

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

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	0-20		No	One of (D0120) per 6 Month(s) Per Provider OR Location. One of (D0120, D0145, D0150) per 6 Month(s) Per Provider OR Location.	
D0140	limited oral evaluation-problem focused	0-20		No		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0-2		No	One of (D0145) per 6 Month(s) Per Provider OR Location. One of (D0120, D0145, D0150) per 6 Month(s) Per Provider OR Location.	
D0150	comprehensive oral evaluation - new or established patient	0-20		No	One of (D0150) per 6 Month(s) Per Provider OR Location. One of (D0120, D0145, D0150) per 6 Month(s) Per Provider OR Location.	
D0170	re-evaluation, limited problem focused	0-20		No		
D0210	intraoral - complete series of radiographic images	6 - 20		No	One of (D0210, D0330) per 60 Month(s) Per Provider OR Location. Frequency of service or age deviation must be supported by Medical Necessity.	
D0220	intraoral - periapical first radiographic image	0-20		No		
D0230	intraoral - periapical each additional radiographic image	0-20		No		

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D0240	intraoral - occlusal radiographic image	0-20		No	Two of (D0240) per 12 Month(s) Per patient.	
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0-20		No		
D0251	extra-oral posterior dental radiographic image	0-20		No		
D0270	bitewing - single radiographic image	0-20		No		
D0272	bitewings - two radiographic images	0-20		No	One of (D0272, D0273, D0274) per 12 Month(s) Per Provider OR Location.	
D0273	bitewings - three radiographic images	0-20		No	One of (D0272, D0273, D0274) per 12 Month(s) Per Provider OR Location.	
D0274	bitewings - four radiographic images	0-20		No	One of (D0272, D0273, D0274) per 12 Month(s) Per Provider OR Location.	
D0330	panoramic radiographic image	6 - 20		No	One of (D0210, D0330) per 60 Month(s) Per Provider OR Location. Frequency of service or age deviation must be supported by Medical Necessity.	
D0340	cephalometric radiographic image	0-20		No	Non-orthodontic procedures.	
D0470	diagnostic casts	0-20		No	Non-orthodontic procedures.	

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Sealants may be placed on the occlusal or occlusal-buccal surfaces of lower molars or occlusal or occlusal-lingual surfaces of upper molars once per tooth, per lifetime.

Space maintainers are a covered service when medically indicated due to the premature loss of posterior primary tooth. A lower lingual holding arch placed where there is not premature loss of the primary molar is considered a transitional orthodontic appliance and not covered by this Plan.

The application of topical fluoride treatment is allowed for Members up to age 21 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 not a separate topical fluoride treatment.

BILLING AND REIMBURSEMENT FOR SPACE MAINTAINERS SHALL BE BASED ON THE CEMENTATION DATE.

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	13-20		No	One of (D1110, D1120) per 6 Month(s) Per Provider OR Location. Includes minor scaling procedures.	
D1120	prophylaxis - child	0-12		No	One of (D1110, D1120) per 6 Month(s) Per Provider OR Location.	
D1206	topical application of fluoride varnish	0-20		No	One of (D1206, D1208) per 6 Month(s) Per Provider OR Location.	
D1208	topical application of fluoride - excluding varnish	0-20		No	One of (D1206, D1208) per 6 Month(s) Per Provider OR Location.	
D1351	sealant - per tooth	5-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D1351) per 1 Lifetime Per patient per tooth for First and Second Molars. for First and Second Molars. Occlusal sealants are permissible if teeth 2, 3, 14, 15, 18, 19, 30, 31 (1st and 2nd molars) have a lingual or buccal pit filling but no occlusal restoration.	
D1354	interim caries arresting medicament application - per tooth	0-20	Teeth 1 - 32, A - T	No	Two of (D1354) per 1 Lifetime Per patient per tooth. D1354 is allowable for up to two applications per tooth per lifetime for primary and permanent dentition. The first and second application of D1354 must be separated by no less than 91 days. Restorative, endodontic, and extraction procedures cannot be billed within 180 days of the D1354. If restorative, endodontic, and/or extraction services are medically necessary prior to 180 days, the fee for those services will be reduced by \$12.00.	

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Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1355	caries preventive medicament application – per tooth	0-20	Teeth 1 - 32, A - T	No	Two of (D1355) per 1 Lifetime Per patient per tooth.	
D1510	space maintainer-fixed, unilateral-per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1510, D1520) per 24 Month(s) Per patient per quadrant.	
D1516	space maintainer --fixed--bilateral, maxillary	0-20		No	One of (D1516, D1526) per 24 Month(s) Per patient per arch.	
D1517	space maintainer --fixed--bilateral, mandibular	0-20		No	One of (D1517, D1527) per 24 Month(s) Per patient per arch.	
D1520	space maintainer-removable-unilateral	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1510, D1520) per 24 Month(s) Per patient per quadrant.	
D1526	space maintainer --removable--bilateral, maxillary	0-20		No	One of (D1516, D1526) per 24 Month(s) Per patient per arch.	
D1527	space maintainer --removable--bilateral, mandibular	0-20		No	One of (D1517, D1527) per 24 Month(s) Per patient per arch.	
D1551	re-cement or re-bond bilateral space maintainer- Maxillary	0-20		No		
D1552	re-cement or re-bond bilateral space maintainer- Mandibular	0-20		No		
D1553	re-cement or re-bond unilateral space maintainer- Per Quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D1556	Removal of fixed unilateral space maintainer- Per Quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D1557	Removal of fixed bilateral space maintainer- Maxillary	0-20		No		
D1558	Removal of fixed bilateral space maintainer- Mandibular	0-20		No		
D1575	distal shoe space maintainer - fixed - unilateral- Per Quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1510, D1520, D1575) per 24 Month(s) Per patient per quadrant.	

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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 AND LAMINATE VENEERS 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.

Only full labial veneers porcelain (lab) are a covered service.

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	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2161	amalgam - four or more surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2330	resin-based composite - one surface, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2390	resin-based composite crown, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	

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D2393	resin-based composite - three surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2644	onlay-porcelain/ceramic-4+ surfaces	0-20	Teeth 1 - 32	Yes	One of (D2644) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2710	crown - resin-based composite (indirect)	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2720	crown-resin with high noble metal	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2721	crown - resin with predominantly base metal	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2722	crown - resin with noble metal	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2740	crown - porcelain/ceramic	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2750	crown - porcelain fused to high noble metal	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2751	crown - porcelain fused to predominantly base metal	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2752	crown - porcelain fused to noble metal	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2753	Crown- Porcelain Fused to Titanium and Titanium Alloys	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2790	crown - full cast high noble metal	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2791	crown - full cast predominantly base metal	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2792	crown - full cast noble metal	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)

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D2794	Crown- Titanium and Titanium Alloys	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	0-20	Teeth 1 - 32	No		
D2920	re-cement or re-bond crown	0-20	Teeth 1 - 32, A - T	No		
D2928	prefabricated porcelain/ceramic crown – permanent tooth	0-20	Teeth 1 - 32	No		
D2929	Prefabricated porcelain/ceramic crown – primary tooth	0-20	Teeth A - T	No		
D2930	prefabricated stainless steel crown - primary tooth	0-20	Teeth A - T	No		
D2931	prefabricated stainless steel crown-permanent tooth	0-20	Teeth 1 - 32	No		
D2932	prefabricated resin crown	0-20	Teeth 1 - 32, A - T	No		
D2933	prefabricated stainless steel crown with resin window	0-20	Teeth C - H, M - R	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth C - H, M - R	No		
D2940	protective restoration	0-20	Teeth 1 - 32, A - T	No	Not allowed in conjunction with root canal therapy, pulpotomy, pulpectomy, or on the same date of service as a restoration.	
D2950	core buildup, including any pins when required	0-20	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth. One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth.	
D2951	pin retention - per tooth, in addition to restoration	0-20	Teeth 1 - 32	No		
D2952	cast post and core in addition to crown	0-20	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth. One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth.	

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VA Smiles for Children - Under 21**

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2954	prefabricated post and core in addition to crown	0-20	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth. One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth.	
D2962	labial veneer (porc laminate) - laboratory	0-20	Teeth 1 - 32	Yes	One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D2962) per 60 Month(s) Per patient per tooth. Will be considered as an alternative to a full restoration for an endodontically treated tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)

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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.

Pulpotomies will be limited to primary teeth or permanent teeth with incomplete root development.

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)	0-20	Teeth 1 - 32	No		
D3120	pulp cap - indirect (excluding final restoration)	0-20	Teeth 1 - 32, A - T	No		
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0-20	Teeth 1 - 32, A - T	No	Cannot be billed on same date of service as (D3310, D3320 and D3330)	
D3221	pulpal debridement, primary and permanent teeth	0-20	Teeth 1 - 32, A - T	No	Cannot be billed on same date of service as (D3310, D3320 and D3330)	
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0-20	Teeth C - H, M - R	No		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0-20	Teeth A, B, I - L, S, T	No		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0-20	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3346	retreatment of previous root canal therapy-anterior	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D3346) per 1 Lifetime Per patient per tooth. Pre-operative radiographs and narrative of medical necessity with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D3347	retreatment of previous root canal therapy - premolar	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3347) per 1 Lifetime Per patient per tooth. Pre-operative radiographs and narrative of medical necessity with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D3348	retreatment of previous root canal therapy-molar	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	Yes	One of (D3348) per 1 Lifetime Per Provider per tooth. Pre-operative radiographs and narrative of medical necessity with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	No		
D3352	apexification/recalcification - interim medication replacement	0-20	Teeth 1 - 32	No	Limited three (3) treatments.	
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	No	One of (D3353) per 1 Lifetime Per Provider per tooth.	
D3410	apicoectomy - anterior	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D3410) per 1 Lifetime Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D3421	apicoectomy - premolar (first root)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3421) per 1 Lifetime Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D3425	apicoectomy - molar (first root)	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	Yes	One of (D3425) per 1 Lifetime Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D3426	apicoectomy (each additional root)	0-20	Teeth 1 - 5, 12 - 21, 28 - 32	Yes	Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)
D3430	retrograde filling - per root	0-20	Teeth 1 - 32	Yes	One of (D3430) per 1 Lifetime Per patient per tooth. Pre-operative radiographs with claim for pre-payment review.	pre-operative x-ray(s)

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

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	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210) per 24 Month(s) Per patient per quadrant. 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.	pre-op x-ray(s), perio charting
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4211) per 24 Month(s) Per patient per quadrant. 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.	pre-op x-ray(s), perio charting
D4249	clinical crown lengthening - hard tissue	0-20	Teeth 1 - 32	Yes	One of (D4249) per 1 Lifetime Per patient per tooth. Periodontal charting and preoperative radiographs with claim for pre-payment review.	pre-op x-ray(s), perio charting
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260) per 60 Month(s) Per patient per quadrant. One of (D4260, D4261) per 60 Month(s) Per patient per quadrant. A minimum of four (4) affected teeth in the quadrant. Periodontal charting and pre-operative radiographs with claim for pre-payment review.	pre-op x-ray(s), perio charting
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4261) per 60 Month(s) Per patient per quadrant. One of (D4260, D4261) per 60 Month(s) Per patient per quadrant. One (1) to three (3) affected teeth in the quadrant. Periodontal charting and pre-operative radiographs with claim for pre-payment review.	pre-op x-ray(s), perio charting
D4263	bone replacement graft - first site in quadrant	0-20	Teeth 1 - 32	Yes	Periodontal charting and pre-operative radiographs with claim for pre-payment review.	pre-op x-ray(s), perio charting

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4264	bone replacement graft - each additional site in quadrant	0-20	Teeth 1 - 32	Yes	Periodontal charting and pre-operative radiographs with claim for pre-payment review.	pre-op x-ray(s), perio charting
D4270	pedicle soft tissue graft procedure	0-20	Teeth 1 - 32	No		
D4273	subepithelial connective tissue graft procedure	0-20	Teeth 1 - 32	No		
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	0-20	Teeth 1 - 32	No	One of (D4277) per 1 Lifetime Per patient per quadrant.	
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	0-20	Teeth 1 - 32	No	One of (D4278) per 1 Lifetime Per patient per quadrant.	
D4320	provision splinting - intracoronal	0-20	Per Arch (01, 02, LA, UA)	No		
D4321	provision splinting - extracoronal	0-20	Per Arch (01, 02, LA, UA)	No		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	0-20	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 and pre-operative radiographs with claim for pre-payment review.	pre-op x-ray(s), perio charting
D4342	periodontal scaling and root planing - one to three teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	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 and pre-operative radiographs with claim for pre-payment review.	
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0-20		No	One of (D1110, D1120, D4346) per 6 Month(s) Per patient. Not allowed on same day as D1110 or D1120.	

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	0-20		No	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, D1110 or D1120. Not covered within 12 months following D1110, D1120, D4341 or D4342.	
D4910	periodontal maintenance procedures	0-20		No	Four of (D4910) per 12 Month(s) Per patient. Any combination of D1110, D1120 and D4910 up to four (4) per 12 months. Covered following active treatment only (D4210, D4211, D4260, D4261, D4341, D4342).	

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Provision for removable prostheses when masticatory function is impaired, or when existing prostheses is unserviceable and when evidence is submitted that indicates that the masticatory insufficiencies are likely to impair the general health of the member.

Authorization for partial dentures to replace posterior teeth will not be allowed if there are in each quadrant at least three (3) peridontially sound posterior teeth in fairly good position and occlusion with opposing dentition. For partial dentures, two or more posterior teeth must be missing in a quadrant or at least one posterior tooth in each quadrant of the same arch.

Authorization for cast partial dentures for anterior teeth generally will not be given unless two or more anterior teeth in the same arch are missing. A modified space maintainer is to be considered when only one anterior tooth is missing in an arch, Exceptions may be made on a per case basis.

Dentures will not be preauthorized when:

Dental history reveals that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable because of physiological or psychological reasons, or repair, relining or rebasing of the patient's present dentures will make them serviceable.

A preformed denture with teeth already mounted forming a denture module is not a covered service.

BILLING AND REIMBURSEMENT FOR CAST CROWNS AND POST & CORES OR REMOVABLE PROSTHETICS SHALL BE BASED ON THE CEMENTATION OR INSERTION DATE.

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

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	0-20	Per Arch (01, UA)	No	One of (D5110) per 60 Month(s) Per patient.	
D5120	complete denture - mandibular	0-20	Per Arch (02, LA)	No	One of (D5120) per 60 Month(s) Per patient.	
D5130	immediate denture - maxillary	0-20	Per Arch (01, UA)	No	One of (D5130) per 1 Lifetime Per patient.	
D5140	immediate denture - mandibular	0-20	Per Arch (02, LA)	No	One of (D5140) per 1 Lifetime Per patient.	
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223, D5225) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224, D5226) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223, D5225) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224, D5226) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223, D5225) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224, D5226) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5221, D5223, D5225) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5222, D5224, D5226) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D5225	maxillary partial denture-flexible base	0-20		Yes	One of (D5211, D5213, D5221, D5223, D5225) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D5226	mandibular partial denture-flexible base	0-20		Yes	One of (D5212, D5214, D5222, D5224, D5226) per 60 Month(s) Per patient. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D5282	Removable unilateral partial denture--one piececast metal (including clasps and teeth), maxillary	0-20		No	One of (D5282) per 60 Month(s) Per patient per arch. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5283	Removable unilateral partial denture--one piececast metal (including clasps and teeth), mandibular	0-20		No	One of (D5283) per 60 Month(s) Per patient per arch. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	
D5284	Removeable Unilateral Partial Denture- One Piece Flexible Base- Per Quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D5286	Removeable Unilateral Partial Denture- One Piece Resin Base- Per Quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D5410	adjust complete denture - maxillary	0-20		No	Not covered within 6 months of placement.	
D5411	adjust complete denture - mandibular	0-20		No	Not covered within 6 months of placement.	
D5421	adjust partial denture-maxillary	0-20		No	Not covered within 6 months of placement.	
D5422	adjust partial denture - mandibular	0-20		No	Not covered within 6 months of placement.	
D5511	repair broken complete denture base, mandibular	0-20		No	One of (D5511) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5512	repair broken complete denture base, maxillary	0-20		No	One of (D5512) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5520	replace missing or broken teeth - complete denture (each tooth)	0-20	Teeth 1 - 32	No		
D5611	repair resin partial denture base, mandibular	0-20		No	One of (D5611) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5612	repair resin partial denture base, maxillary	0-20		No	One of (D5612) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5621	repair cast partial framework, mandibular	0-20		No	One of (D5621) per 12 Month(s) Per patient. Not covered within 6 months of placement.	
D5622	repair cast partial framework, maxillary	0-20		No	One of (D5622) per 12 Month(s) Per patient. Not covered within 6 months of placement.	

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5630	repair or replace broken retentive/clasping materials per tooth	0-20	Teeth 1 - 32	No	One of (D5630) Per patient per tooth.	
D5640	replace broken teeth-per tooth	0-20	Teeth 1 - 32	No		
D5650	add tooth to existing partial denture	0-20	Teeth 1 - 32	No		
D5660	add clasp to existing partial denture	0-20	Teeth 1 - 32	No		
D5730	reline complete maxillary denture (chairside)	0-20		No	One of (D5730, D5750) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5731	reline complete mandibular denture (chairside)	0-20		No	One of (D5731, D5751) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5740	reline maxillary partial denture (chairside)	0-20		No	One of (D5740, D5760) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5741	reline mandibular partial denture (chairside)	0-20		No	One of (D5741, D5761) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5750	reline complete maxillary denture (laboratory)	0-20		No	One of (D5730, D5750) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5751	reline complete mandibular denture (laboratory)	0-20		No	One of (D5731, D5751) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5760	reline maxillary partial denture (laboratory)	0-20		No	One of (D5740, D5760) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5761	reline mandibular partial denture (laboratory)	0-20		No	One of (D5741, D5761) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5850	tissue conditioning, maxillary	0-20		No	Not covered within 6 months of placement.	
D5851	tissue conditioning,mandibular	0-20		Yes	Narrative of medical necessity with claim for prepayment review. Not covered within 6 months of placement.	narrative of medical necessity

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Maxillofacial Prosthetics

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5951	feeding aid	0-20		No		

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Implant Services

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6096	remove broken implant retaining screw	0-20	Teeth 1 - 32	No	One of (D6096) per 60 Month(s) Per patient per tooth for All Permanent Teeth.	

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Fixed prosthetics will only be covered under special circumstances when no other acceptable less expensive dental service will adequately accomplish the treatment objectives.

Acid etch bonded bridges should be considered as less expensive alternate treatment if circumstances permit. Candidates for fixed prosthetics must have demonstrated very good to excellent oral hygiene and dental health awareness.

A fixed prosthetic will generally only be approved when it replaces a maximum of 2 missing anterior teeth or 1 posterior tooth. Exceptions can be made on a per case basis.

BILLING AND REIMBURSEMENT FOR CROWNS AND POST & CORES OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED UPON THE CEMENTATION DATE.

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
D6205	pontic - indirect resin based composite	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6211	pontic-cast base metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6212	pontic - cast noble metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6214	Pontic - titanium and titanium alloys	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6240	pontic-porcelain fused-high noble	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6241	pontic-porcelain fused to base metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6242	pontic-porcelain fused-noble metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6243	Pontic - Porcelain fused to titanium and titanium alloys	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6245	prosthodontics fixed, pontic - porcelain/ceramic	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6250	pontic-resin with high noble metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6251	pontic-resin with base metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6252	pontic-resin with noble metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6545	retainer - cast metal fixed	0-20	Teeth 1 - 32	Yes	One of (D6545, D6548) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6548	prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	0-20	Teeth 1 - 32	Yes	One of (D6545, D6548) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6710	crown - indirect resin based composite	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6720	crown-resin with high noble metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6721	crown-resin with base metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6722	crown-resin with noble metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6740	retainer crown – porcelain/ceramic	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6750	crown-porcelain fused high noble	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6751	crown-porcelain fused to base metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6752	crown-porcelain fused noble metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6753	Retainer Crown- Porcelain fused to titanium and titanium alloys	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6784	Retainer Crown 3/4- Titanium and Titanium Alloys	0-20	Teeth 1 - 32	No		

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6790	crown-full cast high noble	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6791	crown - full cast base metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6792	crown - full cast noble metal	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6794	Retainer crown - titanium and titanium alloys	0-20	Teeth 1 - 32	Yes	One of (D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794) per 60 Month(s) Per patient per tooth. Pre-operative radiographs of all teeth in arch with claim for pre-payment review.	pre-operative x-ray(s)
D6930	re-cement or re-bond fixed partial denture	0-20		No		

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

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 A 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	0-20	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-20	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	No		
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0-20	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	No	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.	
D7220	removal of impacted tooth-soft tissue	0-20	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	No	Removal of asymptomatic tooth not covered.	
D7230	removal of impacted tooth-partially bony	0-20	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	No	Removal of asymptomatic tooth not covered.	
D7240	removal of impacted tooth-completely bony	0-20	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	No	Removal of asymptomatic tooth not covered.	

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

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	0-20	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	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.	pre-operative x-ray(s)
D7250	surgical removal of residual tooth roots (cutting procedure)	0-20	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	No	Will not be paid to the dentist or dental group that removed the tooth. Removal of asymptomatic tooth not covered.	
D7260	oroantral fistula closure	0-20		No		
D7261	primary closure of a sinus perforation	0-20		No		
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0-20	Teeth 1 - 32	Yes	Narrative with claim for prepayment review.	narrative of medical necessity
D7280	Surgical access of an unerupted tooth	0-20	Teeth 1 - 32	Yes	Pre-operative radiographs and narrative with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D7282	mobilization of erupted or malpositioned tooth to aid eruption	0-20	Teeth 1 - 32	No		
D7283	placement of device to facilitate eruption of impacted tooth	0-20	Teeth 1 - 32	Yes	Will not be payable unless orthodontic treatment has been proposed or is in progress. Orthodontic approval is not required. Pre-operative radiographs and narrative with claim for pre-payment review.	narr. of med. necessity, pre-op x-ray(s)
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	0-20		No		
D7286	incisional biopsy of oral tissue-soft	0-20		No		
D7288	brush biopsy - transepithelial sample collection	0-20		No		

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Oral and Maxillofacial Surgery

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	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.	
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	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.	
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	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.	
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	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 on edentulous area.	
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		Yes		Pathology report
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	0-20		Yes		Pathology report
D7471	removal of exostosis - per site	0-20	Per Arch (01, 02, LA, UA)	No		
D7472	removal of torus palatinus	0-20		No		
D7473	removal of torus mandibularis	0-20		No		
D7485	surgical reduction of osseous tuberosity	0-20		No		

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Oral and Maxillofacial Surgery

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7510	incision and drainage of abscess - intraoral soft tissue	0-20	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	No	One of (D7510, D7511) per 1 Day(s) Per patient per tooth. Either D7510 or D7511.	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0-20		No	One of (D7510, D7511) per 1 Day(s) Per patient. Either D7510 or D7511.	
D7880	occlusal orthotic device, by report	0-20		No	Covered only for temporomandibular pain, dysfunction or assoc. musculature.	
D7961	buccal / labial frenectomy (frenulectomy)	0-20		No	The frenum may be excised when the tongue has limited mobility, causing inability to eat, speak or breathe and supported by narrative of referring physician. For large diastemas between teeth, in conjunction with approved orthodontic treatment. Or when frenum interferes with a prosthetic appliance, or when it is the etiology of recession of periodontal tissue. Midsagittal removal only.	
D7962	lingual frenectomy (frenulectomy)	0-20		No	The frenum may be excised when the tongue has limited mobility, causing inability to eat, speak or breathe and supported by narrative of referring physician. For large diastemas between teeth, in conjunction with approved orthodontic treatment. Or when frenum interferes with a prosthetic appliance, or when it is the etiology of recession of periodontal tissue. Midsagittal removal only.	
D7963	frenuloplasty	0-20		No	One of (D7960, D7963) per 1 Lifetime Per patient. Excision of frenum with excision or repositioning of abervant muscle and z-plasty or other local flap closure. The frenum may be excised when the tongue has limited mobility, for large diastemas between teeth, or when frenum interferes with a prosthetic appliance, or when it is the etiology of periodontal tissue disease. Midsagittal removal only.	

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7970	excision of hyperplastic tissue - per arch	0-20	Per Arch (01, 02, LA, UA)	No		
D7971	excision of pericoronal gingiva	0-20	Teeth 1 - 32	No		
D7972	surgical reduction of fibrous tuberosity	0-20		No		

Exhibit A Benefits Covered for VA Smiles for Children - Under 21

Medicaid Members age 20 and under may qualify for orthodontic care under the program. Members must have a severe, dysfunctional, handicapping malocclusion.

Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspid are in good occlusion seldom qualify. Crowding alone is not usually dysfunctional in spite of the aesthetic considerations.

Limited tooth guidance, if a covered benefit, will be authorized on a selective basis to help prevent the future necessity for full-banded treatment. All appliance adjustments are incidental and included in the allowance for the tooth guidance appliance. With the exception of situations involving gingival stripping or other nonreversible damage, appliances for minor tooth guidance (codes D8020 through D8040) will be approved when they are the only treatment necessary. If treatment is not definitive, the movement will only be covered as part of a comprehensive orthodontic treatment plan.

All comprehensive orthodontic services require prior authorization by one of DentaQuest's Dental Consultants. The Member should present with a fully erupted set of permanent teeth. At least 1/2 to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing.

In evaluating requests for orthodontic coverage, medical necessity/handicapping criteria (which can be found on the website) are used as the first level review to determine coverage as applied to the permanent dentition. If the requested orthodontic treatment meets one of the listed criteria, DentaQuest will approve the request for coverage as meeting medically necessary handicapping criteria. Please note, a complete series of intra-oral photographs and all required documentation to support medical necessity should be submitted along with the Orthodontic Criteria Index Form. If the request does not meet any of the listed criteria, then DentaQuest will proceed in evaluating the request by applying the Salzmann Malocclusion Severity Assessment (which can be found on the website).

The Salzmann Evaluation Criteria Index Form is also used as the basis for determining whether a Member qualifies for orthodontic treatment. A member must score a minimum of 25 points to qualify for coverage – points are not awarded for esthetics, therefore additional points for handicapping esthetics will not be considered as part of the determination.

For cases that may not meet the Salzmann criteria, medical necessity documentation to support any of the following impaired functions must be submitted along with all other required documentation, including intra-oral photos or models, panoramic and cephalometric films, tracings, score sheets, and narratives:

- * Speech disorder – Documented by a physician or speech therapist,
- * Eating disorder – Problems documented by a physician,
- * Emotional mental distress to impair school participation – Documented by a teacher, a counselor, or a School psychologist All documentation will be reviewed together and an appropriate determination made.

Diagnostic study models (trimmed) with waxbites or OrthoCad electronic equivalent and treatment plan must be submitted with the request for prior authorization of services. Treatment should not begin prior to receiving notification from DentaQuest indicating coverage or non-coverage for the proposed treatment plan. Providers cannot bill prior to services being performed.

If the case is denied, the prior authorization will be returned to the Provider indicating that DentaQuest will not cover the orthodontic treatment. In order to receive payment of records for cases that are denied, a claim must be submitted on an ADA form for D8660. The date of service will be the date the treatment plan, radiographs and/or photos, records and diagnostic models were performed by the provider.

In cases where the member has been approved for comprehensive Orthodontic benefits, and the parent has decided they do not wish to have the child

begin treatment at this time or any time in the near future, the provider may bill for their records, to include the treatment plan, radiographs, models, photos, etc. using D8999 and explaining the situation on the claim for payment. The reimbursement for these records is the same.

General Billing Information for Orthodontics:

The start and billing date of orthodontic services is defined as the date when the bands, brackets, or appliances are placed in the Member's mouth. The Member must be eligible on this date of service.

If a member becomes ineligible during treatment and before full payment is made, DentaQuest will pay the balance of any remaining treatment up to the approved case rate. To receive the remaining balance for members that are ineligible but remain in treatment, providers must submit the claim using D8999 with the last service date the patient was eligible.

To guarantee proper and prompt payment of orthodontic cases, please follow the steps below:

Electronically file, fax or mail a copy of the completed ADA form with the date of service (banding date) filled in. Our fax number is 262. 241.7150.

Initial payments for orthodontics (code D8080) includes pre-orthodontic visit, radiographs, treatment plan, records, diagnostic models, initial banding, 1 set of retainers, and 12 months of retainer adjustments (If retainer fees are not separate).

Once DentaQuest receives the banding date, the initial payment for code D8080 will be set to pay out. Providers must submit claims for 5 quarterly payments (Code D8670) and de-banding (D8680). The member must be eligible on the date of the claim.

The maximum case payment for orthodontic treatment will be 1 initial payment (D8080), 5 quarterly periodic billed orthodontic treatments (D8670) and 1 payment for de-banding (D8680).

Members may not be billed for broken, repaired, or replacement of brackets or wires. Payment for up to one set of lost/unreparable retainers may be considered on a medically necessary basis.

In order to receive payment of records for cases that are denied, a claim must be submitted on an ADA form for D8660. The date of service will be the date the treatment plan, radiographs and/or photos, records and diagnostic models were performed by the provider.

Please notify DentaQuest should the Member discontinue treatment for any reason Continuation of Treatment: DentaQuest, LLC requires the following information for possible payment of continuation of care cases:

* Completed "Orthodontic Continuation of Care Form" - See Appendix A.

* Completed ADA claim form listing services to be rendered.

* A copy of Member's prior approval including the total approved case fee, banding fee, and periodic orthodontic treatment fees.

* If the member is private pay or transferring from a commercial insurance program: Original diagnostic models (or OrthoCad equivalent), radiographs (optional).

Orthodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D8020	limited orthodontic treatment of the transitional dentition	0-20		Yes		narrative of medical necessity

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Orthodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D8030	limited orthodontic treatment of the adolescent dentition	0-20		Yes	Narrative of medical need with claim for prepayment review.	narrative of medical necessity
D8040	limited orthodontic treatment of the adult dentition	0-20		Yes	Narrative of medical need with claim for prepayment review.	narrative of medical necessity
D8080	comprehensive orthodontic treatment of the adolescent dentition	0-20		Yes	One of (D8080) per 1 Lifetime Per patient. Panoramic or periapical radiographs. Cephalogram and/or photos or OrthoCad equivalent. PRIOR AUTHORIZATION IS REQUIRED.	Panoramic x-ray, Study model
D8210	removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)	0-20		No		
D8220	fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)	0-20		No	One of (D8220) per 1 Lifetime Per patient.	
D8660	pre-orthodontic treatment examination to monitor growth and development	0-20		Yes	One of (D8660) per 1 Year(s) Per Provider. For denied cases only An internal authorization will be issued for the payment of the pre-orthodontic visit (code D8660)	
D8670	periodic orthodontic treatment visit	0-20		Yes	One of (D8670) per 90 Day(s) Per patient. Maximum of five (5) quarterly payments. This code (D8670) cannot be billed prior to 91 days after the date of service of the D8080 (comprehensive orthodontic treatment of the adolescent dentition).	
D8680	orthodontic retention (removal of appliances)	0-20		Yes	One of (D8680) per 1 Lifetime Per patient.	
D8703	Replacement of lost or broken retainer - maxillary	0-20		Yes	One of (D8703) per 1 Lifetime Per patient. Narrative of medical necessity with claim for prepayment review.	narrative of medical necessity
D8704	Replacement of lost or broken retainer - mandibular	0-20		Yes	One of (D8704) per 1 Lifetime Per patient. Narrative of medical necessity with claim for prepayment review.	narrative of medical necessity
D8999	unspecified orthodontic procedure, by report	0-20		Yes	Debanding by dentist other than dentist who initially banded case is one example. Narrative of medical need with claim for prepayment review.	narrative of medical necessity

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

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	0-20		No	Not allowed with any other services other than radiographs and emergency exam.	
D9222	deep sedation/general anesthesia first 15 minutes	0-20		No		
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	0-20		No	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.	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	0-20		No	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.	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	0-20		No		

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Adjunctive General Services

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	0-20		No	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 D9243.	
D9248	non-intravenous moderate (conscious) sedation	0-20		No	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.	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0-20		No	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. Must be a consult request from a health care provider, excludes placement from DentaQuest.	
D9420	hospital or ambulatory surgical center call	0-20		No	Maximum of three (3) for the same day. Cannot be billed with D9999 for hospital care on the same date of service.	
D9440	office visit - after regularly scheduled hours	0-20		No		
D9610	therapeutic drug injection, by report	0-20		No	Either D9610 or D9612.	
D9612	therapeutic drug injection - 2 or more medications by report	0-20		No	Either D9610 or D9612.	
D9630	other drugs and/or medicaments, by report	0-20		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
D9910	application of desensitizing medicament	0-20		No		

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Adjunctive General Services

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9920	behavior management, by report	0-20		No	Four of (D9920) per 365 Day(s) Per Location. One of (D9920) per 1 Day(s) Per patient. Patient record must indicate the additional staffing required to complete the treatment. Patient record must indicate the type and/or types of behavior management techniques used. D9920 can be used up to four (4) times per 365 day period. D9920 shall be used once per member per date of service. D9920 can be used in conjunction with D9230 on the same date of service. It cannot be used in conjunction with D9223, D9243 and/or D9248 on the same date of service. If additional use of D9920 is required in a 365 day period the service must be preauthorized.	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	0-20		No		
D9944	occlusal guard--hard appliance, full arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 24 Month(s) Per patient.	
D9945	occlusal guard--soft appliance full arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 24 Month(s) Per patient.	
D9946	occlusal guard--hard appliance, partial arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 24 Month(s) Per patient.	
D9990	certified translation or sign-language services per visit	0-20		No	Can only be used for language interpretation services. Documentation required: SFC Professional Interpreter Service Form and a copy of the paid Interpreter Service invoice/receipt.	
D9992	dental case management – care coordination	0-20		No	Two of (D9992) per 6 Month(s) Per Provider. Documentation of encounter shall be maintained in the patient chart.	
D9994	dental case management – patient education to improve oral health literacy	0-20		No	Two of (D9994) per 6 Month(s) Per Provider. Documentation of encounter shall be maintained in the patient chart.	
D9995	teledentistry – synchronous; real-time encounter	0-20		No	Four of (D9995) per 6 Month(s) Per Provider. Documentation of encounter shall be maintained in the patient chart.	

**Exhibit A Benefits Covered for
VA Smiles for Children - Under 21**

Adjunctive General Services

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	0-20		No	Four of (D9996) per 6 Month(s) Per Provider. Documentation of encounter shall be maintained in the patient chart.	
D9999	unspecified adjunctive procedure, by report	0-20		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.	