

**Exhibit C Benefits Covered for
VA Smiles for Children - Over 21 Pregnant Women**

Diagnostic services include the oral examination, and selected radiographs needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the member's oral health.

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series.

Reimbursement for radiographs is limited to those films required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations.

All radiographs must be of good diagnostic quality properly mounted, dated and identified with the recipient's name and date of birth. Substandard radiographs will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	21 and older		Yes	One of (D0120) per 6 Month(s) Per Provider OR Location. One of (D0120, D0150) per 6 Month(s) Per Provider OR Location. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0140	limited oral evaluation-problem focused	21 and older		Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0150	comprehensive oral evaluation - new or established patient	21 and older		Yes	One of (D0150) per 6 Month(s) Per Provider OR Location. One of (D0120, D0150) per 6 Month(s) Per Provider OR Location. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0170	re-evaluation, limited problem focused	21 and older		Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	
D0220	intraoral - periapical first radiographic image	21 and older		Yes	One of (D0220) per 1 Day(s) Per patient. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0230	intraoral - periapical each additional radiographic image	21 and older		Yes	Four of (D0230) per 1 Day(s) Per patient. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0240	intraoral - occlusal radiographic image	21 and older		Yes	Two of (D0240) per 12 Month(s) Per patient. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	21 and older		Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0251	extra-oral posterior dental radiographic image	21 and older		Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0270	bitewing - single radiographic image	21 and older		Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0272	bitewings - two radiographic images	21 and older		Yes	One of (D0272, D0274) per 12 Month(s) Per Provider OR Location. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0274	bitewings - four radiographic images	21 and older		Yes	One of (D0272, D0274) per 12 Month(s) Per Provider OR Location. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D0330	panoramic radiographic image	21 and older		Yes	One of (D0330) per 60 Month(s) Per Provider OR Location. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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The application of topical fluoride treatment is allowed once every 6 months when provided in conjunction with a prophylaxis. Treatment that incorporates fluoride with the polishing compound is considered part of the prophylaxis procedure and is not a separate topical fluoride treatment.

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	21 and older		Yes	One of (D1110) per 6 Month(s) Per Provider OR Location. Included scaling and polishing procedures to remove coronal plaque, calculus, and stains. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D1208	topical application of fluoride - excluding varnish	21 and older		Yes	One of (D1208) per 6 Month(s) Per Provider OR Location. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least twelve months, unless there is recurrent decay or material failure. Payment will be made for only one single surface restoration per tooth surface. For example, two separate occlusal (O) restorations on the same tooth are to be billed as one occlusal restoration. However, for example it is permissible to bill for multiple, but separate restorations involving the same tooth surface, such as a mesial-facial (MF) and a distal-facial (DF) restoration on the same anterior tooth.

The acid etching procedure is considered part of the restoration and is not billed as a separate procedure.

Local anesthetic is included in the restorative service or surgical fee and is not separately reimbursed.

A sedative restoration is considered a temporary restoration only and not a base under a restoration.

Bases, copalite, or calcium hydroxide liners placed under a restoration are considered part of the restorations and are not billable as separate procedures.

BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES OR ANY OTHER FIXED PROSTHETICS SHALL BE BASED ON THE CEMENTATION DATE.

Restorative pins are reimbursed on a per tooth basis, regardless of the number of pins placed.

For all services that require pre-payment review, Providers have the option of requesting prior authorization.

When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is **DISALLOWED**.

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 - 32, A - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2150	Amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2160	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2161	amalgam - four or more surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2330	resin-based composite - one surface, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2331	resin-based composite - two surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2332	resin-based composite - three surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2391	resin-based composite - one surface, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2392	resin-based composite - two surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2393	resin-based composite - three surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2394	resin-based composite - four or more surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2740	crown - porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D2750	crown - porcelain fused to high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D2752	crown - porcelain fused to noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D2753	Crown- Porcelain Fused to Titanium and Titanium Alloys	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2790	crown - full cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D2791	crown - full cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D2792	crown - full cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D2794	Crown- Titanium and Titanium Alloys	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D2920	re-cement or re-bond crown	21 and older	Teeth 1 - 32	Yes	Not allowed within 6 months of placement. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2931	prefabricated stainless steel crown-permanent tooth	21 and older	Teeth 1 - 32	Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2940	protective restoration	21 and older	Teeth 1 - 32	Yes	One of (D2940) per 12 Month(s) Per patient per tooth. Not allowed in conjunction with root canal therapy, pulpotomy, pulpectomy, or on the same date of service as a restoration. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2950	core buildup, including any pins when required	21 and older	Teeth 1 - 32	Yes	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Limit one per tooth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 1 - 32	Yes	Limit one per tooth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2952	cast post and core in addition to crown	21 and older	Teeth 1 - 32	Yes	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth for All Permanent Teeth. Limit one per tooth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D2954	prefabricated post and core in addition to crown	21 and older	Teeth 1 - 32	Yes	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth for All Permanent Teeth. Limit one per tooth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Payment for conventional root canal treatment is limited to treatment of permanent teeth.

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 DentaQuest's treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after any post payment review by the DentaQuest Consultants.

A pulpotomy or palliative treatment cannot be billed on the same date of service as root canal treatment.

Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g. Sargenti filling material) is not covered.

The fee for root canal therapy for permanent teeth includes diagnosis, extirpation treatment, temporary fillings, filling and obturation of root canals, and progress radiographs. A completed fill radiograph is also included.

For all services that require pre-payment review, Providers have the option of requesting prior authorization.

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3110	pulp cap - direct (excluding final restoration)	21 and older	Teeth 1 - 32	Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D3120	pulp cap - indirect (excluding final restoration)	21 and older	Teeth 1 - 32	Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D3221	pulpal debridement, primary and permanent teeth	21 and older	Teeth 1 - 32, A - T	Yes	Cannot be billed on same date of service as (D3310, D3320, D3330). Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	Yes	One of (D3310) per 1 Lifetime Per patient per tooth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D3320	endodontic therapy, premolar tooth (excluding final restoration)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3320) per 1 Lifetime Per patient per tooth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3330	endodontic therapy, molar tooth (excluding final restoration)	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	Yes	One of (D3330) per 1 Lifetime Per patient per tooth. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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For all services that require pre-payment review, Providers have the option of requesting prior authorization.

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 24 Month(s) Per patient per quadrant. A min of 4 affected teeth in the quadrant. Gingivectomies for the removal of hyperplastic tissue to reduce pocket depth. Request only when non-surgical treatment has not been effective or when the patient is taking medications that cause such conditions. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, perio charting
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 24 Month(s) Per patient per quadrant. 1 to 3 affected teeth in the quadrant. For removal of hyperplastic tissue. Should be only requested when non-surgical treatment does not achieve the desired results or when the patient is being treated with medications that result in such conditions. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, perio charting
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. Either D4341 or D4342. A minimum of four (4) affected teeth in the quadrant. Periodontal charting with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, perio charting
D4342	periodontal scaling and root planing - one to three teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. Either D4341 or D4342. One (1) to three (3) affected teeth in the quadrant. Check service limit. Periodontal charting with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, perio charting

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Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	21 and older		Yes	One of (D1110, D1120, D4346) per 6 Month(s) Per patient. Should not be provided in conjunction with prophylaxis (D1110, D1120). Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	21 and older		Yes	One of (D4355) per 12 Month(s) Per patient. Only covered when there is substantial gingival inflammation(gingivitis) in all four quadrants. Cannot be billed on same day with D0150 or D1110. Not covered within 12 months following D1110, D4341 or D4342. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D4910	periodontal maintenance procedures	21 and older		Yes	Four of (D1110, D4910) per 12 Month(s) Per patient. Any combination of D1110 and D4910 up to four (4) per 12 months. Covered following active treatment only (D4210, D4211, D4341, D4342). Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review	narrative of medical necessity

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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	21 and older		Yes	One of (D5110) per 60 Month(s) Per patient. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D5120	complete denture - mandibular	21 and older		Yes	One of (D5120) per 60 Month(s) Per patient. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		Yes	One of (D5213) per 60 Month(s) Per patient. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		Yes	One of (D5214) per 60 Month(s) Per patient. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D5410	adjust complete denture - maxillary	21 and older		Yes	Not covered within 6 months of placement. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D5411	adjust complete denture - mandibular	21 and older		Yes	Not covered within 6 months of placement. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D5421	adjust partial denture-maxillary	21 and older		Yes	Not covered within 6 months of placement. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D5422	adjust partial denture - mandibular	21 and older		Yes	Not covered within 6 months of placement. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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For all services that require pre-payment review, Providers have the option of requesting prior authorization.

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	re-cement or re-bond fixed partial denture	21 and older		Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

**Exhibit C Benefits Covered for
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Reimbursement includes local anesthesia and routine post-operative care.

The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.

Oral surgery procedures not listed in Exhibit C may be covered under the member's medical benefits through the Medicaid, FAMIS, or FAMIS Plus fee-for-service or managed care organization (MCO) program.

For all services that require pre-payment review, Providers have the option of requesting prior authorization.

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7111	extraction, coronal remnants - primary tooth	21 and older	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	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. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7220	removal of impacted tooth-soft tissue	21 and older	Teeth 1 - 32, 51 - 82	Yes	Removal of asymptomatic tooth not covered. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7230	removal of impacted tooth-partially bony	21 and older	Teeth 1 - 32, 51 - 82	Yes	Removal of asymptomatic tooth not covered. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7240	removal of impacted tooth-completely bony	21 and older	Teeth 1 - 32, 51 - 82	Yes	Removal of asymptomatic tooth not covered. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Oral and Maxillofacial Surgery

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	21 and older	Teeth 1 - 32, 51 - 82	Yes	Unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required, aberrant tooth position, or unusual depth of impaction. Pre-operative radiographs with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D7250	surgical removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 - 32, 51 - 82	Yes	Will not be paid to the dentist or dental group that removed the tooth. Removal of asymptomatic tooth not covered. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7260	oroantral fistula closure	21 and older		Yes	Pre-operative radiographs and narrative of medical necessity with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7261	primary closure of a sinus perforation	21 and older		Yes	Narrative of medical necessity with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	21 and older		Yes	Copy of pathology report with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pathology rpt
D7286	incisional biopsy of oral tissue-soft	21 and older		Yes	Copy of pathology report with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pathology rpt
D7288	brush biopsy - transepithelial sample collection	21 and older		Yes	Copy of pathology report with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7310) per 1 Lifetime Per patient per quadrant. One of (D7310, D7311) per 1 Day(s) Per patient per quadrant. Either D7310 or D7311. Minimum of three (3) extractions per quadrant. Not allowed with a surgical extraction in same quadrant. Pre-operative radiographs and narrative of medical necessity with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7311) per 1 Lifetime Per patient per quadrant. One of (D7310, D7311) per 1 Day(s) Per patient per quadrant. Either D7310 or D7311. Minimum of three (3) extractions per quadrant. Not allowed with a surgical extraction in same quadrant. Pre-operative radiographs and narrative of medical necessity with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7320) per 1 Lifetime Per patient per quadrant. One of (D7320, D7321) per 1 Day(s) Per patient per quadrant. No extractions performed in edentulous area. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7321) per 1 Lifetime Per patient per quadrant. One of (D7320, D7321) per 1 Day(s) Per patient per quadrant. No extractions performed in edentulous area. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)

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Oral and Maxillofacial Surgery

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes	Copy of pathology report and narrative of medical necessity with claim for pre-payment review Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes	Copy of pathology report and narrative of medical necessity with claim for pre-payment review Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7471	removal of exostosis - per site	21 and older	Per Arch (01, 02, LA, UA)	Yes	Narrative of medical necessity with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7472	removal of torus palatinus	21 and older		Yes	Narrative of medical necessity with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7473	removal of torus mandibularis	21 and older		Yes	Narrative of medical necessity with claim for pre-payment review. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7510	incision and drainage of abscess - intraoral soft tissue	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7510, D7511) per 1 Day(s) Per patient per tooth. Either D7510 or D7511. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	21 and older		Yes	One of (D7510, D7511) per 1 Day(s) Per patient. Either D7510 or D7511. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Oral and Maxillofacial Surgery

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7880	occlusal orthotic device, by report	21 and older		Yes	Covered only for temporomandibular pain, dysfunction, or associated musculature Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

**Exhibit C Benefits Covered for
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Local anesthesia is considered part of the treatment procedure, and no additional payment will be made for it. Adjunctive general services include: IV sedation and emergency services provided for relief of dental pain.

Use of IV sedation and general anesthesia will be reviewed on a periodic basis. The service is not routinely used for the apprehensive dental patient. Medical necessity must be demonstrated. Use of nitrous oxide and conscious sedation will also be reviewed on a periodic basis, and patient medical records must include documentation of medical necessity.

For all services that require pre-payment review, Providers have the option of requesting prior authorization.

Qualified Dental network providers are the only providers who can submit claims for general anesthesia/deep sedation or intravenous conscious sedation services and be paid by DentaQuest. For the claim to be paid the service must be delivered by that same provider. A dental provider not qualified to deliver general anesthesia/deep sedation or intravenous conscious sedation procuring this service from a general anesthesiologist, can not submit a dental claim for that service.

Use procedure code D9999 for all services connected with same day surgery. This includes the initial hospital care, history examination, initiation of diagnostic and treatment programs, preparation of hospital records, consults with anesthesia and/or pediatrician and others, day surgery visit, and hospital discharge day management including the discharge summary.

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	21 and older		Yes	Not allowed with any other services other than radiographs and emergency exam. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D9222	deep sedation/general anesthesia first 15 minutes	21 and older		Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	21 and older		Yes	Ten of (D9223, D9243) per 1 Day(s) Per patient. Maximum of 150 minutes (10 units). Either D9223 or D9243. D9230 and/or D9248 are not allowed in conjunction with D9223. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Adjunctive General Services

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	21 and older		Yes	The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment. Cannot be used in conjunction with D9223 and/or D9243 on the same date of service. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	21 and older		Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	21 and older		Yes	Maximum of 150 minutes (10 units). Either D9223 or D9243. D9230 and/or D9248 are not allowed in conjunction with D9243. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D9248	non-intravenous moderate (conscious) sedation	21 and older		Yes	Must be documented as a medically necessity in the patient records. Cannot be used in conjunction with D9223 and/or D9243 on the same date of service. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	21 and older		Yes	One of (D9310) per 1 Day(s) Per Provider OR Location. Not to be billed on the same day or within 6 months of another exam code by the same provider. Oral evaluations and any consulting services are inclusive in the code. Practitioner may initiate diagnostic and/or therapeutic services. Must be a consult request from a health care provider, excludes placement from DentaQuest. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity

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Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9420	hospital or ambulatory surgical center call	21 and older		Yes	Maximum of three (3) for the same day. Cannot be billed with D9999 for hospital care on the same date of service. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D9610	therapeutic drug injection, by report	21 and older		Yes	One of (D9610) per 1 Day(s) Per patient. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D9630	other drugs and/or medicaments, by report	21 and older		Yes	Two of (D9630) per 6 Month(s) Per Provider. Drug or medicament must be documented on claim and in the patient record.	narrative of medical necessity
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	21 and older		Yes	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity
D9990	certified translation or sign-language services per visit	21 and older		No	Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review. Can only be used for language interpretation services. Additional documentation required: SFC Professional Interpreter Service Form and a copy of the paid Interpreter Service invoice/receipt.	
D9992	dental case management – care coordination	21 and older		Yes	Documentation of encounter shall be maintained in the patient chart.	
D9994	dental case management – patient education to improve oral health literacy	21 and older		Yes	Documentation of encounter shall be maintained in the patient chart.	
D9995	teledentistry – synchronous; real-time encounter	21 and older		Yes	Documentation of encounter shall be maintained in the patient chart.	
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	21 and older		Yes	Documentation of encounter shall be maintained in the patient chart.	

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Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9999	unspecified adjunctive procedure, by report	21 and older		Yes	For hospital operating room cases. Includes all workups, same day surgery visit, and discharge summary, etc. Cannot be billed with D9420. Requires prior approval. Narrative documenting medical necessity, including pregnancy status and due date, with claim for pre-payment review.	narrative of medical necessity