

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Diagnostic services include the oral examinations and selected radiographs needed to assess the oral health, diagnose oral pathology and develop an adequate treatment plan for the Participant's oral health. Periodic exams are not a covered benefit for Participants age 21 and over.

Reimbursement for radiographs includes exposure of the radiograph, developing, mounting and radiographic interpretation. Reimbursement for multiple radiographs of the same tooth or area may be denied if Doral determines the number to be redundant, excessive or not in keeping with the federal policies relating to radiation exposure. Doral utilizes the guidelines published by the Department of Health and Human Services, Center for Devices and Radiological Health. These guidelines were developed in conjunction with the Food and Drug Administration and are described in Attachment J of this manual.

If the total allowed amount for radiographs performed on a participant exceeds the allowed amount for procedure code D0210 (Complete Series), the submitted radiograph codes will be consolidated and paid as a Complete Series (D0210). The maximum reimbursement for a single date of service for radiographs shall be limited to the fee for a complete service.

An initial examination is typically used when evaluating a patient comprehensively. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

PLACE OF SERVICE (field #38 on 2002, 2004 ADA claim form) MUST BE INDICATED ON ALL CLAIMS.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0140	limited oral evaluation - problem focused	21 and older		No	Limited emergency exam will only be covered when performed in conjunction with treatment to address an emergency situation. An emergency will be defined as treatment medically necessary to treat pain, infection, swelling, uncontrolled bleeding or traumatic injury. Not allowed with D9110.	Description of the emergency and description of services provided with claim.
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	Once per lifetime. One comprehensive exam per patient per dentist or dental group per lifetime.	

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Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0210	intraoral - complete series (including bitewings)	21 and older		No	One per 36 months.	
D0220	intraoral - periapical - first film	21 and older		No	Maximum of one (1) per day per patient per dentist or dental group.	
D0230	intraoral - periapical - each additional film	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0270	bitewing - single film	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0272	bitewings - two films	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

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Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0274	bitewings - four films	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0277	vertical bitewings - 7 to 8 films	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0330	panoramic film	21 and older		No	One per 36 months. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

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Restorative services (amalgams and composites) are provided to remove decay and restore dental structures (teeth) to a reasonable condition. Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day.

Bases, cements, liners, pulp caps, bonding agents and local anesthetic are included in the restorative service fees and are not reimbursed separately.

Restorations are expected to last a reasonable amount of time. Repeated unexplained failures will result in review by Peer Review and may necessitate removal of the dentist from the panel.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	amalgam - one surface, primary or permanent	21 and older	Teeth 1 through 32, A through T	No		
D2150	amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 through 32, A through T	No		
D2160	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 through 32, A through T	No		
D2161	amalgam - four or more surfaces, primary or permanent	21 and older	Teeth 1 through 32, A through T	No		

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2331	resin-based composite - two surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2332	resin-based composite - three surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2391	resin-based composite - one surface, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2392	resin-based composite - two surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2393	resin-based composite - three surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2394	resin-based composite - four or more surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2740	crown porcelain/ceramic substrate	21 and older	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2750	crown - porcelain fused to high noble meta	21 and older	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2752	crown - porcelain fused to noble metal	21 and older	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2790	crown - full cast high noble metal	21 and older	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.
D2791	crown - full cast predominantly base metal	21 and older	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.
D2792	crown - full cast noble metal	21 and older	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2910	recement inlay, onlay or partial coverage restoration	21 and older	Teeth 1 through 32	No		
D2915	recement cast or prefabricated post and core	21 and older	Teeth 1 through 32	No		
D2920	recement crown	21 and older	Teeth 1 through 32, A through T	No		
D2931	prefabricated stainless steel crown - permanent tooth	21 and older	Teeth 1 through 32	Yes	Authorization required for two (2) or more crowns. Not compensated with construction of permanent crown.	Pre-operative radiographs.
D2932	prefabricated resin crown	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	Yes	Authorization required for two (2) or more crowns.	Pre-operative radiographs.

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2940	sedative filling	21 and older	Teeth 1 through 32, A through T	No		
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 1 through 32	No		
D2954	prefabricated post and core in addition to crown	21 and older	Teeth 1 through 32	Yes		Endodontic fill radiograph.

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Endodontic services are provided to retain teeth through root canal therapy made necessary due to trauma or carious exposure.

The following guidelines must be followed when providing endodontic services:

Pulpotomies will only be covered on primary teeth with no evidence of internal resorption, furcation or periapical pathologic involvement.

The standard of acceptability employed for endodontic procedures requires that the canal(s) be completely filled apically and laterally. In cases where the root canal filling does not meet Doral's treatment standards, Doral can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the Doral Consultant reviews the circumstances.

Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obliteration of root canal(s), and progress radiographs. The fee does not include the final restoration.

Root canals and pulpotomies may not be covered in the following situations:

- * Root resorption has started and exfoliation is imminent
- * Gross periapical or periodontal pathosis is demonstrated radiographically (caries to the furcation, or subcrestal deeming the tooth non-restorable)
- * The general oral condition does not justify root canal therapy due to the loss of arch integrity
- * Tooth does not demonstrate 50% bone support
- * Tooth demonstrates active untreated periodontal disease

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3310	anterior canal (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	No	Once per lifetime.	

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Provisions for removable prosthesis included initial placement when masticatory function is impaired or when existing prosthesis is at least five years old and unserviceable.

Payment for dentures includes any necessary adjustments, repairs or relines necessary during the six - (6) month period following delivery of a new prosthesis. Relines are covered once every 24 months. The reimbursement for an incomplete denture service (non-delivery) will be limited to the out-of-pocket costs as documented by a copy of the lab bill. THE DATE OF PLACEMENT MUST BE USED AS THE DATE OF SERVICE WHEN SUBMITTING FOR PAYMENT OF DENTURES. Extractions and other procedures necessary prior to denture placement must be rendered and paid before dentures will be reimbursed. If immediate dentures, extractions must be rendered and billed with the same date of service as placement of the immediate dentures.

In situations where it is impractical to obtain pre-operative radiographs on a patient in a nursing home or long term care facility, a written narrative by the dentist stating that the patient is in a physical and mental state sufficient to function with full dentures is required for authorization.

Denture benefits for patients with the following medical conditions will not be considered for coverage:

- * Patients on feeding tubes
- * Post CVA patients with decreased facial muscle tone
- * Patients in a coma
- * Patients with diminished mental capacities that could not function with dentures
- * Patients who do not desire dentures
- * Advanced terminal patients

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	21 and older		Yes	One per 60 months. (D5110 or D5130).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5120	complete denture - mandibular	21 and older		Yes	One per 60 months. (D5120 or D5140).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).

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Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5130	immediate denture - maxillary	21 and older		Yes	One per 60 months. (D5110 or D5130).	Pre-operative full mouth radiographs.
D5140	immediate denture - mandibular	21 and older		Yes	One per 60 months. (D5120 or D5140).	Pre-operative full mouth radiographs.
D5510	repair broken complete denture base	21 and older	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		
D5520	replace missing or broken teeth - complete denture (each tooth)	21 and older	Teeth 1 through 32	No		
D5610	repair resin denture base	21 and older	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		

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Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5620	repair cast framework	21 and older	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		
D5630	repair or replace broken clasp	21 and older		No		
D5640	replace broken teeth - per tooth	21 and older	Teeth 1 through 32	No		
D5650	add tooth to existing partial denture	21 and older	Teeth 1 through 32	No		
D5730	reline complete maxillary denture (chairside)	21 and older		Yes	One per 24 months.	Date of denture placement.

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Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5731	reline complete mandibular denture (chairside)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5740	reline maxillary partial denture (chairside)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5741	reline mandibular partial denture (chairside)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5750	reline complete maxillary denture (laboratory)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5751	reline complete mandibular denture (laboratory)	21 and older		Yes	One per 24 months.	Date of denture placement.

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Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5760	reline maxillary partial denture (laboratory)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5761	reline mandibular partial denture (laboratory)	21 and older		Yes	One per 24 months.	Date of denture placement.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	facial moulage (sectional)	21 and older		Yes		Narrative of medical necessity.
D5912	facial moulage (complete)	21 and older		Yes		Narrative of medical necessity.
D5913	nasal prosthesis	21 and older		Yes		Narrative of medical necessity.
D5914	auricular prosthesis	21 and older		Yes		Narrative of medical necessity.
D5915	orbital prosthesis	21 and older		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5916	ocular prosthesis	21 and older		Yes		Narrative of medical necessity.
D5919	facial prosthesis	21 and older		Yes		Narrative of medical necessity.
D5922	nasal septal prosthesis	21 and older		Yes		Narrative of medical necessity.
D5923	ocular prosthesis, interim	21 and older		Yes		Narrative of medical necessity.
D5924	cranial prosthesis	21 and older		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5925	facial augmentation implant prosthesis	21 and older		Yes		Narrative of medical necessity.
D5926	nasal prosthesis, replacement	21 and older		Yes		Narrative of medical necessity.
D5927	auricular prosthesis, replacement	21 and older		Yes		Narrative of medical necessity.
D5928	orbital prosthesis, replacement	21 and older		Yes		Narrative of medical necessity.
D5929	facial prosthesis, replacement	21 and older		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5931	obturator prosthesis, surgical	21 and older		Yes		Narrative of medical necessity.
D5932	obturator prosthesis, definitive	21 and older		Yes		Narrative of medical necessity.
D5933	obturator prosthesis, modification	21 and older		Yes		Narrative of medical necessity.
D5934	mandibular resection prosthesis with guide flange	21 and older		Yes		Narrative of medical necessity.
D5935	mandibular resection prosthesis without guide flange	21 and older		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5936	obturator prosthesis, interim	21 and older		Yes		Narrative of medical necessity.
D5937	trismus appliance (not for TMD treatment)	21 and older		Yes	Not for TMD Treatment.	Narrative of medical necessity.
D5951	feeding aid	21 and older		Yes		Narrative of medical necessity.
D5953	speech aid prosthesis, adult	21 and older		Yes		Narrative of medical necessity.
D5954	palatal augmentation prosthesis	21 and older		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5955	palatal lift prosthesis, definitive	21 and older		Yes		Narrative of medical necessity.
D5958	palatal lift prosthesis, interim	21 and older		Yes		Narrative of medical necessity.
D5959	palatal lift prosthesis, modification	21 and older		Yes		Narrative of medical necessity.
D5960	speech aid prosthesis, modification	21 and older		Yes		Narrative of medical necessity.
D5982	surgical stent	21 and older		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5983	radiation carrier	21 and older		Yes		Narrative of medical necessity.
D5984	radiation shield	21 and older		Yes		Narrative of medical necessity.
D5985	radiation cone locator	21 and older		Yes		Narrative of medical necessity.
D5986	fluoride gel carrier	21 and older		Yes		Narrative of medical necessity.
D5987	commissure splint	21 and older		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5988	surgical splint	21 and older		Yes		Narrative of medical necessity.
D5999	unspecified maxillofacial prosthesis, by report	21 and older		Yes		Narrative of medical necessity.

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	recement fixed partial denture	21 and older		No		

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Prophylactic removal of multiple asymptomatic teeth, or teeth free from pathology is not a covered benefit.

Extraction of deciduous teeth that radiographically appear to be near imminent exfoliation is not a covered benefit.

Reimbursement includes local anesthesia and post-operative care.

Claims for all oral surgical procedures except simple, non-surgical extractions or for procedure code D7210 must include a pre-operative radiograph to be considered for reimbursement.

Simple and surgical extractions are covered. Local anesthesia and routine post-operative care are included in the fees and will not be reimbursed separately.

“Erupted surgical extractions” are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone, and/or section of the tooth and closure.

Tuberosity reductions are not payable in conjunction with extractions or alveolectomy in the same quadrant.

For oral surgery performed as part of emergency care, the requirement for prior authorization is waived. Service will still be subject to retrospective review. Emergency care is defined as treatment of pain, infection, swelling, uncontrolled bleeding, or traumatic injury.

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	extraction - erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	No		
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	No	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7220	removal of impacted tooth - soft tissue	21 and older	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7230	removal of impacted tooth - partially bony	21 and older	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7240	removal of impacted tooth - completely bony	21 and older	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7250	surgical removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	21 and older		Yes		Copy of pathology report with claim.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	21 and older		Yes		Copy of pathology report with claim.
D7460	removal of benign non-odontogenic cyst or tumor - lesion diameter up to 1.25 cm	21 and older		Yes		Copy of pathology report with claim.
D7461	removal of benign non-odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	21 and older		Yes		Copy of pathology report with claim.
D7510	incision and drainage of abscess - intraoral soft tissue	21 and older		Yes	Either D7510 or D7511 on date of service.	Pre-operative radiographs and narrative with claim.
D7511	incision and drainage - intraoral - complicated	21 and older		Yes	Includes drainage of multiple fascial spaces. Either D7510 or D7511 on date of service.	Pre-operative radiographs and narrative with claim.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7610	maxilla - open reduction (teeth immobilized, if present)	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7620	maxilla - closed reduction (teeth immobilized, if present)	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7630	mandible - open reduction (teeth immobilized, if present)	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7640	mandible - closed reduction (teeth immobilized, if present)	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7710	maxilla - open reduction	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7720	maxilla - closed reduction	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7730	mandible - open reduction	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7740	mandible - closed reduction	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7810	open reduction of dislocation	21 and older		Yes		Narrative of medical necessity with claim.
D7820	closed reduction of dislocation	21 and older		Yes		Narrative of medical necessity with claim.

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Adjunctive general services include general anesthesia, intravenous sedation, nitrous oxide analgesia, consultations and various drugs and medicaments, and emergency services provided for relief of dental pain.

Procedure code D9110 – palliative treatment is to be used to bill for minor palliative procedures when the only other procedure code billed for is a diagnostic radiograph. If any other services (filling, endodontics, oral surgery etc.) are billed for on the same day, the palliative treatment code will be denied.

Intravenous sedation and general anesthesia will only be a covered service for participating dentists that hold current certification and licensure per state and federal guidelines.

Requests for intravenous sedation and general anesthesia will be reviewed on a case by case basis. A case will be covered for Participants with physical or mental health problems of such severity that treatment can not be reasonably attempted without the use of intravenous sedation or general anesthesia. Intravenous sedation or general anesthesia may be allowed when a surgical procedure is being rendered. Claims for intravenous sedation and general anesthesia must include a narrative of medical necessity. Acceptable conditions include:

- * Toxicity to local anesthesia supported by documentation;
- * Severe mental retardation;
- * Severe physical disability;
- * Uncontrolled management problem;
- * Extensive or complicated surgical procedures;
- * Failure of local anesthesia;
- * Documented medical complications; and
- * Acute infection that would preclude the efficacy of local anesthesia.

For cases requiring intravenous sedation or general anesthesia, Providers must document the following in the Participant's chart for appropriate psychosomatic disorders: diagnosis, description of past evidence of situational anxiety or uncontrolled behaviors, and in the case of referral due to uncontrolled behavior, the name of the referring dentist or provider group. Apprehension alone is not typically considered medically necessary. Doral or the IDPA may elect to perform chart audits on these services. Services not documented as required may be denied for payment. The procedures will only be reimbursed for once per day regardless of the length of time it takes to complete the procedure.

General anesthesia, intravenous sedation, and nitrous oxide are only covered in conjunction with a covered dental procedure. Payment for any one of these services precludes payment for the remaining procedure codes. Payment for general anesthesia or intravenous sedation includes any other drugs administered on the same day.

Reimbursement for local anesthesia is included in the fee for the procedures.

Procedure code D9230 – nitrous oxide, is a covered service for Participants who are mentally or physically challenged, or otherwise present with special management needs.

Only claims for nitrous oxide with documented medical necessity will be considered for payment. Medical necessity for the use of nitrous oxide would be broadly defined as some condition specific to the particular treatment situation that would preclude the performance of necessary dental treatment, with the use of a local anesthetic alone. Situations for nitrous oxide will be reviewed for coverage on a case by case basis.

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Procedure code D9310 – consultation, will only be reimbursed to a dentist other than the one providing definitive treatment. A consultation includes an examination and evaluation of the patient, and a written report from the consultant to the treating dentist. When billing for a consultation, a copy of the written report must be attached. When the consulting dentist also performs services reimbursement to that dentist will be limited to the actual services performed. There will not be a separate reimbursement for a consultation.

Procedure code D9999 is to be utilized to submit a request for reimbursement for a dental service not otherwise described herein. Request should include a description of the service, medical necessity, a proposed fee and any pertinent radiographs.

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	21 and older		No	Not covered wth D0140 on same date of service.	
D9220	deep sedation/general anesthesia - first 30 minutes	21 and older		Yes		Narrative of medical necessity. All inclusive fee - Not limited to first 30 minutes.
D9230	analgesia, anxiolysis, inhalation of nitrous oxide	21 and older		Yes		Narrative of medical necessity.
D9241	intravenous conscious sedation/analgesia - first 30 minutes	21 and older		Yes		Narrative of medical necessity. All inclusive fee - Not limited to first 30 minutes.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	21 and older		No		Narrative of medical necessity shall be maintained in patient records.
D9610	therapeutic drug injection, by report	21 and older		Yes		Narrative of medical necessity. Name of drug and amount administered.
D9630	other drugs and/or medicaments, by report	21 and older		Yes		Narrative of medical necessity. Name of drug and amount administered.
D9999	unspecified adjunctive procedure, by report	21 and older		Yes		Description of service and narrative of medical necessity.