
- For the treatment of TMJ

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0385, D0386

CDT Code and Nomenclature

D0385 - Maxillofacial MRI image capture

D0386 - Maxillofacial ultrasound image capture

Benefits allowed:

- At DDS office, not in an imaging center
- For implant and implant related services
- If the interpretation report is signed by a different provider billing the code

Documentation required for review:

- Interpretation report
- Narrative of medical necessity
- Location of services

Benefits not allowed:

- If not covered by the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0411

CDT Code and Nomenclature

D0385 - HbA1c in-office point of service testing

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- When patient needs medical clearance for surgical procedure
- On medically compromised patients
- On patients with uncontrolled diabetes

Benefits not allowed:

- If not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Diagnostic – D0705, D0706, D0707, D0708

CDT Code and Nomenclature

D0705 – extra oral posterior dental radiographic image – image capture only
Descriptor
Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image

D0706 – intraoral – occlusal radiographic image – image capture only

D0707 - intraoral – periapical radiographic image – image capture only

D0708 - intraoral – bitewing radiographic image – image capture only
Descriptor
Images axis may be horizontal or vertical

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- D0705 shares frequency with D0251
- D0706 shares frequency with D0240
- D0707 shares frequency with D0220 and D0230
- D0708 shares frequency with D0330, D0701 and D0210

Benefits not allowed:

- If not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Preventive – D1110, D1120

CDT Code and Nomenclature

D1110 - prophylaxis - adult
D1120 - prophylaxis - child

Descriptor
Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- For D1110 If submitted for patients **over** the age of 16
- For D1120 if submitted for patients **under** the age of 16

Benefits not allowed:

- if not covered by the plan
- If submitted in conjunction with D4355, D4910

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Preventive – D1206, D1208, D1354

CDT Code and Nomenclature

D1206 - topical application of fluoride varnish
D1208 - topical application of fluoride – excluding varnish

D1354 - interim caries arresting medicament application – per tooth
Descriptor
Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If D1208 is submitted with D1206, it will be considered inclusive
- If D1206 is submitted with D1208, it will be considered inclusive
- If D1354 is submitted with D1206, D1208, D9910, it will be considered inclusive

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Preventive – D1351

CDT Code and Nomenclature

D1351 - sealant - per tooth
Descriptor
Mechanically and/or chemically prepared enamel surface sealed to prevent decay

Benefits allowed:

- On permanent Molars only, Tooth #s 2,3,14,15,18,19,30,31
- If submitted with a restoration, it will deny inclusive
- For patients over the age of 16
- On unrestored teeth only

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- if not covered by the plan
- If submitted in conjunction with D1352

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Preventive – D1352

CDT Code and Nomenclature

D1351 - preventive resin restoration in a moderate to high caries risk patient – permanent tooth

Descriptor
Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- On permanent Molars only, Tooth #s 1,2,3,14,15, 18,19,30,31,32
- If submitted with a restoration, it will deny inclusive
- For patients over the age of 16
- On unrestored teeth only

Benefits not allowed:

- if not covered by the plan
- If submitted in conjunction with D1351

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Preventive – D1510, D1516, D1517

CDT Code and Nomenclature

D1510 - space maintainer - fixed – unilateral

Descriptor
Excludes a distal shoe space maintainer

D1516 - space maintainer – fixed – bilateral, maxillary
D1517 - space maintainer – fixed – bilateral, mandibular

Benefits allowed:

- For patients under the age of 16

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- if not covered by the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Preventive – D1526, D1527

CDT Code and Nomenclature

D1526 - space maintainer – removable – bilateral, maxillary
D1527 - space maintainer – removable – bilateral, mandibular

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If there is history of extraction or premature loss of deciduous teeth for patients under the age of 16.
- If The permanent tooth is congenitally missing and permanent fixed partial denture work can not be done due to the age of the child.
- Subject to Review over the age of 16

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Restorative – D2140, D2150, D2160, D2161

CDT Code and Nomenclature

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

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- on teeth posterior teeth 1, 2, 3, 4, 5 , 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 and primary posterior teeth A, B, I, J, K, L, S, T
- Multiple surface fillings will be combined
    - *Two 1-surface restoration on the same tooth will be considered as a 2-surface restoration. Two 2140/2330/2391 will be recoded to 2150/2331/2392*
    - *A two-surface restoration and a 1-surface restoration on the same tooth will be considered as a 3-surface restoration. One 2150/2331/2392 plus one 2140/2330/2391 will be recoded to a 2160/2332/2393*
    - *Two, 2-surface restorations on the same tooth will be considered as a 4-surface restoration. Two 2150/2331/2392 will be recoded to 2161/2335/2394*

Benefits not allowed:

- if not covered by the plan
- If submitted with history of D2710 - D2799 or with history of D3310 - D3470 or With history of D6010 - D6985 or with history of D7111 - D7250, it will deny

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Restorative – D2330, D2331, D2332, D2335

CDT Code and Nomenclature

D2330 - resin-based composite - one surface, anterior
D2331 - resin-based composite - two surfaces, anterior
D2332 - resin-based composite - three surfaces, anterior
D2335 - resin-based composite - four or more surfaces or involving incisal angle (anterior)

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- on permanent anterior teeth 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27 and primary anterior teeth C, D, E, F, G, H, R, Q, P, O, N, M.
- Multiple surface fillings will be combined
    - *Two 1-surface restoration on the same tooth will be considered as a 2-surface restoration. Two 2140/2330/2391 will be recoded to 2150/2331/2392*
    - *A two-surface restoration and a 1-surface restoration on the same tooth will be considered as a 3-surface restoration. One 2150/2331/2392 plus one 2140/2330/2391 will be recoded to a 2160/2332/2393*
    - *Two, 2-surface restorations on the same tooth will be considered as a 4-surface restoration. Two 2150/2331/2392 will be recoded to 2161/2335/2394*

Benefits not allowed:

- if not covered by the plan
- If submitted with history of D2710 - D2799 or with history of D3310 - D3470 or With history of D6010 - D6985 or with history of D7111 - D7250, it will deny

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Restorative – D2391, D2392, D2393, D2394

CDT Code and Nomenclature

D2391 - resin-based composite - one surface, posterior
D2392 - resin-based composite - two surfaces, posterior
D2393 - resin-based composite - three surfaces, posterior
D2394 - resin-based composite - four or more surfaces, posterior

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- on teeth posterior teeth 1, 2, 3, 4, 5 , 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 and primary posterior teeth A, B, I, , K, L, S, T
- Multiple surface fillings will be combined
    - *Two 1-surface restoration on the same tooth will be considered as a 2-surface restoration. Two 2140/2330/2391 will be recoded to 2150/2331/2392*
    - *A two-surface restoration and a 1-surface restoration on the same tooth will be considered as a 3-surface restoration. One 2150/2331/2392 plus one 2140/2330/2391 will be recoded to a 2160/2332/2393*
    - *Two, 2-surface restorations on the same tooth will be considered as a 4-surface restoration. Two 2150/2331/2392 will be recoded to 2161/2335/2394*

Benefits not allowed:

- if not covered by the plan
- If submitted with history of D2710 - D2799 or with history of D3310 - D3470 or With history of D6010 - D6985 or with history of D7111 - D7250, it will deny
-

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Restorative – D2710

CDT Code and Nomenclature

D2710 - crown - resin-based composite (indirect)

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- Narrative of necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If done as a provisional restoration
- When a filling restoration can't restore the tooth

Benefits not allowed:

- if not covered by the plan
- if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Restorative – D2712

CDT Code and Nomenclature

D2712 - crown - ¾ resin-based composite (indirect)
Descriptor
This procedure does not include facial veneers.

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- When a filling restoration can't restore the tooth
- On premolars and molars if RCT in history

Benefits not allowed:

- if not covered by the plan
- if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes
- If for cosmetic, attrition, abrasion, erosion or abfraction purposes
- To increase vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Restorative – D2720, D2721, D2722

CDT Code and Nomenclature

D2720 - crown - resin with high noble metal
D2721 - crown - resin with predominantly base metal
D2722 - crown - resin with noble metal

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- on any permanent tooth
- With or without root canal therapy
- With or without build-up
- With pain on biting
- If there is an undermined cusp
- If there is cuspal fracture
- If tooth is symptomatic
- If crown replacement
    - If broken porcelain interferes with occlusion
    - If broken porcelain is causing food trap
    - If an open contact is causing food trap

Benefits not allowed:

- if not covered by the plan
- If for cosmetic, attrition, abrasion, erosion or abfraction purposes
- To increase vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect
- If short margins with no evidence of decay
- Leaky amalgam
- Craze lines
- Absence of fracture
- Defective amalgam or bonding restoration

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Restorative – D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794

CDT Code and Nomenclature

D2740 - crown - porcelain/ceramic
D2750 - crown - porcelain fused to high noble metal
D2751 - crown - porcelain fused to predominantly base metal
D2752 - crown - porcelain fused to noble metal
D2790 - crown - full cast high noble metal
D2791 - crown - full cast predominantly base metal
D2792 - crown - full cast noble metal
D2794 - crown - titanium

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- on any permanent tooth
- With or without root canal therapy
- With or without build-up
- With pain on biting
- If there is an undermined cusp
- If there is cuspal fracture
- If tooth is symptomatic
- If crown replacement
    - If broken porcelain interferes with occlusion
    - If broken porcelain is causing food trap
    - If an open contact is causing food trap

Benefits not allowed:

- if not covered by the plan
- If for cosmetic, attrition, abrasion, erosion or abfraction purposes
- To increase vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect
- If short margins with no evidence of decay
- Leaky amalgam
- Craze lines
- Absence of fracture
- Defective amalgam or bonding restoration

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Restorative – D2780, D2781, D2782, D2783,

CDT Code and Nomenclature

D2780 - crown - 3/4 cast high noble metal
D2781 - crown - 3/4 cast predominantly base metal
D2782 - crown - 3/4 cast noble metal

D2783 - crown - 3/4 porcelain/ceramic
Descriptor
This procedure does not include facial veneers

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- on any permanent tooth
- With or without root canal therapy
- With or without build-up
- With pain on biting
- If there is an undermined cusp
- If there is cuspal fracture
- If tooth is symptomatic
- If crown replacement
    - If broken porcelain interferes with occlusion
    - If broken porcelain is causing food trap
    - If an open contact is causing food trap

Benefits not allowed:

- if not covered by the plan
- If for cosmetic, attrition, abrasion, erosion or abfraction purposes
- To increase vertical dimension, restoration of occlusion, splinting, congenital or hereditary defect
- If short margins with no evidence of decay
- Leaky amalgam
- Craze lines
- Absence of fracture
- Defective amalgam or bonding restoration

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3110, D3120

CDT Code and Nomenclature

D3110 - pulp cap - direct (excluding final restoration)
Descriptor
Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed

D3120 - pulp cap - indirect (excluding final restoration)
Descriptor
Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- in conjunction with other procedures/restorations including stainless steel crowns on same date of service
- If submitted with tooth A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T AND with D2140 - D2799 for a patient under 16 years old

Benefits not allowed:

- if not covered by the plan
- If submitted with history of D3310 - D3999 OR With D6010 - D7999 for a patient of any age, deny

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3220

CDT Code and Nomenclature

D3220 - therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentino-cemental junction and application of medicament

Descriptor

Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.
– To be performed on primary or permanent teeth.
– This is not to be construed as the first stage of root canal therapy.
– Not to be used for apexogenesis.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted alone
- on primary teeth in conjunction with other procedures/restorations including stainless steel crowns on same date of service
- If submitted with teeth A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T AND with D2140 - D2799 for a patient under 16 years old
- If submitted on a primary tooth on the same claim with RCT (D3310 – D3330, D3346 – D3348), it will be considered inclusive

- If submitted on adult teeth with any restoration, it will be considered inclusive

Benefits not allowed:

- if not covered by the plan
- If submitted with history of D3310 - D3999 OR With D6010 - D7999 for a patient of any age, deny

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3221

CDT Code and Nomenclature

D3221 - pulpal debridement, primary and permanent teeth

Descriptor
Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day.

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted alone
- on primary teeth in conjunction with other procedures/restorations including stainless steel crowns on same date of service
- If submitted with tooth A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T AND with D2140 - D2799 for a patient under 16 years old
- If submitted on a primary tooth on the same claim with RCT (D3310 – D3330, D3346 – D3348), it will be considered inclusive

- If submitted on adult teeth with any restoration, it will be considered inclusive

Benefits not allowed:

- if not covered by the plan
- If submitted with history of D3310 - D3999 OR With D6010 - D7999 for a patient of any age, deny

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3230

CDT Code and Nomenclature

D3230 - pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
Descriptor
Primary incisors and cuspids

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted alone
- on primary teeth C, D, E, F, G, H, M, N, O, P, Q, R
- If submitted with tooth numbers C,D,E,F,G,H,M,N,O,P,Q,R OR With D0120 - D2999 OR With D4210 - D4999 OR With D6545 - D6794

Benefits not allowed:

- if not covered by the plan
- On permanent teeth 1 – 32
- If submitted with history of D3240 - D3999 OR With history of D6010 - D6253 OR With history of D7111 - D7251, it will deny incorrect code
- If submitted with tooth numbers 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23, 24,25,26,27,28,29,30,31,32,A,B,I,J,K,L,S,T it will deny incorrect code

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3240

CDT Code and Nomenclature

D3240 - pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
Descriptor
Primary first and second molars

Documentation required for review:

No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted alone
- on primary teeth A,B, I, J, K, L, S, T
- If submitted with any procedure code
- If submitted with tooth numbers A,B,I,J,K,L,S,T OR With D0120 - D2999 OR With D4210 - D4999 OR With D6545 - D6794

Benefits not allowed:

- if not covered by the plan
- On permanent teeth 1 – 32
- If submitted With history of D3240 - D3999 OR With history of D6010 - D6253 OR With history of D7111 - D7251 it will deny wrong code
- If submitted with tooth numbers 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,C,D,E,F,G,H,M,N,O,P,Q,R it will deny wrong code

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3310

CDT Code and Nomenclature

D3310 - endodontic therapy, anterior tooth (excluding final restoration)

Documentation required for review:

- Post-operative x-rays with R and L direction indicated
- Pre-operative x-rays with R and L direction indicated if it is a **pre-determination**

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted alone
- on permanent anterior teeth 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27
- If RCT (D3310 – D3330, D3346 – D3348) is submitted on the same primary tooth with D3230 or D3240, D3310 will be considered inclusive to the D3230 or D3240

Benefits not allowed:

- if not covered by the plan
- On permanent teeth 1 – 32
- If submitted with tooth numbers 1,2,3,4,5,12,13,14,15,16,17,18,19,20,21,28,29,30,31,32,A,B,I,J, K,L,S,T it will deny wrong code
- If submitted With history of D6010 - D6253 OR With history of D7111 - D7251 OR With history of D3346 OR With history of D3310 it will deny wrong code
- If submitted with any primary tooth

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3320

CDT Code and Nomenclature

D3320 - endodontic therapy, premolar tooth (excluding final restoration)

Documentation required for review:

- Post-operative x-rays with R and L direction indicated
- Pre-operative x-rays with R and L direction indicated if it is a **pre-determination**

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted alone
- on teeth # 4,5,12,13,20,21,28,29
- If RCT (D3310 – D3330, D3346 – D3348) is submitted on the same primary tooth with D3230 or D3240, D3310 will be considered inclusive to the D3230 or D3240

Benefits not allowed:

- If submitted with tooth numbers 1,2,3,6,7,8,9,10,11,14,15,16,17,18,19,22,23,24,25,26,27,30,31, 32,A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T it will deny wrong code
- If submitted With history of D6010 - D6253 OR With history of D7111 - D7251 OR With history of D3347 OR With history of D3320 it will deny wrong code
- If submitted with any primary tooth

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3330

CDT Code and Nomenclature

D3330 - endodontic therapy, molar tooth (excluding final restoration)

Documentation required for review:

- Post-operative x-rays with R and L direction indicated
- Pre-operative x-rays with R and L direction indicated if it is a **pre-determination**

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted alone
- on teeth # 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32
- If RCT (D3310 – D3330, D3346 – D3348) is submitted on the same primary tooth with D3230 or D3240, D3310 will be considered inclusive to the D3230 or D3240

Benefits not allowed:

- If submitted with tooth numbers 4,5,6,7,8,9,10,11,12,13,20,21,22,23,24,25,26,27,28,29,C,D,E,F, G,H,M,N,O,P,Q,R it will deny wrong code
- If submitted With history of D6010 - D6253 OR With history of D7111 - D7251 OR With history of D3348 OR With history of D3330 it will deny wrong code

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3346

CDT Code and Nomenclature

D3346 - retreatment of previous root canal therapy - anterior

Documentation required for review:

- Pre and Post-operative x-rays with R and L direction indicated
- Pre-operative x-rays with R and L direction indicated if it is a **pre-determination**
- Age of original RCT

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- On teeth # 6 7 8 9 10 11 22 23 24 25 26 27
- On previously treated teeth
- Inadequate fill, untreated canals, persistent symptoms, radiolucency and or widening of the periodontal ligament
- Symptomatic tooth

Benefits not allowed:

- If there is decay in the furca
- If the crown to root ratio is not favorable or exceeds a 1:1
- If poor prognosis
- If the bone level is below the furca or exceeds 50%
- If the original root canal was done within 12 months of the retreat (D3346, D3347, D3348) by the same provider. This will be considered inclusive
- If submitted with tooth numbers 1,2,3,4,5,12,13,14,15,16,17,18,19,20,21,28,29,30,31,32,A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T it will deny wrong code
- If submitted with history of D6010 - D6253 OR With history of D7111 - D7251 it will deny inclusive

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3347

CDT Code and Nomenclature

D3347 - retreatment of previous root canal therapy - premolar

Documentation required for review:

- Pre and Post-operative x-rays with R and L direction indicated
- Pre-operative x-rays with R and L direction indicated if it is a **pre-determination**
- age of original RCT

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- on teeth # 4,5, 11,12, 28, 29, 20,21
- On previously treated teeth
- Inadequate fill, untreated canals, persistent symptoms, radiolucency and or widening of the periodontal ligament
- Symptomatic tooth

Benefits not allowed:

- If there is decay in the furca
- If the crown to root ratio is not favorable or exceeds a 1:1
- If poor prognosis
- If the bone level is below the furca or exceeds 50%
- If the original root canal was done within 12 months of the retreat by the same provider who did the original, it will be considered inclusive
- If submitted with tooth numbers 1,2,3,6,7,8,9,10,11,14,15,16,17,18,19,22,23,24,25,26,27,30,31, 32,A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T it will deny wrong code
- If submitted with history of D6010 - D6253 OR With history of D7111 - D7251 it will deny inclusive

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3348

CDT Code and Nomenclature

D3348 - retreatment of previous root canal therapy - molar

Documentation required for review:

- Pre and Post-operative x-rays with R and L direction indicated
- Pre-operative x-rays with R and L direction indicated if it is a **pre-determination**
- age of original RCT

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- on teeth # 1, 2, 3 ,14, 15,16 17 18 19 30 31 32
- On previously treated teeth
- Inadequate fill, untreated canals, persistent symptoms, radiolucency and or widening of the periodontal ligament
- Symptomatic tooth

Benefits not allowed:

- If there is decay in the furca
- If the crown to root ratio is not favorable or exceeds a 1:1
- If poor prognosis
- If the bone level is below the furca or exceeds 50%
- If the original root canal was done within 12 months of the retreat by the same provider who did the original, it will be considered inclusive
- If submitted with tooth numbers 4,5,6,7,8,9,10,11,12,13,20,21,22,23,24,25,26,27,28,29,A,B,C,D, E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T it will deny wrong code
- If submitted with history of D6010 - D6253 OR With history of D7111 - D7251 it will deny inclusive

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3471, D3472, D3473

CDT Code and Nomenclature

D3471 - Surgical repair of root resorption – anterior
D3472 - Surgical repair of root resorption – premolar
D3473 - surgical repair of root resorption – molar

Documentation required for review:

- Pre-op x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If there is cervical resorption

Benefits not allowed:

- If there is internal resorption
- If there is apical resorption
- If there are necrotic pulps

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Endodontics – D3501, D3502, D3503

CDT Code and Nomenclature

D3501 - surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
D3502 - surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
D3503 - surgical exposure of root surface without apicoectomy or repair of root resorption – molar

Documentation required for review:

- Pre-op x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If being done as an exploratory surgery to reach a diagnosis

Benefits not allowed:

- If done on the same day as apicoectomy (D3410, D3421, D3425) it will consider inclusive
- If done for the repair of cervical resorption (D3351, D3352, D3353) it will be considered inclusive

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4210, D4211

CDT Code and Nomenclature

D4210 - gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant

D4211 - gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant

Descriptor
It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- With pocket depths of at least 5 mm
- If necessary and appropriate due to hyperplastic tissue and/or horizontal bone loss for 4 or more teeth per quadrant with 2 or more residual probing depths > 5mm after initial therapy
- If there is a necessity to reduce soft tissue in order to restore the tooth due to gum line decay.
- For full mouth D4210's, if performed due to drug induced gingival hyperplasia (Eg: such as Dilantin Hyperplasia).

Benefits not allowed:

- if not covered by the plan
- if being performed to access any restorative procedure including crowns
- If less than 5mm, allow if narrative supports gingival enlargement, aberrations (abnormal contouring of gum), or excessive gingival tissue.
- If fewer than 4 teeth, recode the to D4211.

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4212

CDT Code and Nomenclature

D4212 - gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- Benefits are allowed if performed alone with no other service done on same tooth, same d.o.s.

Benefits not allowed:

- if not covered by the plan
- If submitted in conjunction with D4212, it will deny inclusive
- If submitted with any crown preparation, it will deny inclusive

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4230, D4231

CDT Code and Nomenclature

D4230 - anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant
Descriptor:
This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship.

D4231 - anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant
Descriptor:
This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship.

Documentation required for review:

No required documentation is needed unless requested after initial review

- This is not a covered benefit. This procedure is considered primarily cosmetic in nature. If this procedure is being done because of decay or fracture, the proper code is D4249

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4240, D4241

CDT Code and Nomenclature

D4240 - gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant

D4241 - gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant

Descriptor:
A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- when pocket measurements are 5 mm or greater with slight to moderate bone loss

Benefits not allowed:

- if not covered by the plan
- if in conjunction to D4260, D4261
- If less than 4 teeth meet the review guidelines, D4241 will apply

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4245

CDT Code and Nomenclature

D4245 - apically positioned flap

Descriptor:
Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- with implants

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4249

CDT Code and Nomenclature

D4249 - clinical crown lengthening – hard tissue

Descriptor:
This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- with other procedures same date of service as long as the other procedures ARE NOT on the same tooth or quadrant
- At least 30 days of healing is required before final crown preparation
- 2 adjacent D4249 will be considered as 1

Benefits not allowed:

- if not covered by the plan
- in conjunction with any restorative procedure's same day same tooth
- for cosmetic purposes
- If D4249 is submitted in conjunction with D4210 D4211 D4260 D4261 same day, it will deny inclusive
- If D4249 is submitted on the same date as crown preparation (D2710 – D2810, D2930 – D2933, D2950, D2952, D2954, D2960 – D2962, D2970), or bridgework (D6720 – D6792, D6970, D6972, D6973, D6975), it will deny inclusive

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4260, D4261

CDT Code and Nomenclature

D4260 - osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant

D4261 - osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant

Descriptor:
This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes.

Documentation required for review:
- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Review Guidelines

Benefits allowed:

- when pocket measurements are 5 mm or greater
- when there is moderate to severe bone loss and evidence of osseous defects

Benefits not allowed:

- if not covered by the plan
- If submitted with any implant code. It will deny wrong code by definition
- If submitted with any extraction code. It will deny wrong code by definition
- D4249 is considered inclusive to D4260, D4261

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4263, D4264

CDT Code and Nomenclature

D4263 - bone replacement graft – retained natural tooth – first site in quadrant

D4264 - bone replacement graft – retained natural tooth – each additional site in quadrant

Descriptor:
This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space or an extraction site.

Documentation required for review:
- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Benefits allowed:

- when the isolated site is 3 mm or deeper than the pocket measurement of the adjacent area/site when D4240 – D4241, D4260 – D4261 criteria is met
- for single submissions with flap procedure D4240, D4241
- 2 adjacent D4263, D4264 will be considered as 1
- Only allow 1 D4263 by definition

Benefits not allowed:

- if not covered by the plan
- If D4263, D4264 is submitted in conjunction with any implant code, it will deny wrong code by definition
- if D4263, D4264 is submitted with any oral surgery procedure (D7111 - D7999), same DOS, it will deny wrong code by definition
- D4263 requires the presence of a tooth therefore if D4263 is submitted with any surgical or non-surgical procedure involving the removal of a tooth, it will deny wrong code by definition
- If billed twice in same quadrant by definition. Any additional site would deny wrong code per definition. Any additional sites refer to D4264

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4265

CDT Code and Nomenclature

D4265 - biologic materials to aid in soft and osseous tissue regeneration

Descriptor:
Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- for a single site of the biologic material (D4265) with flap procedure (D4240, D4260) when isolated site is 5 mm or deeper than the pocket measurement of the adjacent area (when D4240 - D4241, D4260 - D4261 criteria is met).

Benefits not allowed:

- if not covered by the plan
- If submitted with any oral surgery procedure (D7111 – D7999) same DOS, same tooth, it will deny inclusive
- If submitted with bone graft (D4263, D4264) and/or GTR (D4266, D4267) same DOS and same area it will inclusive.
- If submitted in conjunction with implant procedures, it will deny wrong code by definition

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4266, D4267

CDT Code and Nomenclature

D4266 - guided tissue regeneration - resorbable barrier, per site

D4267 - guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)

Descriptor:
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- when there is a peri-implantitis diagnosis
- when the isolated site is 3mm or deeper than the pocket measurement of the adjacent area or evidence of furcation involvement (when D4240 – D4241, D4260 – D4261 criteria is met)
- on single submission of GTR (D4266, D4267) with flap procedure (D4240, D4260)
- A minimum of 30 days is needed before a bone graft is placed

Benefits not allowed:

- if not covered by the plan
- If submitted with any oral surgery, endo and implant procedures (D7111 – D7999 & D3XXX), same DDS, same DOS, same tooth, deny the D4266 EOB 67 - procedure code invalid
- Poor oral hygiene, smoking, tooth mobility, width of attached gingiva at defect site is greater than or equal to 0.5 mm, furcation with short roots trunks, advanced lesions with little support, multiple defects and any medical condition that contraindicates surgery.

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4268

CDT Code and Nomenclature

D4268 - surgical revision procedure, per tooth

Descriptor:
This procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured.

Documentation required for review:

No required documentation is needed unless requested after initial review

Review Guidelines

- This is not a covered benefit

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4270

CDT Code and Nomenclature

D4270 - pedicle soft tissue graft procedure

Descriptor:
A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity
- Clinical photos

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- Indicated for class I or II recession
- This procedure is administered on a per tooth basis only.
- Allowed with documentation of loss of attached gingiva.

Benefits not allowed:

- If not covered by the plan
- For pre orthodontic treatment. Treatment is considered speculative
- If multiple gingival recessions with inadequate attached gingiva
- shallow vestibule
- Non availability of donor tissue
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion
- Contraindicated for class IV recession

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4273, D4283

CDT Code and Nomenclature

D4273 - autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft
Descriptor:
There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.

D4283 - autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
Descriptor
Used in conjunction with D4273.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity
- Clinical photos

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- Allowed 1 D4273. Additional site would deny wrong code per definition. Any additional sites refer to D4283
- Indicated for class I or II recession
- This procedure is administered on a per tooth basis only.
- Allowed with documentation of loss of attached gingiva.

Benefits not allowed:

- If not covered by the plan
- For pre orthodontic treatment - treatment is considered speculative.
- With multiple gingival recessions with inadequate attached gingiva, shallow vestibule, nonavailability of donor tissue
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion or erosion. contraindicated for class 4 recession

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4274

CDT Code and Nomenclature

D4274 - mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)

Descriptor:
This procedure is performed in an edentulous area adjacent to a tooth, allowing removal of a tissue wedge to gain access for debridement, permit close flap adaptation and reduce pocket depths.

Documentation required for review:

- Narrative of medical necessity
- Pre-operative x-rays with R and L direction indicated

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits not allowed:

- in an edentulous area

Benefits not allowed:

- If not covered by the plan
- Benefits are not allowed if reported with any periodontal procedure (D4000 – D4999) or any oral surgery procedure (D7111 – D7999)

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4275, D4276

CDT Code and Nomenclature

D4275 - non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
Descriptor:
There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present

D4276 - combined connective tissue and double pedicle graft, per tooth
Descriptor:
Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.

Documentation required for review:

- Narrative of medical necessity
- Pre-op x-rays
- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- with frenum involvement
- with loss of gingival attachment
- when there is no vestibule depth
- if administered on a per site basis but can be submitted with a tooth or teeth range

Benefits not allowed:

- if not covered by the plan
- For pre orthodontic treatment - treatment is considered speculative.
- If multiple gingival recessions with inadequate attached gingiva, shallow vestibule, non availability of donor tissue
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion or erosion. Contraindicated for class 4 recession

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4277, D4278

CDT Code and Nomenclature

D4277 - free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft

D4278 - free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site

Descriptor
Used in conjunction with D4277

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity
- Clinical photos

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- Benefits are allowed with frenum involvement
- Benefits are allowed with loss of gingival attachment
- Benefits are allowed when there is no vestibule depth
- Benefits are allowed if administered on a per site basis but can be submitted with a tooth or teeth range

Benefits not allowed:

- if not covered by the plan
- If photos are not available and Consultant can't make a decision on narrative and x-ray alone, it will deny
- D4278 is only allowed if a D4277 is submitted first

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4283

CDT Code and Nomenclature

D4283 - autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
Descriptor
Used in conjunction with D4273.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity
- Clinical photos
- Pre-op x-rays

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- Allowed 1 D4273. Additional site would deny wrong code per definition. Any additional sites refer to D4283
- Indicated for class I or II recession
- This procedure is administered on a per tooth basis only.
- Allowed with documentation of loss of attached gingiva.

Benefits not allowed:

- If not covered by the plan
- For pre orthodontic treatment - treatment is considered speculative.
- With multiple gingival recessions with inadequate attached gingiva, shallow vestibule, nonavailability of donor tissue
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion or erosion. contraindicated for class 4 recession

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4285

CDT Code and Nomenclature

D4285 - 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
Descriptor
Used in conjunction with D4275

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity
- Pre-op x-rays

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- with frenum involvement
- with loss of gingival attachment
- when there is no vestibule depth
- if administered on a per site basis but can be submitted with a tooth or teeth range

Benefits not allowed:

- if not covered by the plan
- For pre orthodontic treatment - treatment is considered speculative.
- If multiple gingival recessions with inadequate attached gingiva, shallow vestibule, non availability of donor tissue
- With deep interproximal pockets, excessive root prominence, deep or extensive abrasion or erosion. contraindicated for class IV recession

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4320, D4321

CDT Code and Nomenclature

D4320 - provisional splinting – intra-coronal

Descriptor
This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.

D4321 - provisional splinting – extra-coronal

Descriptor
This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- Narrative must address method used for stabilization.
- to stabilize teeth following acute trama with a good prognosis,
- Indicated to prevent drifting and extrusion of unopposed tooth/teeth

Benefits not allowed:

- Occlusal stability and optimal periodontal conditions cannot be obtained
- Poor oral hygiene
- Insufficient number of non-mobile teeth to adequately stabilize mobile teeth
- Presence of occlusal interference
- High caries activity
- Overall poor prognosis
- Crowding and misaligned teeth that may compromise the utility of splint

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4341, D4342

CDT Code and Nomenclature

D4341 - Periodontal scaling and root planing - 4 or more teeth per quadrant

D4342 - Periodontal scaling and root planing - 1 to 3 teeth, per quadrant

Descriptor
This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

Documentation required for review:

- Complete, current (within 6 months of date of service), 6-point perio charting indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.
- Pre-operative x-rays with R and L direction indicated

Clinical Evidence and References

ADA – American Dental Association - C:\Users\nrodriguez\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\MWLX2XB1\ADA_Chairside_Guide_Periodontitis.pdf

American Association of Periodontology

Review Guidelines

Benefits allowed:

- when perio charting measurements correlate with crestal and interproximal bone
- A prophylaxis (D1110) will be allowed with up to D4341/D4342 with supporting documentation. Only one occurrence of D4341/D4342 per quadrant is allowed
- With documentation of periodontal disease evidenced in radiographs and attributable to a loss of attachment and in conjunction with a minimum of 4 mm pockets.
- Radiographs must show pathologic alveolar crest height (beyond the normal 1-1.5 mm distance to the cemento-enamel junction), as exposure to the cemental surfaces of the roots is necessary for the procedure as defined.

Benefits not allowed:

- if not covered by the plan
- when in conjunction with D4355/D4346
- if performed with laser

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4346

CDT Code and Nomenclature

D4346 - scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

Descriptor
The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized supra-bony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

Documentation required for review:

- Pre-op x-rays
- Current (within 6 months) 6-point perio charting

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- With fluoride
- After an oral evaluation (by definition)

Benefits not allowed:

- if not covered by the plan
- If D4346 is submitted in conjunction with D4355, D4341/D4342 or D1110, it will deny inclusive to D4355
- If there is bone loss
- On same day as any oral evaluation

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4355

CDT Code and Nomenclature

D4355 - full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit

Descriptor
Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180.

Documentation required for review:

- No required documentation is needed unless requested after initial review

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Benefits allowed:

- Please refer to the member's Schedule of Benefits for frequency provisions

Benefits not allowed:

- if not covered by the plan
- If D4355 is submitted in conjunction with D4341/D4342, it will deny inclusive
- in conjunction with fluoride
- If perio charting is submitted, D4355 will deny by definition

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4381

CDT Code and Nomenclature

D4381 - localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth

Descriptor
FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.

Documentation required for review:

- Complete, 6-point perio charting **reflective of same date of service** indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- If submitted with D4910
- with pocket depths of at least 5 mm
- after adequate healing post operative 6 weeks after active periodontal service

Benefits not allowed:

- if not covered by the plan
- in the absence of periodontal disease
- on the same date of service as D4341/D4342/D4355/D4346/D1110
- with extractions or endodontic therapy
- with crown/bridge codes
- with D6081 (scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure)
- on third molars
- if anatomical defects are present
- if the use of LDA (Locally delivered antimicrobials) has failed to control periodontitis – reduction of periodontal pocket

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4921

CDT Code and Nomenclature

D4921 - gingival irrigation – per quadrant

Descriptor
Irrigation of gingival pockets with medicinal agent. Not to be used to report use of mouth rinses or non-invasive chemical debridement.

Documentation required for review:

- Complete, 6-point perio charting **reflective of same date of service** indicating pocket depths, tooth mobility, bleeding upon probing, furcation involvement, gingival recession, etc.

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits not allowed:

- To meet the supportive therapy requirement for this code, the patient must have had root planing and scaling (D4341/D4342) or periodontal surgery performed at least 6 weeks prior AND provide a post periodontal charting with new pocket depths to warrant need for medicinal agent irrigation
- If submitted with D4910
- with pocket depths of at least 5 mm
- If D4921 is submitted with D4381, it will deny inclusive

Benefits not allowed:

- if not covered by the plan
- on the same date of service as D4341/D4342/D4355/D4346/D1110
- on teeth without periodontal disease
- with extractions or endodontic therapy
- with crown/bridge codes

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4910

CDT Code and Nomenclature

D4910 - periodontal maintenance

Descriptor
This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

Documentation required for review:

- No required documentation is needed unless requested after initial review

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

Benefits allowed:

- Please refer to the member's Schedule of Benefits for frequency provisions

Benefits not allowed:

- If not covered by the plan
- After D4346 for patients with no bone loss or attachment loss

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4920

CDT Code and Nomenclature

D4920 - unscheduled dressing change (by someone other than treating dentist or their staff)

Documentation required for review:

- No required documentation is needed unless requested after initial review

Benefits allowed:

Benefits not allowed:

- if not covered by the plan

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Periodontics – D4999

CDT Code and Nomenclature

D4999 - unspecified periodontal procedure, by report

Descriptor
Used for a procedure that is not adequately described by a code. Describe the procedure

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

ADA – American Dental Association
American Association of Periodontology

Review Guidelines

- All “By Report” procedures require a description

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontic (Removable) – D5110, D5120

CDT Code and Nomenclature

D5110 - complete denture - maxillary

D5120 - complete denture - mandibular

Benefits allowed:

- On fully edentulous arch(es)

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- if not covered by the plan
- for precision or semi precision attachments (D6950, D6920)

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontic (Removable) – D5130, D5140

CDT Code and Nomenclature

D5130 - immediate denture – maxillary

D5140 - immediate denture – mandibular

Descriptor
Includes limited follow-up care only; does not include required future rebasing / relining procedure(s)

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- Date of extractions if not listed on the claim form
- Denture delivery date
- If replacement, age of previous placement and reason for replacement

Benefits allowed:

- Extraction must be done on same date of service as denture in order to qualify as an "immediate“
- If extractions are not done on the same date as the denture delivery, the immediate denture will be recoded to a complete denture code (D5110/D5120)
- if extractions are done by OS, denture delivery is allowed at GD office for up to 48 hours after extractions at OS.

Benefits not allowed:

- if not covered by the plan
- If used on implant supported denture (by definition)

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontic (Removable) – D5211, D5212, D5213, D5214, D5225, D5226

CDT Code and Nomenclature

D5211 - maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5212 - mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5213 - maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214 - mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225 - maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226 - mandibular partial denture - flexible base (including any clasps, rests and teeth)

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- If replacement, age of previous placement and reason for replacement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- We can consider partial benefits for two teeth as abutments if those two teeth are canines that are periodontal sound and restorable.
- We can consider benefits for a partial if there are a minimum of 3 teeth (they do not have to be canines) as long as there is one tooth in the contralateral arch and the abutments are not incisors.
- Incisors are generally not considered to be suitable abutments, but a dental consultant may take this into consideration when reviewing the case.
- Less than 50% bone loss. Insufficient support criteria
- Any teeth to be potentially used as abutments / direct retainers must:
    - Be periodontally sound with at least 50% of alveolar bone remaining.
    - Be sound, adequately restored or capable of being adequately restored.
    - Teeth with what are deemed to be successful root canals can be used as abutments.
    - Must not be excessively tipped
- Incisors and third molars will generally not be considered acceptable as abutments / direct retainers.
    - Based upon the treatment plan a dental consultant may consider selected incisors for abutments
- For a bilateral free end partial (Kennedy Class I) there must be at least two abutment teeth in the arch:
    - One tooth must be on the contralateral side of the other.
    - Incisors will not be considered as proper abutments in this situation
- For all other partial dentures (Kennedy Class II, III and IV) there must be at least three abutment teeth in the arch.
    - One tooth must be on the contralateral side of the others
    - General guidelines for abutments apply.
- Incisors and third molars will generally not be considered as acceptable as abutments / direct retainers
    - Based upon the treatment plan a dental consultant may consider selected incisors for abutments

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontic (Removable) – D5221, D5222, D5223, D5224

CDT Code and Nomenclature

D5221 - immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5222 - immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5223 - immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5224 - immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

Descriptor
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Extraction must be done on same date of service as denture in order to qualify as an "immediate“
- If extractions are not done on the same date as the denture delivery, the immediate denture will be recoded to a its partial denture code counterpart
- If extractions are done by OS, denture delivery is allowed at GD office for up to 48 hours after extractions at OS.

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontic (Removable) – D5282, D5283

CDT Code and Nomenclature

D5282 - removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary

D5283 - removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular

Documentation required for review:

- Full mouth pre-op x-rays (FMX) or panoramic x-ray, dated and Right/Left direction indicated
- If replacement, age of previous placement and reason for replacement

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Review Guidelines

- Benefits are allowed for 1 tooth or multiple teeth as long and they don't cross the midline
- We will consider partial denture benefits for two teeth as abutments if those two teeth are canines that are periodontal sound and restorable.
- We will consider benefits for a partial denture if there are a minimum of 3 teeth (they do not have to be canines) as long as there is one tooth in the contralateral arch and the abutments are not incisors.
- Incisors are generally not considered to be suitable abutments but may be taken into consideration when reviewing the case.
- If less than 50% bone loss, it will be considered insufficient support
- Any teeth to be potentially used as abutments or direct retainers must
  - Be periodontally sound with at least 50% of alveolar bone remaining
  - Be sound, adequately restored or capable of being adequately restored.
  - Teeth with what are deemed to be successful root canals can be used as abutments
  - Must not be excessively tipped
- Incisors and third molars will generally not be considered acceptable as abutments / direct retainers
  - Based upon the treatment plan a dental consultant may consider selected incisors for abutments
- For a bilateral free end partial (Kennedy Class I) there must be at least two abutment teeth in the arch:
  - One tooth must be on the contralateral side of the other
  - Incisors will not be considered as proper abutments in this situation
- For all other partial dentures (Kennedy Class II, III and IV) there must be at least three abutment teeth in the arch
  - One tooth must be on the contralateral side of the others
  - General guidelines for abutments apply
- No additional or separate allowance for precision or semi precision attachments (D6950, D6920)

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontic (Removable) – D5410, D5411, D5421, D5422

CDT Code and Nomenclature

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

Documentation required for review:

No required documentation is needed unless requested after initial review.

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- 6 months after denture delivery
- if submitted with any denture procedure, same date of service it will be considered inclusive
- if submitted within 6 months of denture delivery it will be considered inclusive

Benefits not allowed:

- If not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontic (Removable) – D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640

CDT Code and Nomenclature

D5511 - repair broken complete denture base, mandibular
D5512 - repair broken complete denture base, maxillary
D5520 - replace missing or broken teeth - complete denture (each tooth)
D5611 - repair resin partial denture base, mandibular
D5612 - repair resin partial denture base, maxillary
D5621 - repair cast partial framework, mandibular
D5622 - repair cast partial framework, maxillary
D5630 - repair or replace broken retentive clasping materials – per tooth
D5640 - replace broken teeth - per tooth

Documentation required for review:

No required documentation is needed unless requested after initial review.

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- if the original denture is older than 12 months.
- If the original denture was done less than 12 months, it will be considered inclusive.
- If same DOS as rebase (D5710, 5711, 5720, 5721) or reline (D5730, 5731, 5740, 5741, 5750, 5751, 5760, 5761) the adjustment will be considered inclusive

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Implant Services– D6010

CDT Code and Nomenclature

D6010 - surgical placement of implant body: endosteal implant

Documentation required for review:

- Pre and Post-operative x-rays with R and L direction indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Review Guidelines

Benefits allowed:

- On same date as extraction, same tooth
- healing after graft placement of at least 4 months, if implant is not placed on same date as extraction
- The implant site must have healed appropriately before the procedure.
- Adequate bone support for the implant body
- The bone volume should allow for 2mm of bone to surround the implant and may be verified by volumetric tomography
- The implant site should have adequate attached gingiva.
- The bone and structures surrounding the implant should be free of pathology
- The edentulous space should be adequate for the implant and the replacement crown. The space being replaced should be at least 2/3 the size of the tooth being replaced.

Benefits not allowed:

- if not covered by the plan
- If bone is inadequate

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Implant Services– D6013, D6040, D6050

CDT Code and Nomenclature

D6013 - surgical placement of mini implant

D6040 - surgical placement: eposteal implant
Descriptor
An eposteal (subperiosteal) framework of a biocompatible material designed and fabricated to fit on the surface of the bone of the mandible or maxilla with permucosal extensions which provide support and attachment of a prosthesis. This may be a complete arch or unilateral appliance. Eposteal implants rest upon the bone and under the periosteum.

D6050 - surgical placement: transosteal implant
Descriptor
A transosteal (transosseous) biocompatible device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa providing support and attachment for a dental prosthesis. Transosteal implants are placed completely through the bone and into the oral cavity from extraoral or intraoral.

Documentation required for review:

- Pre and Post-operative x-rays with R and L direction indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Review Guidelines

Benefits allowed:

- On same date as extraction, same tooth
- healing after graft placement of at least 4 months, if implant is not placed on same date as extraction
- The implant site must have healed appropriately before the procedure.
- Adequate bone support for the implant body
- The bone volume should allow for 2mm of bone to surround the implant and may be verified by volumetric tomography
- The implant site should have adequate attached gingiva.
- The bone and structures surrounding the implant should be free of pathology
- The edentulous space should be adequate for the implant and the replacement crown. The space being replaced should be at least 2/3 the size of the tooth being replaced.

Benefits not allowed:

- if not covered by the plan
- If bone is inadequate

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Implant Services– D6055, D6056, D6057

CDT Code and Nomenclature

D6055 - connecting bar – implant supported or abutment supported
Descriptor
Utilized to stabilize and anchor a prosthesis

D6056 - prefabricated abutment – includes modification and placement
Descriptor
Modification of a prefabricated abutment may be necessary

D6057 - custom fabricated abutment – includes placement
Descriptor
Created by a laboratory process, specific for an individual application.

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated

Benefits allowed:

- With evidence of implant placement

Benefits not allowed:

- if not covered by the plan
- If poor prognosis

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Implant Services– D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094

CDT Code and Nomenclature

D6058 - abutment supported porcelain/ceramic crown
Descriptor
A single crown restoration that is retained, supported and stabilized by an abutment on an implant.
D6059 - abutment supported porcelain fused to metal crown (high noble metal)
D6060 - abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 - abutment supported porcelain fused to metal crown (noble metal)
Descriptor
A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant
D6062 - abutment supported cast metal crown (high noble metal)
D6063 - abutment supported cast metal crown (predominantly base metal)
D6064 - abutment supported cast metal crown (noble metal)
Descriptor
A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant
D6094 - abutment supported crown - (titanium)
Descriptor
A single crown restoration that is retained, supported and stabilized by an abutment on an implant. May be cast or milled.

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- With evidence of implant placement
- When previous crown (if replacement) is not serviceable and cannot be repaired

Benefits not allowed:

- if not covered by the plan
- If poor prognosis

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Implant Services– D6101, D6102, D6103, D6104

CDT Code and Nomenclature

D6101 - debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
D6102 - debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure

D6103 - bone graft for repair of peri-implant defect – does not include flap entry and closure
D6104 - bone graft at time of implant placement
Descriptor
Placement of a barrier membrane or biologic materials to aid in osseous regeneration, are reported separately.

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If submitted within 12 months of implant placement it will be considered inclusive
- **For D6104** if submitted with implant same d.o.s., same tooth

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontics, Fixed – D6210, D6211, D6212, D6240, D6241, D6242, D6245, D6250, D6251, D6252

CDT Code and Nomenclature

D6210 - pontic - cast high noble metal
D6211 - pontic - cast predominantly base metal
D6212 - pontic - cast noble metal
D6240 - pontic - porcelain fused to high noble metal
D6241 - pontic - porcelain fused to predominantly base metal
D6242 - pontic - porcelain fused to noble metal
D6245 - pontic - porcelain/ceramic
D6250 - pontic - resin with high noble metal
D6251 - pontic - resin with predominantly base metal
D6252 - pontic - resin with noble metal

Benefits allowed:

- If the existing fixed bridge is more than five years old and unserviceable and cannot be made serviceable
- For a cantilever with one pontic
- For fixed prosthetics over an implant, please refer to the implant section of your CDT book for the correct code(s)

Benefits not allowed:

- if not covered by the plan
- If lost or stolen

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontics, Fixed – D6720, D6721, D6722

CDT Code and Nomenclature

D6720 - retainer crown - resin with high noble metal
D6721 - retainer crown - resin with predominantly base metal
D6722 - retainer crown - resin with noble metal

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If the existing fixed bridge is more than five years old and unserviceable and cannot be made serviceable
- For a cantilever with one pontic
- For fixed prosthetics over an implant, please refer to the implant section of your CDT book for the correct code(s)

Benefits not allowed:

- if not covered by the plan
- If lost or stolen

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Prosthodontics, Fixed – D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792

CDT Code and Nomenclature

D6740 - retainer crown - porcelain/ceramic
D6750 - retainer crown - porcelain fused to high noble metal
D6751 - retainer crown - porcelain fused to predominantly base metal
D6752 - retainer crown - porcelain fused to noble metal
D6780 - retainer crown - 3/4 cast high noble metal
D6781 - retainer crown - 3/4 cast predominantly base metal
D6782 - retainer crown - 3/4 cast noble metal
D6783 - retainer crown - 3/4 porcelain/ceramic
D6790 - retainer crown - full cast high noble metal
D6791 - retainer crown - full cast predominantly base metal
D6792 - retainer crown - full cast noble metal

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- If replacement, date or age of prior crown

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If the existing fixed bridge is more than five years old and unserviceable and cannot be made serviceable
- For a cantilever with one pontic
- For fixed prosthetics over an implant, please refer to the implant section of your CDT book for the correct code(s)

Benefits not allowed:

- if not covered by the plan
- If lost or stolen

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7111

CDT Code and Nomenclature

D7111 - extraction, coronal remnants – primary tooth

Descriptor
Removal of soft tissue-retained coronal remnants

Documentation required for review:

- No required documentation is needed unless requested after initial review

Benefits allowed:

- On primary teeth A B C D E F G H I J K L M N O P Q R S T

Benefits not allowed:

- if not covered by the plan

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7140

CDT Code and Nomenclature

D7140 - extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Descriptor
Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- On any primary and permanent tooth

Benefits not allowed:

- if not covered by the plan
- For orthodontic purposes

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7210

CDT Code and Nomenclature

D7210 - extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

Descriptor
Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- if the tooth requires removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
- tooth fracture may be considered pathology. A narrative stating where the fracture is on the tooth is needed for review.
- Surgical removal of impacted tooth covered when pathology {disease} exists

Benefits not allowed:

- if not covered by the plan
- For orthodontic purposes
- On third molars (wisdom tooth) if there is no pathosis (disease)

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7220, D7230, D7240, D7241, D7250

CDT Code and Nomenclature

D7220 - removal of impacted tooth - soft tissue
Descriptor
Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.
D7230 - removal of impacted tooth - partially bony
Descriptor
Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.
D7240 - removal of impacted tooth - completely bony
Descriptor
Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.
D7241 - removal of impacted tooth - completely bony, with unusual surgical complications
Descriptor
Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.
D7250 - removal of residual tooth roots (cutting procedure)
Descriptor
Includes cutting of soft tissue and bone, removal of tooth structure, and closure

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- if the tooth requires removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
- tooth fracture may be considered pathology. A narrative stating where the fracture is on the tooth is needed for review.
- Surgical removal of impacted tooth covered when pathology {disease} exists
- If **D7250** is submitted for the same tooth # in conjunction with D7140, D7210, D7220, D7230, D7240, D7241, it will be considered inclusive

Benefits not allowed:

- if not covered by the plan
- For orthodontic purposes
- On third molars (wisdom tooth) if there is no pathosis (disease)

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7251

CDT Code and Nomenclature

D7251 - coronectomy – intentional partial tooth removal

Descriptor
Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- for teeth 1, 16, 17, 32
- on impacted teeth only
- If documentation shows that neurovascular complication is likely if the entire tooth is removed.

Benefits not allowed:

- if not covered by the plan
- If tooth is not impacted
- If the remaining tooth or root structure of the impacted tooth and treatment is planned for subsequent removal

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7310, D7311

CDT Code and Nomenclature

D7310 - alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311 - alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant

Descriptor
The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- in conjunction with extractions.
- If narrative is submitted indicating some type of prosthesis
- if narrative or chart notes state that the procedure is being performed for the improvement of the ridge (bone) for the placement of an immediate denture (full denture or partial denture)

Benefits not allowed:

- Without extractions
- If submitted in conjunction with extractions, recode to D7320/D7321
- If less than 4 teeth, recode to D7311

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery –D7320, D7321

CDT Code and Nomenclature

D7320 - alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7321 - alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant

Descriptor
No extractions performed in an edentulous area. See D7310, D7311 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- Without extractions.
- If narrative is submitted indicating some type of prosthesis
- if narrative or chart notes state that the procedure is being performed for the improvement of the ridge (bone) for the placement of an immediate denture (full denture or partial denture)

Benefits not allowed:

- if not covered by the plan
- With extractions

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7410, D7411, D7412, D7413, D7414, D7415

CDT Code and Nomenclature

D7410 - excision of benign lesion up to 1.25 cm
D7411 - excision of benign lesion greater than 1.25 cm
D7413 - excision of malignant lesion up to 1.25 cm
D7414 - excision of malignant lesion greater than 1.25 cm

D7412 - excision of benign lesion, complicated
D7415 - excision of malignant lesion, complicated

Descriptor
Requires extensive undermining with advancement or rotational flap closure.

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity and pathology report

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- pathology report will be used to validate lesion size
- If code submitted does not correlate with the lesion size, the code submitted will be recoded to its equivalent size code

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7510, D7511, D7520, D7521

CDT Code and Nomenclature

D7510 - incision and drainage of abscess - **intraoral** soft tissue
Descriptor
Involves incision through mucosa, including periodontal origins.
D7520 - incision and drainage of abscess - **extraoral** soft tissue
Descriptor
Involves incision through skin.

D7511 - incision and drainage of abscess - **intraoral** soft tissue - complicated (includes drainage of multiple fascial spaces)
D7521 - incision and drainage of abscess - **extraoral** soft tissue - complicated (includes drainage of multiple fascial spaces)
Descriptor
Incision is made intraorally, and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis

Documentation required for review:

- Pre-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If alone with no other procedures performed on the same date of service

Benefits not allowed:

- if not covered by the plan
- If submitted with any surgical procedure or any endodontic procedure, it will be considered inclusive

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7951, D7952

CDT Code and Nomenclature

D7951 - sinus augmentation with bone or bone substitutes via a lateral open approach
Descriptor
The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.

D7952 - sinus augmentation via a vertical approach
Descriptor
The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes

Documentation required for review:

- Pre and post-operative x-rays with R and L direction indicated
- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- When there is no sufficient bone to place an implant on the maxillary UR and or UL areas
- If D6104 (bone graft at time of implant placement) is submitted in conjunction with D7951/D7952, it will be considered inclusive

Benefits not allowed:

- if not covered by the plan
- On any mandibular tooth
- If submitted for the LR, LL quadrant

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7953

CDT Code and Nomenclature

D7953 - bone replacement graft for ridge preservation - per site

Descriptor
Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- in conjunction with extraction(s) for ridge preservation for implant placement

Benefits not allowed:

- if not covered by the plan
- if done in conjunction with other bone graft replacement procedures
- if done on the same day as an implant placement.

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7960, D7961, D7962

CDT Code and Nomenclature

D7960 - frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure

Descriptor
Removal or release of mucosal and muscle elements of a buccal, labial or lingual frenum that is associated with a pathological condition, or interferes with proper oral development or treatment.

D7961 - buccal / labial frenectomy (frenulectomy)

D7962 - lingual frenectomy (frenulectomy)

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- if the frenum is creating a tissue pull or recession
- when frenum is associated with pathological condition or interferes with proper oral development or treatment
- to facilitate placement of a denture (upper or lower) in addition to periodontal surgery to gain attached gingiva

Benefits not allowed:

- if not covered by the plan
- if performed for aesthetics reasons or to close a diastema

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Oral and Maxillofacial Surgery – D7963

CDT Code and Nomenclature

D7963 - frenuloplasty

Descriptor
Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- when frenum is associated with pathological condition or interferes with proper oral development or treatment
- to facilitate placement of a denture (upper or lower) in addition to periodontal surgery to gain attached gingiva

Benefits not allowed:

- if not covered by the plan
- if performed for aesthetics reasons or to close a diastema

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Adjunctive General Services – D9110

CDT Code and Nomenclature

D9110 - palliative (emergency) treatment of dental pain - minor procedure

Descriptor
This is typically reported on a "per visit" basis for emergency treatment of dental pain

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- When submitted alone with no other procedure, other than exam and radiographs

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Adjunctive General Services – D9222, D9223

CDT Code and Nomenclature

D9110 - deep sedation/general anesthesia – first 15 minutes

Descriptor
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration

D9223 - deep sedation/general anesthesia – each subsequent 15 minute increment

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If medically necessary as outlined but not limited to
  - Confirmed toxicity to local anesthesia
  - Down's syndrome
  - Alzheimer's
  - Autism
  - Spastic muscle disorders
  - epilepsy, cerebral palsy, Parkinson's disease

Benefits not allowed:

- if not covered by the plan
- If only for patient or treating dentist comfort
- If ADD (Attention deficit disorder) or ADHD (Attention deficit hyperactivity disorder)
- If not deemed medically necessary by patient's primary care physician

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Adjunctive General Services – D9230

CDT Code and Nomenclature

D9110 - inhalation of nitrous oxide/analgesia, anxiolysis

Benefits allowed:

Documentation required for review:

No required documentation is needed unless requested after initial review

Benefits not allowed:

- if not covered by the plan
- If submitted to aid with exams, x-rays or prophylaxis

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Adjunctive General Services – D9239, D9243

CDT Code and Nomenclature

D9239 - intravenous moderate (conscious) sedation/analgesia- first 15 minutes
Descriptor
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.
The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration

D9243 - intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If medically necessary as outlined but not limited to
    - Confirmed toxicity to local anesthesia
    - Down's syndrome
    - Alzheimer's
    - Autism
    - Spastic muscle disorders
    - epilepsy, cerebral palsy, Parkinson's disease

Benefits not allowed:

- if not covered by the plan
- If only for patient or treating dentist comfort
- If ADD (Attention deficit disorder) or ADHD (Attention deficit hyperactivity disorder)
- If not deemed medically necessary by patient's primary care physician

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Adjunctive General Services – D9248

CDT Code and Nomenclature

D9248 - non-intravenous conscious sedation
Descriptor
This includes non-IV minimal and moderate sedation. A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.
The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- If medically necessary as outlined but not limited to
    - Confirmed toxicity to local anesthesia
    - Down's syndrome
    - Alzheimer's
    - Autism
    - Spastic muscle disorders
    - epilepsy, cerebral palsy, Parkinson's disease

Benefits not allowed:

- if not covered by the plan
- If only for patient or treating dentist comfort
- If ADD (Attention deficit disorder) or ADHD (Attention deficit hyperactivity disorder)
- If not deemed medically necessary by patient's primary care physician

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Adjunctive General Services – D9310

CDT Code and Nomenclature

D9248 - consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician

Descriptor
A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services

Documentation required for review:

- No required documentation is needed unless requested after initial review

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- if it comes alone
- if it comes in conjunction with D9110
- if it comes together with D0460 and x-rays
- In conjunction with any of these services D7510, D7511, D7520, D7521 (incision and drainage)
- In conjunction with D3220
- If any other procedure(s) might be considered inclusive
- per the CDT definition of this code some procedures might be considered inclusive upon review

Benefits not allowed:

- if not covered by the plan
- If it submitted in conjunction with a service that is not therapeutic or diagnostic

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Adjunctive General Services – D9430

CDT Code and Nomenclature

D9430 - office visit for observation (during regularly scheduled hours) - no other services performed

Benefits allowed:

- if it comes alone

Documentation required for review:

- No required documentation is needed unless requested after initial review

Benefits not allowed:

- if not covered by the plan
- if any additional service is submitted in conjunction per the CDT definition of this code

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice

Adjunctive General Services – D9940, D9945, D9946

CDT Code and Nomenclature

D9940 - occlusal guard – hard appliance, full arch

D9945 - occlusal guard – soft appliance, full arch

Descriptor
Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances

D9946 - occlusal guard – hard appliance, partial arch

Descriptor
Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances

Documentation required for review:

- Narrative of medical necessity

Clinical Evidence and References

CDT – Current Dental Terminology
ADA – American Dental Association

Benefits allowed:

- for bruxism or habitual grinding

Benefits not allowed:

- if not covered by the plan

Effective Date: 01/01/2021
Revised Date: 12/14/2020

Solstice