

Dental Clinical Guidelines

INTRODUCTION

Guardian Clinical Policies are developed by licensed dentists and reviewed periodically. The intent is to ensure that clinical criteria are current with dental terminology, evidence-based research and clinical trends. Member/Patients and Provider/Dentists should be aware that benefit plan designs are often influenced by the marketplace, consultants, and purchasers of the plan, which is often the employer and may not be aligned with the latest clinical ideas. Once benefit design decisions are made, each covered service under the plan must meet clinical guidelines to be reimbursable. The clinical team at The Guardian Life Insurance Company of America makes every effort to stay current with standard clinical practices. Given this knowledge, clinical guidelines are developed for many procedure codes to determine when a procedure will be covered.

PRE-DETERMINATION/PRE-TREATMENT REVIEW

The member and dentist may have services, or a treatment plan reviewed and considered for benefits prior to beginning treatment. Pre-treatment review is not a guarantee of what Guardian will pay. Pre-treatment review does tell the member and their dentist, in advance, what Guardian would pay for the covered dental services listed in the treatment plan. Payment is contingent upon a) the work being done as proposed and while the member is insured; and b) application of the deductible and co-payment as well as other terms of the member's plan.

A pre-treatment review is highly recommended, but not required, for all services or treatment plans in excess of \$300.00.

Dental radiographs and other supporting documentation should be included with the pre-treatment request, so that Guardian may best evaluate the request for benefits. The estimate will be sent to the member and/or the member's dentist. Claims submitted for pre-treatment review are handled and processed in the same manner as claims submitted with dates of service. Since no dates of service are submitted on a predetermination, Guardian will assume that all services submitted may be performed on the same day. For this reason, if the dentist intends to submit two different treatment plans, or an initial phase of treatment, (such as scaling and root planing, followed by osseous surgery), the treatment plans should indicate this on the submitted claim form.

APPEALING A DENIED CLAIM OR SERVICE

If the member or dentist disagrees with the benefit determination, he/she has the right to appeal the denial or modification of benefits for any claim or service. The member or dentist may send a written letter of appeal. When appropriate, Guardian will have the claim re-reviewed by a different dentist consultant, in compliance with applicable state laws. If not included with the appeal, Guardian will request radiographs and any other supporting information necessary. Based on the information submitted, the dentist consultant will review the claim and provide Guardian with information regarding the necessity of treatment. If the original benefit determination is unchanged, a letter explaining the benefit will be sent to the member and/or dentist. If a benefit determination is appealed for a second time, the appeal with all previously

submitted information, and any new information, will be sent to a third dentist consultant for review. This third review will be the final consideration. Guardian makes every attempt to resolve a claim dispute directly with the member or dentist. A review of a claim or an appeal is handled in accordance with applicable state laws and regulations. Additional delays occur when information must be requested from the member or dentist.

PROOF OF CLAIM / SUPPORTING CLAIM DOCUMENTATION

In order to accurately pay for and determine covered benefits, Guardian reserves the right to require acceptable diagnostic documentation for any service received on a claim. If the necessary information is not provided, no benefit or minimum benefit may be allowable.

Acceptable diagnostic documentation may, at Guardian's discretion, consist of:

- **Radiographs:** Submitted radiographs should be pre-operative, current (taken within 24 consecutive months of the date of service), of diagnostic-quality, and be identified with right or left side, the patient/member's name, the date taken, and the provider's name. Please note that a Panoramic radiograph (alone) is considered to have limited diagnostic value for determination of services outside of oral surgery procedures.
- **Periodontal Charting:** Submitted periodontal charting should be comprehensive (documenting measuring points per tooth, furcation defects, mobility, and any recession), current (recorded within 12 consecutive months of the date of service), legible, and identified with the patient/member's name, date recorded, and the provider's name.
- **Progress/Chart Notes:** When radiographs and periodontal charting (when applicable) do not adequately document or support the necessity of a service, please submit a patient/member-specific narrative and/or progress and/or chart notes in addition to radiographs and periodontal charting (when applicable) for documentation and to support the necessity and appropriateness of treatment. Although not required, narrative/chart notes can be extremely helpful adjuncts for appropriate claim determination. However, please note that a narrative alone is not sufficient to document the necessity of treatment.
- **Intra and Extra-oral photographs, Study Models, and Other Diagnostic Materials:** When radiographs and periodontal charting (when applicable) alone do not adequately document or support the necessity of a service, current, diagnostic-quality, labelled intra-oral photographs, study models, and other diagnostic materials (when available) may be submitted in addition to radiographs and periodontal charting (when applicable) to document the necessity and appropriateness of treatment. Although not required, intra-oral photographs can be extremely helpful adjuncts for appropriate claim determination. However, please note that photographs alone may not be sufficient to document the necessity of treatment.

DUPLICATION OF RECORDS

Guardian recognizes that original patient records and radiographs are the property of the contracted dentist and are essential to planning treatment as well as verifying past treatment decisions. The original patient record, including original radiographs and study models should be retained in the dentist's office. Guardian dental plans do not cover radiograph duplication charges. The specified charge, if any, should be based on your office policy for all patients. Radiographs are a part of the patient's clinical record and the dentist should retain the original images. Originals should not be used to fulfil requests made by patients or third parties for copies of records. Radiographs will not be returned.

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COVERED SERVICES - UTILIZATION MANAGEMENT AND UTILIZATION REVIEW

To be covered, a service must be necessary, appropriate for a given condition, and on the list of covered services in the member's certificate booklet. Guardian may use the professional review of a dentist consultant to determine the appropriate benefit for a dental procedure or course of treatment.

MOST COMPREHENSIVE SERVICE

When certain comprehensive dental procedures are performed, other less comprehensive, related procedures may be performed prior to, at the same time, or on a later date. For benefit purposes under this policy, these less comprehensive procedures are considered to be part of the more comprehensive procedure. Even if a dentist submits separate claims, the total benefit payable for such charges will be limited to the maximum benefit payable for the most comprehensive procedure.

LEAST EXPENSIVE ALTERNATE TREATMENT

If more than one type of service can be used to treat a dental condition, Guardian will base benefits on the least expensive service which is within professionally accepted standards of dental practice, as determined by Guardian. For example, in the case of multiple missing teeth, in both quadrants of an arch, the benefit may be based on the reimbursement for a removable partial denture. In the case of a composite filling on a posterior tooth, the benefit may be based on the corresponding amalgam filling.

STANDARD PLAN EXCLUSIONS

- Any service or procedure performed in conjunction with, as part of, or related to a service or procedure which is not covered by the plan.
- Any procedure or treatment method, which does not meet professionally recognized standards of dental practice or which is considered to be experimental in nature.
- Treatment needed due to: (1) an on-the-job or job-related injury; or (2) a condition for which benefits are payable by Worker's Compensation or similar laws.
- Treatment for which no charge is made. This usually means treatment furnished by: (1) the covered person's employer, labor union or similar group, in its dental or medical department or clinic; (2) a facility owned or run by any governmental body; and (3) any public program, except Medicaid, paid for or sponsored by any governmental body.
- Any service or procedure performed on a tooth or teeth with guarded, questionable or poor prognosis from a periodontal, endodontic, or restorative perspective. Considerations for the determination of poor or questionable prognosis include but are not limited to advanced bone loss, furcation involvement, tooth mobility, internal/external resorption, root fracture, pulp necrosis and/or a periapical lesion that does not respond to nonsurgical root canal treatment or subsequent surgical intervention, significant loss of tooth structure, poor crown/root ratio, and iatrogenic compromising factors.
- Any service or procedure intended solely for the purpose of: (1) Treating or diagnosing disturbances of the temporomandibular joint (unless required by state law), (2) Alteration of vertical dimension or the restoration or maintenance of occlusion, (3) Treating of a condition necessitated by attrition or abrasion, (4) Splinting or stabilizing teeth for periodontal reasons, (5) Treating cervical and/or root sensitivity (6) Cosmetics (including the characterization and personalization of a dental prosthesis).

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CDT Code	Code Descriptor	Policies
DIAGNOSTIC (D0100-D0999)		
CLINICAL ORAL EVALUATIONS		
D0120	Periodic oral evaluation - established patient <i>An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.</i>	<ul style="list-style-type: none"> Benefit allowance includes examination of all hard and soft tissues of the oral cavity, periodontal charting, oral cancer screening, diagnosis, and treatment planning. Benefit may be limited to total of one Oral Evaluation (D0120, D0145, D0150, D0180, D0170, D0171, D9340) in any six (6) consecutive month period. Benefit may be limited to one Emergency or Limited Oral Evaluation - problem focused (D0140) in any six (6) consecutive month period and may only be allowed if no other treatment, other than radiographs, is performed in the same visit.
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver <i>An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.</i>	
D0150	Comprehensive oral evaluation - new or established patient <i>Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.</i>	
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) <i>Assessing the status of a previously existing condition. For example: - a traumatic injury where no treatment was rendered but patient needs follow-up monitoring; - evaluation for undiagnosed continuing pain; - soft tissue lesion requiring follow-up evaluation.</i>	
D0171	Re-evaluation - post-operative office visit	
D0180	Comprehensive periodontal evaluation - new or established patient <i>This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.</i>	
D0140	Limited oral evaluation - problem focused	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	
DIAGNOSTIC IMAGING		
D0210	Intraoral - complete series of radiographic images <i>A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.</i>	<ul style="list-style-type: none"> Benefit allowance includes evaluation and diagnosis and both professional and technical components. Benefit may be limited to a total of either a Full Mouth Series (FMX) of at least 14 films including bitewing radiographs (D0210, D0220, D0230, D0240,
D0220	Intraoral - periapical first radiographic image	
D0230	Intraoral - periapical each additional radiographic image	

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D0240	Intraoral - occlusal radiographic image	D0270, D0272, D0273, D0274, D0277) or Panoramic (PAN) film (D0330) with or without bitewing radiographs in either thirty-six (36)* or sixty (60)* consecutive month period.
D0330	Panoramic radiographic image	
D0270	Bitewing - single radiographic image	
D0272	Bitewings - two radiographic images	
D0273	Bitewings - three radiographic images	
D0274	Bitewings - four radiographic images	
D0277	Vertical bitewings - 7 to 8 radiographic images <i>This does not constitute a full mouth intraoral radiographic series.</i>	
D0310	Sialography	<ul style="list-style-type: none"> Benefit may only be allowed when Member's specific plan provides specific benefits or elected coverage for these services.
D0320	Temporomandibular joint arthrogram, including injection	
D0321	Other temporomandibular joint radiographic images, by report	
D0322	Tomographic survey	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	
D0384	Cone beam CT image capture for TMJ series including two or more exposures	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	<ul style="list-style-type: none"> Benefit may only be allowed when procedure is performed as part of the orthodontic treatment plan and records for a covered course of orthodontic treatment and only when Member's specific plan provides specific benefits or elected coverage for these services.
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis <i>Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry.</i>	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	
TESTS & EXAMINATIONS		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	<ul style="list-style-type: none"> Benefit may only be considered when Member's specific plan provides specific benefits or elected coverage for these services. If coverage is elected/plan provides specific benefit, benefit is limited to once per 24 months for covered Members age 40 and over.
D0470	Diagnostic casts <i>Also known as diagnostic models or study models</i>	<ul style="list-style-type: none"> Benefit may only be allowed when three or more of the following are being performed at the same time in more than one arch: dentures, crowns, bridges, inlays or onlays.
ORAL PATHOLOGY LABORATORY		
D0472	Accession of tissue, gross examination, preparation and transmission of written report <i>To be used in reporting architecturally intact tissue obtained by invasive means</i>	<ul style="list-style-type: none"> Benefit allowance includes examination and diagnosis and does not include collection of the tissue sample, which is documented separately. Benefit may only be allowed when procedure is performed within 30 days of an allowed tooth related biopsy (D7285-D7288) or excision (D7410-D7415, D7465, D7440-D7461, D7471-D7490), or brush biopsy (D7288 for D0486 only) and only when performed by a different Dentist than the Dentist that performed the biopsy procedure.
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report <i>To be used in reporting architecturally intact tissue obtained by invasive means</i>	
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report <i>To be used in reporting architecturally intact tissue obtained by invasive means</i>	
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report <i>To be used in reporting disaggregated, non-transepithelial cell cytology sample via mild scraping of the oral mucosa.</i>	
D0502	Other oral pathology procedures, by report	
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report <i>Analysis, and written report of findings, or cytological sample of disaggregated transepithelial cells.</i>	

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D0484	Consultation on slides prepared elsewhere <i>A service provided in which microscopic slides of a biopsy specimen prepared at another laboratory are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. The findings are delivered by written report. A service provided in which microscopic slides of a biopsy specimen prepared at another laboratory are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request. The findings are delivered by written report.</i>	<ul style="list-style-type: none"> Benefit may be limited to a maximum of two (D0484, D0485), by any dentist, in any 12-month period.
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source <i>A service that requires the consulting pathologist to prepare the slides as well as render a written report. The slides are evaluated to aid in the diagnosis of a difficult case or to offer a consultative opinion at the patient's request.</i>	
DENTAL PROPHYLAXIS/PERIODONTAL MAINTENANCE		
D1110	Prophylaxis - adult <i>Removal of plaque, calculus, and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors</i>	<ul style="list-style-type: none"> Benefit allowance includes scaling and polishing procedures to remove coronal plaque, calculus, and stains. Benefit may be limited to one prophylaxis (D1110, D1120) or periodontal maintenance procedure (D4910) in any six (6) consecutive month period. An Adult prophylaxis (D1110) is benefitted for Members age 12 and older. Benefit for an additional prophylaxis may be considered when additional prophylaxis is necessary as a result of a medical (i.e. a non-dental) condition and is covered once in twelve (12) months The additional prophylaxis is a covered benefit only when it is recommended by the dentist and is a result of a medical condition as verified in writing by the patient's physician. This does not apply to dental conditions which could be resolved by proper oral hygiene or that are the result of patient neglect.
D1120	Prophylaxis - child <i>Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.</i>	
TOPICAL FLUORIDE TREATMENT		
D1206	Topical application of fluoride varnish	<ul style="list-style-type: none"> Benefit may be limited to one fluoride treatment (D1206, D1208) in any six (6) consecutive month period for Members under age 19
D1208	Topical application of fluoride - excluding varnish.	
SEALANTS/PREVENTIVE RESIN RESTORATIONS		
D1351	Sealant - per tooth <i>Mechanically and/or chemically prepared enamel surface sealed to prevent decay.</i>	<ul style="list-style-type: none"> Benefit may be limited to one treatment (D1351, D1352), per unrestored molar tooth, in any 36 consecutive month period for Members under age 16
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth <i>Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.</i>	
SPACE MAINTAINERS		
D1510	Space maintainer - fixed, unilateral <i>Excludes a distal shoe space maintainer.</i>	<ul style="list-style-type: none"> Benefit allowance includes all adjustments in the first six months after insertion Benefit may be limited to a maximum of one bilateral per arch or one unilateral per quadrant, per lifetime for Members under age 16. Benefit may only be allowed when space maintainer is necessary to replace prematurely lost or extracted deciduous teeth and is limited to initial appliance only.
D1516	Space maintainer - fixed - bilateral, maxillary	
D1517	Space maintainer - fixed - bilateral, mandibular	
D1520	Space maintainer - removable - unilateral	
D1526	Space maintainer - removable - bilateral, maxillary	
D1527	Space maintainer - removable - bilateral, mandibular	
D1575	Distal shoe space maintainer - fixed - unilateral <i>Fabrication and delivery of fixed appliance extending sub gingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has erupted.</i>	
D1550	Re-cement or re-bond space maintainer	<ul style="list-style-type: none"> Benefit may only be allowed when performed more than 12 months after the initial insertion.

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D1555	Removal of fixed space maintainer <i>Procedure performed by dentist or practice that did not originally place the appliance.</i>	<ul style="list-style-type: none"> Benefit may be limited to once per arch. Benefit may only be allowed when removal is performed by a different Dentist than the Dentist that placed the initial space maintainer.
RESTORATIVE (D2000-D2999)		
DIRECT RESTORATIONS - AMALGAM / RESIN-BASED COMPOSITE		
D2140	Amalgam - one surface, primary or permanent	<ul style="list-style-type: none"> Benefit allowance includes local anesthetic, tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, liners, bases, light curing, polishing, any temporary or provisional restorations, associated gingival involvement, and occlusal adjustment. For the purposes of benefit payment, multiple restorations on one tooth completed on the same date of service may be benefitted as one multi-surface restoration. Benefit allowance for resin-based composite restorations on posterior teeth may be limited to the corresponding amalgam if the Member's plan limits resin-based composite restorations to anterior teeth only. Benefits for the replacement of existing amalgam and resin restorations may only be allowed if at least 12 months have passed since the previous restoration was placed if the Member is under age 19, and 36 months if the Member is age 19 and older.
D2150	Amalgam - two surfaces, primary or permanent	
D2160	Amalgam - three surfaces, primary or permanent	
D2161	Amalgam - four or more surfaces, primary or permanent	
D2330	Resin-based composite - one surface, anterior	
D2331	Resin-based composite - two surfaces, anterior	
D2332	Resin-based composite - three surfaces, anterior	
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) <i>Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.</i>	
D2390	Resin-based composite crown, anterior <i>Full resin-based composite coverage of tooth</i>	
D2391	Resin-based composite - one surface, posterior <i>Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.</i>	
D2392	Resin-based composite - two surfaces, posterior	
D2393	Resin-based composite - three surfaces, posterior	
D2394	Resin-based composite - four or more surfaces, posterior	
INDIRECT RESTORATIONS - INLAYS		
D2510	Inlay - metallic - one surface	<ul style="list-style-type: none"> Benefit allowance includes insulating bases, temporary or provisional restorations, associated gingival involvement, and occlusal adjustment. Benefit is limited to permanent teeth. May be considered on primary (deciduous) teeth with no permanent successor for Members age 14 and older if roots are well formed and supported. Benefit allowance for inlay restorations may be limited to the corresponding amalgam or resin-based composite benefit allowance as a Least Expensive Alternate Treatment. Benefit allowance for resin-based composite restorations on posterior teeth may be limited to the corresponding amalgam if the member's plan limits resin-based composite restorations to anterior teeth only. Benefits for the replacement of an existing inlay may be excluded unless the existing inlay is: (1) at least 10 years old* (may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. In most instances, replacement is benefitted when submitted documentation demonstrates that the integrity of the existing restoration has been compromised by fracture and/or damage and/or the tooth has recurrent decay or resultant periodontal pathology.
D2520	Inlay - metallic - two surfaces	
D2530	Inlay - metallic - three or more surfaces	
D2610	Inlay - porcelain/ceramic - one surface	
D2620	Inlay - porcelain/ceramic - two surfaces	
D2630	Inlay - porcelain/ceramic - three or more surfaces	
D2650	Inlay - resin-based ceramic - one surface	
D2651	Inlay - resin-based ceramic - two surfaces	
D2652	Inlay - resin-based ceramic - three or more surfaces	
INDIRECT RESTORATIONS – ONLAYS *REQUIRES SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D2542	Onlay - metallic - two surfaces	
D2543	Onlay - metallic - three surfaces	

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D2544	Onlay - metallic - four or more surfaces	<ul style="list-style-type: none"> Benefit allowance includes insulating bases, temporary or provisional restorations, associated gingival involvement, and occlusal adjustment. Benefit is limited to permanent teeth. May be considered on primary (deciduous) teeth with no permanent successor for Members age 14 and older if roots are well formed and supported. Benefits may only be allowed when documentation confirms that an indirect restoration is necessary to restore decay and/or injury that cannot be restored with a direct restoration (amalgam/resin-based composite). An alternate benefit of a direct restoration (amalgam/resin-based composite) may be benefitted. In most instances, crowns are benefitted for: (1) Teeth with 50% or more tooth structure decayed, missing (complete fracture), and/or previously restored and/or 50% or more of a cusp(s) or incisal edge decayed or missing (complete fracture), and/or previously restored, (2) Endodontically treated posterior teeth, and/or (3) Teeth with a clinical diagnosis of Cracked Tooth Syndrome (incomplete fractures and documentation of clinical testing and/or patient symptomology). Benefit allowance for resin-based composite restorations on posterior teeth may be limited to the corresponding amalgam if the member's plan limits resin-based composite restorations to anterior teeth only. Benefit allowance for porcelain/ceramic or resin-based composite may be limited to the corresponding high noble metal or noble benefit and the benefit for high noble metal may be limited to the corresponding noble metal benefit. Benefits for the replacement of an existing inlay is excluded unless the existing onlay is: (1) at least 10 years old* (may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. In most instances, replacement crowns are benefitted when submitted documentation demonstrates that the integrity of existing restoration has been compromised by fracture and/or damage and/or the tooth has recurrent decay or resultant periodontal pathology.
D2642	Onlay - porcelain/ceramic - two surfaces	
D2643	Onlay - porcelain/ceramic - three surfaces	
D2644	Onlay - porcelain/ceramic - four or more surfaces	
D2662	Onlay - resin-based ceramic - two surfaces	
D2663	Onlay - resin-based ceramic - three surfaces	
D2664	Onlay - resin-based ceramic - four or more surfaces	
INDIRECT RESTORATIONS – CROWNS *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D2710	Crown - resin-based composite (indirect)	<ul style="list-style-type: none"> Benefit allowance includes insulating bases, temporary or provisional restorations, associated gingival involvement, and occlusal adjustment. Benefit is limited to permanent teeth. May be considered on primary (deciduous) teeth with no permanent successor for Members age 14 and older if roots are well formed and supported. Benefits may only be allowed when documentation confirms that an indirect restoration is necessary because of decay and/or injury that cannot be restored with a direct restoration (amalgam/resin-based composite). An alternate benefit of a direct restoration (amalgam/resin-based composite) may be benefitted. In most instances, crowns are benefitted for: (1) Teeth with 50% or more tooth structure decayed, completely fractured (missing) and/or previously restored and/or 50% or more of a cusp(s) or incisal edge is decayed or completely fractured (missing), and/or previously restored, (2)
D2712	Crown - 3/4 resin-based composite (indirect)	
D2720	Crown - resin with high noble metal	
D2721	Crown - resin with predominantly noble metal	
D2722	Crown - resin with noble metal	
D2740	Crown - porcelain/ceramic	
D2750	Crown - porcelain fused to high noble metal	
D2751	Crown - porcelain fused to predominantly base metal	
D2752	Crown - porcelain fused to noble metal	
D2780	Crown - 3/4 cast high noble metal	
D2781	Crown - 3/4 cast predominantly base metal	
D2782	Crown - 3/4 cast noble metal	
D2783	Crown - 3/4 porcelain/ceramic	
D2790	Crown - full cast high noble metal	

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D2791	Crown - full cast predominantly base metal	<p>Endodontically treated posterior teeth, and/or (3) Teeth with a clinical diagnosis of Cracked Tooth Syndrome including documentation of clinical testing.</p> <ul style="list-style-type: none"> Benefit allowance for resin-based composite restorations on posterior teeth may be limited to the corresponding amalgam if the member's plan limits resin-based composite restorations to anterior teeth only. Benefit allowance for porcelain/ceramic or resin-based composite may be limited to the corresponding high noble metal or noble benefit and the benefit for high noble metal may be limited to the corresponding noble metal benefit. Benefits for the replacement of an existing crown is excluded unless the existing crown is: (1) at least 10 years old* (may vary by plan) and is no longer usable; or (2) damaged in an injury suffered while insured and cannot be made serviceable. In most instances, replacement crowns are benefitted when submitted documentation demonstrates that the integrity of the existing restoration has been compromised by fracture and/or damage and/or the tooth has recurrent decay or resultant periodontal pathology.
D2792	Crown - full cast noble metal	
D2794	Crown - titanium	
INDIRECT RESTORATIONS - RE-CEMENT OR RE-BOND		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	<ul style="list-style-type: none"> Benefit may be limited to recementations performed more than 12 months after the initial insertion.
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	
D2920	Re-cement or re-bond crown	
INDIRECT RESTORATIONS - PREFABRICATED AND RESIN-BASED COMPOSITE CROWNS		
D2929	Prefabricated porcelain/ceramic crown - primary tooth	<ul style="list-style-type: none"> Benefit may be limited to once per tooth in any 24 consecutive month period. Stainless steel, prefabricated resin and resin based composite crowns are considered to be a temporary or provisional procedure when done within 24 months of a permanent crown. Benefit allowance of any permanent crown includes any temporary and provisional crowns.
D2930	Prefabricated stainless steel crown - primary tooth	
D2931	Prefabricated stainless steel crown - permanent tooth	
D2932	Prefabricated resin crown	
D2933	Prefabricated stainless steel crown with resin window <i>open-face stainless steel crown with aesthetic resin facing or veneer</i>	
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth <i>stainless steel primary crown with exterior esthetic coating</i>	
PROTECTIVE RESTORATIONS & INTERIM THERAPEUTIC RESTORATIONS		
D2940	Protective restoration <i>Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration.</i>	<ul style="list-style-type: none"> Benefit may only be allowed when no other non-diagnostic services are performed on the same day. Benefit may be limited to once per tooth in 12 months if the covered member is under age 19, and 36 months for Member age 19 or older.
D2941	Interim therapeutic restoration - primary dentition <i>Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.</i>	
CORE BUILDUPS & POST AND CORES *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D2950	Core buildup, including pins when required <i>Refers to building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.</i>	<ul style="list-style-type: none"> Benefit may only be allowed when done in conjunction with a covered unit of crown or bridge (D2710, D2720-D2752, D2790-D2794, D6710-D6752, D6790-D6794) and only when documentation confirms substantial loss of natural tooth structure due to decay and/or injury. In most instances, core buildups are benefitted for vital teeth with 50% or more tooth structure decayed, missing (complete fracture), and/or previously restored. Per CDT descriptor, a core buildup is not a filler to eliminate any undercut, box form,
D2952	Post and core in addition to crown, indirectly fabricated <i>Post and core are custom fabricated as a single unit.</i>	
D2953	Each additional indirectly fabricated post - same tooth <i>To be used with D2952.</i>	

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D2954	Prefabricated post and core in addition to crown <i>Core is built around a prefabricated post. This procedure includes the core material.</i>	<p>or concave irregularity in a preparation. Post & Core is benefitted for: (1) Posterior teeth with completed endodontic treatment and (2) Anterior teeth with completed endodontic treatment and with 50% or more tooth structure decayed, completely fractured (missing), and/or previously restored and/or 50% or more of a cusp(s) or incisal edge decayed or missing (complete fracture), and/or previously restored.</p> <ul style="list-style-type: none"> Benefit for Indirectly fabricated post and core (D2952/D2953) may be limited to prefabricated post and core (D2954/D2957) allowance as a Least Expensive Alternate Treatment. Benefits for the replacement of a Core Buildup/Post and Core is excluded unless the existing Core Buildup/Post and Core is: (1) at least 10 years old* (may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. In most instances, replacement Core Buildup/Post and Core are benefitted when submitted documentation demonstrates that the integrity of existing restoration has been compromised by fracture and/or damage and/or the tooth has recurrent decay or resultant periodontal pathology.
D2957	Each additional prefabricated post -same tooth <i>To be used with D2954.</i>	
D2951	Pin retention - per tooth, in addition to restoration	<ul style="list-style-type: none"> Benefits may only be considered in conjunction with a permanent amalgam restoration.
D2955	Post removal	
INDIRECT RESTORATIONS – VENEERS *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D2960	Labial veneer (resin laminate) - chairside	<ul style="list-style-type: none"> Benefit allowance includes insulating bases, temporary or provisional restorations, associated gingival involvement, and occlusal adjustment. Benefit is limited to permanent teeth. May be considered on primary (deciduous) teeth with no permanent successor for Members age 14 and older if roots are well formed and supported. Benefits may only be allowed when documentation confirms that an indirect restoration is necessary to restore decay and/or injury that cannot be restored with a direct restoration (amalgam/resin-based composite). An alternate benefit of a direct restoration (amalgam/resin-based composite) may be benefitted. In most instances, crowns are benefitted for: Anterior teeth with 50% or more tooth structure decayed, missing (complete fracture), and/or previously restored and/or 50% or more of the incisal edge decayed or missing (complete fracture), and/or previously restored. Benefit allowance for porcelain/ceramic or resin-based composite may be limited to the corresponding high noble metal or noble benefit and the benefit for high noble metal may be limited to the corresponding noble metal benefit. Replacement of an existing veneer is excluded unless it is: (1) at least 10 years old* (may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. In most instances, replacement crowns are benefitted when submitted documentation demonstrates that the integrity of existing
D2961	Labial veneer (resin laminate) - laboratory	
D2962	Labial veneer (porcelain laminate) - laboratory	

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		restoration has been compromised by fracture and/or damage and/or the tooth has recurrent decay or resultant periodontal pathology.
OTHER RESTORATIVE SERVICES		
D2971	Additional procedures to construct new crown under existing partial denture framework <i>To be reported in addition to a crown code</i>	<ul style="list-style-type: none"> Benefits may only be allowed when the procedure is performed in conjunction with an allowed crown/ fixed partial denture retainer and removable partial denture.
D2980	Crown repair necessitated by restorative material failure	<ul style="list-style-type: none"> Benefit allowance will be based on the extent and nature of damage and the type of material involved.
D2981	Inlay repair necessitated by restorative material failure	
D2982	Onlay repair necessitated by restorative material failure	
D2983	Veneer repair necessitated by restorative material failure	
ENDODONTIC (D3000-D3999)		
PULP CAPS		
D3110	Pulp cap - direct (excluding final restoration) <i>Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic, treatment and final radiographs, cultures and tests, local anesthetic and routine follow-up care, but excludes final restoration. Benefit may be limited to one pulp cap per permanent tooth, per lifetime. Benefit allowance for any definite restoration completed on the same date of service includes pulp caps (bases).
D3120	Pulp cap - indirect (excluding final restoration) <i>Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.</i>	
PULPOTOMY		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament <i>Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.</i> - To be performed on primary or permanent teeth. - This is not to be construed as the first stage of root canal therapy. - Not to be used for apexogenesis.	<ul style="list-style-type: none"> Benefit allowance includes diagnostic, treatment and final radiographs, cultures and tests, local anesthetic and routine follow-up care, but excludes final restoration. Benefit may be limited to once per tooth per lifetime. Benefit may only be allowed when endodontic therapy is not the definitive treatment.
D3221	Pulpal debridement, primary and permanent teeth <i>Pulpal debridement for the relief of acute pain prior to conventional root canal therapy. This procedure is not to be used when endodontic treatment is completed on the same day.</i>	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development <i>Removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy.</i>	
ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) <i>Endodontic therapy on primary teeth with succedaneous teeth and placement of resorbable filling. This includes pulpectomy, cleaning, and filling of canals with resorbable material.</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic, treatment and final radiographs, cultures and tests, local anesthetic and routine follow-up care, but excludes final restoration.

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		<ul style="list-style-type: none"> Benefit may be limited to once per primary tooth per lifetime.
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) <i>Endodontic therapy on primary teeth with succedaneous teeth and placement of resorbable filling. This includes pulpectomy, cleaning, and filling of canals with resorbable material.</i>	
ENDODONTIC THERAPY *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	<ul style="list-style-type: none"> Benefit allowance includes diagnostic, treatment and final radiographs, cultures and tests, local anesthetic and routine follow-up care, but excludes final restoration. Benefit may be limited once per permanent tooth per lifetime, for Members age 14 and older. Benefits may only be allowed when documentation confirms periapical/periradicular pathology. Any subsequent endodontic therapy on the same tooth may be benefitted as an endodontic retreatment.
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	
D3331	Treatment of root canal obstruction; non-surgical access <i>In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.</i>	<ul style="list-style-type: none"> Benefit may be limited to once per tooth per lifetime. Benefit may only be allowed when documentation confirms a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root requires the formation of a pathway for endodontic therapy.
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth <i>Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable</i>	<ul style="list-style-type: none"> Benefit may be limited to once per tooth per lifetime. Any treatment for the same tooth, other than extraction, subsequent to benefit of D3332 will be denied.
D3333	Internal root repair of perforation defects <i>Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by provider filling claim.</i>	
ENDODONTIC RETREATMENT *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D3346	Retreatment of previous root canal therapy - anterior	<ul style="list-style-type: none"> Benefit allowance includes diagnostic, treatment and final radiographs, cultures and tests, local anesthetic and routine follow-up care, but excludes final restoration. Benefits may only be allowed when documentation confirms unresolved periapical/periradicular pathology. Benefit may be limited once per permanent tooth per lifetime, for Members age 14 and older.
D3347	Retreatment of previous root canal therapy - premolar	
D3348	Retreatment of previous root canal therapy - molar	
APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) <i>Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic, treatment and final radiographs, cultures and tests, local anesthetic and routine follow-up care, but excludes final restoration. Benefit may be limited to permanent teeth. Benefits may only be allowed when documentation confirms periapical/periradicular pathology.
D3352	Apexification/recalcification - interim medication replacement <i>For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.</i>	

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D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorptions, etc.) <i>Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.)</i>	<ul style="list-style-type: none"> Benefit may be limited to a maximum of three visits (1 per D3351/D3355, D3352/D3356, and D3353/D3357).
D3355	Pulpal regeneration - initial visit <i>Includes opening tooth, preparation of canal spaces, placement of medication.</i>	
D3356	Pulpal regeneration - interim medication replacement <i>For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.</i>	
D3357	Pulpal regeneration - completion of treatment <i>Does not include final restoration.</i>	
APICTOMY/PERIRADICULAR SERVICES *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D3410	Apicoectomy - anterior <i>For surgery on root of anterior tooth. Does not include placement of retrograde filling material.</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic, treatment and final radiographs, cultures and tests, local anesthetic and routine follow-up care, but excludes final restoration.
D3421	Apicoectomy - premolar (first root) <i>For surgery on one root of a premolar. Does not include placement of retrograde filling material. If more than one root is treated, see D3426</i>	<ul style="list-style-type: none"> Benefit may be limited once per permanent tooth root per lifetime, for Members age 14 and older.
D3425	Apicoectomy - molar (first root) <i>For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426</i>	<ul style="list-style-type: none"> Benefits may only be allowed when documentation confirms unresolved periapical/periradicular pathology.
D3426	Apicoectomy (each additional root) <i>Typically used for premolar and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.</i>	<ul style="list-style-type: none"> Periradicular surgery is a term used to describe surgery to the root surface (e.g., apicoectomy), repair of a root perforation or resorptive defect, exploratory curettage to look for root fractures, removal of extruded filling material or instruments, removal of broken root fragments, sealing of accessory canal, etc. This does not include retrograde filling material placement.
D3427	Periradicular surgery without apicoectomy	
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site <i>Includes non-autogenous graft material.</i>	<ul style="list-style-type: none"> Benefits may be considered only in conjunction with an allowed Apicoectomy/Periradicular Surgery on the same date.
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site <i>Includes non-autogenous graft material.</i>	<ul style="list-style-type: none"> Benefits may only be allowed when documentation confirms periapical/periradicular bone destruction.
D3430	Retrograde filling - per root <i>For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root report as D3999 and describe.</i>	<ul style="list-style-type: none"> Benefit may be limited once per permanent tooth per lifetime, for Members age 14 and older.
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	<ul style="list-style-type: none"> Benefits may be considered only in conjunction with an allowed Bone Graft (D3428) on the same date.
D3450	Root amputation - per root <i>Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920.</i>	<ul style="list-style-type: none"> Benefit may be limited once per permanent tooth per lifetime, for Members age 14 and older.
OTHER ENDODONTIC PROCEDURES *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D3920	Hemisection (including any root removal), not including root canal therapy <i>Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections.</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic, treatment and final radiographs, cultures and tests, local anesthetic and routine follow-up care, but excludes final restoration. Benefits may only be allowed when documentation confirms unresolved periapical/periradicular pathology. Benefit may be limited once per permanent tooth per lifetime, for Members age 14 and older.

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PERIODONTICS (D4000-D4999)

• **Site:** A term used to describe a single area, position, or locus. The word "site" is frequently used to indicate an area of soft tissue recession of a single tooth or an osseous defect adjacent to a single tooth; also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions.

- o If two contiguous teeth have areas of soft tissue recession, each area of recession is a single site.
- o If two contiguous teeth have adjacent but separate osseous defects, each defect is a single site.
- o If two contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site.
- o All non-communicating osseous defects are single sites.
- o All edentulous non-contiguous tooth positions are single sites.
- o Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.

• **Tooth Bounded Space:** A space created by one or more missing teeth that has a tooth on each side.

PERIODONTAL SURGICAL SERVICES *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S) AND PERIODONTAL CHARTING

D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant <i>It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.</i>	<ul style="list-style-type: none"> • Benefit allowance includes local anesthetic (including Oraquix), nitrous oxide inhalation, irrigation, suturing, all necessary postoperative care, finishing procedures, and follow-up evaluations for surgical and non-surgical procedures. • Benefit may be limited to a total of one of the following once per quadrant or tooth, in any 12 consecutive months: Gingivectomy or gingivoplasty, per tooth (D4211, D4212), Clinical Crown Lengthening (D4249), or Apically positioned flap (D4245). • Benefit may only be allowed with documentation of periodontal disease confirmed by both radiographs and comprehensive periodontal charting.
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	
D4245	Apically positioned flap <i>Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth and may be used during the treatment of peri-implantitis.</i>	
D4249	Clinical crown lengthening - hard tissue <i>This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.</i>	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant <i>A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240/D4241 and should be reported separately using their own unique codes.</i>	
D4268	Surgical revision procedure, per tooth <i>This procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured.</i>	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) <i>This procedure is performed in an edentulous area adjacent to a tooth, allowing removal of a tissue wedge to gain access for debridement, permit close flap adaptation, and reduce pocket depths.</i>	

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D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant <i>This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (osteotomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260/D4261 and should be reported using their own unique codes.</i>	<ul style="list-style-type: none"> Benefit may be limited to a total of one of the following once per quadrant or tooth, in any 36 consecutive months: Gingivectomy or gingivoplasty, per quadrant (D4210), Osseous surgery (D4260, D4261), Gingival flap procedure (D4240, D4241), Surgical revision procedure, per tooth (D4268), or Mesial/Distal wedge procedure (D4274).
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant <i>This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (osteotomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260/D4261 and should be reported using their own unique codes.</i>	<ul style="list-style-type: none"> Benefit may only be allowed with documentation of periodontal disease confirmed by both radiographs and confirmed by both radiographs and comprehensive periodontal charting.
PERIODONTAL SURGICAL SERVICES - REGENERATIVE SERVICES *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S) AND PERIODONTAL CHARTING		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant <i>This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.</i>	<ul style="list-style-type: none"> Allowance includes the treatment plan, local anesthetic and post-surgical care. Benefit may be limited to a total of one of D4263/D4264, once per area or tooth, per lifetime. Benefit may only be allowed with documentation of periodontal disease confirmed by both radiographs and comprehensive periodontal charting.
D4264	Bone replacement graft - retained nature tooth - each additional site in quadrant <i>This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.</i>	
D4266	Guided tissue regeneration - resorbable barrier, per site <i>This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.</i>	<ul style="list-style-type: none"> Benefit may be limited to a total of one of D4266/D4267, once per area or tooth, per lifetime.
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal) <i>This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.</i>	<ul style="list-style-type: none"> Benefit may only be allowed with documentation of periodontal disease confirmed by both radiographs and comprehensive periodontal charting.
PERIODONTAL SURGICAL SERVICES - MUCOGINGIVAL GRAFTS *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S) AND PERIODONTAL CHARTING		
D4270	Pedicle soft tissue graft procedure <i>A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch</i>	<ul style="list-style-type: none"> Allowance includes the treatment plan, local anesthetic and post-surgical care.
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft <i>There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.</i>	<ul style="list-style-type: none"> Benefit may be limited to a total of one of the following once per quadrant, in any 36 consecutive months: Pedicle soft tissue graft procedure (D4270), Autogenous connective tissue graft procedure (D4273/D4283), Non-autogenous connective tissue graft (D4275/D4285), Combined connective tissue and double pedicle graft (D4276), and Free soft tissue graft procedure (D4277/D4278).
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft <i>There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.</i>	<ul style="list-style-type: none"> Benefit may only be allowed for tooth/teeth with documentation of progressive pathologic recession and less than 2 mm of attached keratinized tissue confirmed by radiographs, pocket depth probings, recession, and

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D4276	Combined connective tissue and double pedicle graft, per tooth <i>Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome</i>	attached keratinized tissue measurements. Submission of photographs is encouraged.
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each contiguous tooth, implant, or edentulous tooth position in graft	
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft <i>There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.</i>	
D4285	Non-autogenous connective tissue graft (including recipient site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in graft <i>There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.</i>	
PERIODONTAL SCALING AND ROOT PLANING *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S) AND PERIODONTAL CHARTING		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant <i>This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.</i>	<ul style="list-style-type: none"> • Allowance includes the treatment plan, local anesthetic and post-surgical care. • Benefit may be limited to once per quadrant in any 24 consecutive month period. • Benefit may only be allowed with documentation of periodontal disease evidenced in radiographs, and in conjunction with 5mm pockets or more, attributable to a loss of attachment. Radiographs must show pathologic loss of alveolar crest height (beyond the normal 1-1.5mm distance to the cemento-enamel junction), as exposure to the cemental surfaces of the roots is necessary for the procedure as defined.
D4342	Periodontal scaling and root planing - one to three teeth per quadrant <i>This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.</i>	
FULL MOUTH SCALING & FULL MOUTH DEBRIDEMENT		
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation <i>The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.</i>	<ul style="list-style-type: none"> • Allowance includes the treatment plan, local anesthetic and post-surgical care. • Benefit may only be allowed initially if no periodontal procedures, with the exception of a full mouth debridement (D4355) have been benefitted in the member's history, no prophylaxis has been benefitted in the previous 12 months, and no prophylaxis or periodontal procedure was performed on the same date. • After initial benefit, benefits for this procedure may be limited to once every 24 months, inclusive of the six month frequency limitations for prophylaxis/periodontal maintenance procedures.

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D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit <i>Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180</i>	<ul style="list-style-type: none"> Benefit may be limited to once in any 36 consecutive month period. Benefit may only be allowed when no diagnostic, preventive, periodontal service or periodontal surgery procedure has been performed in the previous 36 consecutive month period.
PERIODONTAL MAINTENANCE		
D4910	Periodontal maintenance <i>This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.</i>	<ul style="list-style-type: none"> Allowance includes the treatment plan, local anesthetic and post-treatment care. Benefit may be limited to one prophylaxis (D1110, D1120) or periodontal maintenance procedure (D4910) in any six (6) consecutive month period. Benefit allowance includes periodontal pocket charting, scaling and polishing. Benefit may only be allowed upon evidence of completed active periodontal therapy (periodontal scaling and root planing or periodontal surgery).
REMOVABLE PROSTHODONTICS (D5000-D5899)		
COMPLETE AND PARTIAL DENTURES		
D5110	Complete denture - maxillary	<ul style="list-style-type: none"> Allowance includes all adjustments and repairs done by the dentist furnishing the denture in the first 6 consecutive months after installation and all temporary or provisional dentures. Temporary or provisional dentures, stayplates and interim dentures older than one year are considered to be a permanent appliance. Benefit may only be allowed when necessary to replace a tooth/teeth extracted while Member is insured with the plan. For most plans, a dental prosthesis replacing teeth congenitally missing, lost, or extracted before the Member became covered is not benefitted unless the dental prosthesis also replaces one or more eligible natural teeth lost or extracted after the Member became covered, unless a prior plan paid extraction benefits for teeth extracted while the Member was covered under the prior plan, the group and the Member are considered to have transferred from the group's immediate prior carrier and a copy of the EOB reflecting coverage of the extractions is received. Please see member's specific plan information for specific benefit limitations and exclusions. Replacement of an existing appliance or dental prosthesis is excluded unless it is: (1) at least 10 years old*(may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. Replacement of an existing appliance or dental prosthesis is only allowed for only same service replacement. Benefits may be excluded for replacement of a lost, missing or stolen appliance or dental prosthesis or the fabrication of a spare appliance or dental prosthesis. Benefits may be excluded for replacement of extracted or missing third molars/wisdom tooth/teeth or hemisected tooth/teeth.
D5120	Complete denture - mandibular	
D5130	Immediate denture - maxillary <i>Includes limited follow-up care only; does not include future rebasing/relining procedure(s).</i>	
D5140	Immediate denture - mandibular <i>Includes limited follow-up care only; does not include future rebasing/relining procedure(s).</i>	
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) <i>Includes acrylic resin base denture with resin or wrought wire clasps.</i>	
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) <i>Includes acrylic resin base denture with resin or wrought wire clasps.</i>	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests, and teeth) <i>Includes limited follow-up care only; does not include future rebasing/relining procedure(s).</i>	
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests, and teeth) <i>Includes limited follow-up care only; does not include future rebasing/relining procedure(s).</i>	
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) <i>Includes limited follow-up care only; does not include future rebasing/relining procedure(s).</i>	
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) <i>Includes limited follow-up care only; does not include future rebasing/relining procedure(s).</i>	
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	
DENTURE ADJUSTMENTS AND REPAIRS		
D5410	Adjust complete denture - maxillary	

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D5411	Adjust complete denture - mandibular	<ul style="list-style-type: none"> Benefit may be limited to adjustments that are performed more than 6 consecutive months after a denture rebase, denture reline or the initial insertion of the denture. 	
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular	<ul style="list-style-type: none"> Benefit allowance may be based on the extent and nature of damage and on the type of materials involved. 	
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture (each tooth)		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive/clasping materials - per tooth		
D5640	Replace broken teeth - per tooth		
D5650	Add tooth to existing partial denture		
D5660	Add clasp to existing partial denture - per tooth		<ul style="list-style-type: none"> Benefit may only be allowed for the addition of teeth which replace tooth/teeth extracted while Member is insured with the plan. Benefit may only be allowed for the addition of clasp when tooth/teeth have been extracted while Member is insured with the plan.
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		<ul style="list-style-type: none"> Benefit may be limited to once per denture in 24 consecutive month period. Benefit may be limited to replacements done more than 12 months after insertion and 24 months after rebase.
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
DENTURE REBASE AND RELINE PROCEDURE			
D5710	Rebase complete maxillary denture	<ul style="list-style-type: none"> Benefits for Denture rebase, full or partial denture, may be limited to once per denture in any 24 consecutive month period. Denture rebases performed within 12 months are considered to be part of the denture placement when the rebase is done by the dentist who furnished the denture. Benefits for Denture reline, full or partial denture, may be limited to once per denture in and 24 consecutive month period. Denture relines performed within 12 months are considered to be part of the denture placement when the reline is done by the dentist who furnished the denture. 	
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5730	Reline complete maxillary denture (chairside)		
D5731	Reline complete mandibular denture (chairside)		
D5740	Reline maxillary partial denture (chairside)		
D5741	Reline mandibular partial denture (chairside)		
D5750	Reline complete maxillary denture (laboratory)		
D5751	Reline complete mandibular denture (laboratory)		
D5760	Reline maxillary partial denture (laboratory)		
D5761	Reline mandibular partial denture (laboratory)		
REMOVEABLE INTERIM PROSTHESIS			
D5810	Interim complete denture (maxillary)		<ul style="list-style-type: none"> Benefit may be limited to replacement of anterior teeth only. If permanent appliance is placed more than 12 months after insertion of temporary or interim denture, temporary/interim denture will be considered the permanent appliance and allowed or denied based on the permanent appliance replacement guidelines.
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (maxillary) <i>Includes any necessary clasps and rests.</i>		
D5821	Interim partial denture (mandibular) <i>Includes any necessary clasps and rests.</i>		
OTHER REMOVABLE PROSTHETIC SERVICES			
D5850	Tissue conditioning, maxillary <i>Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.</i>	<ul style="list-style-type: none"> Benefit may be limited to a maximum of one (1) treatment, per arch, in any 12 consecutive month period. Tissue conditioning performed within 12 months is considered to be part of the denture placement when the tissue conditioning is performed by the Dentist who furnished the denture. 	
D5851	Tissue conditioning, mandibular <i>Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration.</i>		

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D5876	Add metal substructure to acrylic full denture (per arch)	<ul style="list-style-type: none"> Benefit may be limited to one per arch per denture, for complete dentures only. Allowed separately with other denture repairs.
IMPLANTS (D6000-D6199) *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
IMPLANT PRE-SURGICAL SERVICES		
D6190	Radiographic/surgical implant index, by report	<ul style="list-style-type: none"> Benefit may only be allowed when Member's specific plan provides specific benefits or elected coverage for these services. Benefit may be limited to replacement of permanent teeth, for Members over age 16, once per arch in 24 consecutive months.
IMPLANT SURGICAL SERVICES		
D6010	Surgical placement of implant body; endosteal implant	<ul style="list-style-type: none"> Benefit may only be allowed when Member's specific plan provides specific benefits or elected coverage for these services. Benefit may only be allowed when necessary to replace a tooth/teeth extracted while Member is insured with the plan. For most plans, a dental prosthesis replacing teeth congenitally missing, lost, or extracted before the Member became covered is not benefitted unless the dental prosthesis also replaces one or more eligible natural teeth lost or extracted after the Member became covered, unless a prior plan paid extraction benefits for teeth extracted while the Member was covered under the prior plan, the group and the Member are considered to have transferred from the group's immediate prior carrier and a copy of the EOB reflecting coverage of the extractions is received. Please see member's specific plan information for specific benefit limitations and exclusions. Replacement of an existing appliance or dental prosthesis is excluded unless it is: (1) at least 10 years old*(may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. Replacement of an existing appliance or dental prosthesis is only allowed for only same service replacement. Benefits may be excluded for replacement of extracted or missing third molars/wisdom tooth/teeth or hemisected tooth/teeth.
D6011	Second stage implant surgery	
D6013	Surgical placement of mini implant	
D6040	Surgical placement; eposteal implant	
D6050	Surgical placement: tranosteal implant	
D6100	Implant removal, by report	
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning or the exposed implant surfaces, including flap entry and closure	<ul style="list-style-type: none"> Benefit may be limited to once per tooth per lifetime.
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant, and surface cleaning or the exposed implant surfaces, including flap entry and closure	
D6103	Bone graft for repair or peri-implant defect - does not include flap entry and closure	
D6104	Bone graft at time of implant placement	<ul style="list-style-type: none"> Benefit may be limited to once per tooth per lifetime Benefit may only be allowed in conjunction with an allowed implant placement on the same date of service.
IMPLANT SUPPORTING STRUCTURES		
D6055	Connecting bar - implant supported or abutment supported	<ul style="list-style-type: none"> Benefit may only be considered in conjunction with an allowed Implant (D6010, D6011, D6013, D6040, D6050) Replacement of an existing appliance or dental prosthesis is excluded unless it is: (1) at least 10 years old*(may vary by plan) and is no longer usable; or (2)
D6056	Prefabricated abutment - includes modification and placement	
D6057	Custom fabricated abutment - includes placement	

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		damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. Replacement of an existing appliance or dental prosthesis is only allowed for only same service replacement.
IMPLANT OR ABUTMENT SUPPORTED CROWN		
D6058	Abutment supported porcelain/ceramic crown	<ul style="list-style-type: none"> Includes treatment plan and local anesthetic Replacement of an existing appliance or dental prosthesis is excluded unless it is: (1) at least 10 years old*(may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. Replacement of an existing appliance or dental prosthesis is only allowed for only same service replacement.
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	
D6061	Abutment supported porcelain fused to metal crown (noble metal)	
D6062	Abutment supported cast metal crown (high noble metal)	
D6063	Abutment supported cast metal crown (predominantly base metal)	
D6064	Abutment supported cast metal crown (noble metal)	
D6094	Abutment supported crown (titanium)	
D6065	Implant supported porcelain/ceramic crown	
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	
IMPLANT OR ABUTMENT SUPPORTED FIXED PARTIAL DENTURE (BRIDGE)		
D6068	Abutment supported retainer for porcelain/ceramic FPD	<ul style="list-style-type: none"> Allowance includes treatment plan, local anesthetic, temporary or provisional restorations and associated gingival involvement. Replacement of an existing appliance or dental prosthesis is excluded unless it is: (1) at least 10 years old*(may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured, and cannot be made serviceable. Replacement of an existing appliance or dental prosthesis is only allowed for only same service replacement.
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	
D6074	Abutment supported retainer for cast metal FPD (noble metal)	
D6194	Abutment supported retainer crown for FPD (titanium)	
D6075	Implant supported retainer for ceramic FPD	
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	
IMPLANT OR ABUTMENT SUPPORTED REMOVABLE DENTURE		
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	<ul style="list-style-type: none"> Allowance includes treatment plan, local anesthetic, temporary or provisional restorations and associated gingival involvement. Replacement of an existing appliance or dental prosthesis is excluded unless it is: (1) at least 10 years old*(may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured, and cannot be made serviceable. Replacement of an existing appliance or dental prosthesis is only allowed for only same service replacement.
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	
OTHER IMPLANT SERVICES		
D6090	Repair implant supported prosthesis, by report	
D6092	Re-cement or re-bond implant/abutment supported crown	<ul style="list-style-type: none"> Benefit may be limited to recementations performed more than 12 months after the initial insertion.
D6093	Repair implant abutment, by report	
D6095	Remove broken implant retaining screw	

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PROSTHODONTICS, FIXED (D6200–D6999)		
FIXED PARTIAL DENTURES (BRIDGES) *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D6205	Pontic - indirect resin based composite	<ul style="list-style-type: none"> • Allowance includes insulating bases, temporary or provisional restorations and associated gingival involvement. • Benefit may only be allowed when necessary to replace a tooth/teeth extracted while Member is insured with the plan. For most plans, a dental prosthesis replacing teeth congenitally missing, lost, or extracted before the Member became covered is not benefitted unless the dental prosthesis also replaces one or more eligible natural teeth lost or extracted after the Member became covered, unless a prior plan paid extraction benefits for teeth extracted while the Member was covered under the prior plan, the group and the Member are considered to have transferred from the group's immediate prior carrier and a copy of the EOB reflecting coverage of the extractions is received. Please see member's specific plan information for specific benefit limitations and exclusions. • Replacement of an existing appliance or dental prosthesis is excluded unless it is: (1) at least 10 years old*(may vary by plan) and is no longer usable; or (2) damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. Replacement of an existing appliance or dental prosthesis is only allowed for only same service replacement. • Benefits may be excluded for replacement of extracted or missing third molars/wisdom tooth/teeth or hemisected tooth/teeth. • Specialized techniques and characterizations are not covered. • Facings on dental prostheses for teeth posterior to the second bicuspid are not covered. • Benefits to replace a missing tooth with a posterior fixed partial denture and a removable partial denture may not be benefited in the same arch within the plan's limitation period. • Benefit allowance for porcelain/ceramic or resin-based composite may be limited to the corresponding high noble metal or noble benefit and the benefit for high noble metal may be limited to the corresponding noble metal benefit. • Benefit allowance for fixed partial dentures may limited to the corresponding removable partial denture allowance if the patient has 2 or more bilaterally missing posterior teeth as the Least Expensive Alternate Treatment.
D6210	Pontic - cast high noble metal	
D6211	Pontic - cast predominantly base metal	
D6212	Pontic - cast noble metal	
D6214	Pontic - titanium	
D6240	Pontic - porcelain fused to high noble metal	
D6241	Pontic - porcelain fused to predominantly base metal	
D6242	Pontic - porcelain fused to noble metal	
D6245	Pontic - porcelain/ceramic	
D6250	Pontic - resin with high noble metal	
D6251	Pontic - resin with predominantly base metal	
D6252	Pontic - resin with noble metal	
D6545	Retainer - cast metal for resin bonded fixed prosthesis	
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	
D6549	Resin retainer - for resin bonded fixed prosthesis	
D6600	Retainer inlay - porcelain/ceramic, two surfaces	
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	
D6602	Retainer inlay - cast high noble metal, two surfaces	
D6603	Retainer inlay - cast high noble metal, three or more surfaces	
D6604	Retainer inlay - cast predominantly base metal, two surfaces	
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	
D6606	Retainer inlay - cast noble metal, two surfaces	
D6607	Retainer inlay - cast noble metal, two surfaces	
D6608	Retainer inlay - titanium	
D6609	Retainer onlay - porcelain/ceramic, two surfaces	
D6610	Retainer onlay - porcelain ceramic, three or more surfaces	
D6611	Retainer onlay - cast high noble metal, three or more surfaces	
D6612	Retainer onlay - cast predominantly base metal, two surfaces	
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	
D6614	Retainer onlay - cast noble metal, two surfaces	
D6615	Retainer onlay - cast noble metal, three or more surfaces	
D6624	Retainer inlay - cast noble metal, three or more surfaces	
D6634	Retainer onlay - titanium	
D6710	Retainer crown - indirect resin based composite	
D6720	Retainer crown - resin with high noble metal	
D6721	Retainer crown - resin with predominantly base metal	
D6722	Retainer crown - resin with noble metal	
D6740	Retainer crown - porcelain/ceramic	
D6750	Retainer crown - porcelain fused to high noble metal	
D6751	Retainer crown - porcelain fused to predominantly base metal	
D6752	Retainer crown - porcelain fused to noble metal	
D6780	Retainer crown - 3/4 cast high noble metal	
D6781	Retainer crown - 3/4 cast predominantly base metal	
D6782	Retainer crown - 3/4 cast noble metal	
D6783	Retainer crown - 3/4 porcelain/ceramic	
D6790	Retainer crown - full cast high noble metal	

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D6791	Retainer crown - full cast predominantly base metal	
D6792	Retainer crown - full cast noble metal	
D6794	Retainer crown – titanium	
OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Re-cement or re-bond fixed partial denture	<ul style="list-style-type: none"> Benefit may be limited to recementations/rebonding performed more than 12 months after the initial insertion.
D6940	Stress breaker - Per unit	
D6980	Fixed partial denture repair necessitated by restorative material failure	<ul style="list-style-type: none"> Benefit allowance is based on the extent and nature of damage and on the type of materials involved.
D6985	Pediatric partial denture, fixed <i>This prosthesis is used primary for aesthetic purposes.</i>	<ul style="list-style-type: none"> Benefits may be allowed only when medically necessary to replace prematurely lost or extracted primary teeth for an established eating, speaking or psychological condition.
ORAL SURGERY (D7000-D7999)		
*Oral Surgery Procedures and related services may be covered by the Member's medical plan.		
EXTRACTIONS *MAY REQUIRE SUBMISSION OF PRE-OPERATIVE, CURRENT, DIAGNOSTIC RADIOGRAPH(S)		
D7111	Extraction, coronal remnants - primary tooth <i>Removal of soft tissue-retained coronal remnants.</i>	<ul style="list-style-type: none"> Benefit allowance includes the treatment plan, local anesthetic and post-treatment care. Current ADA CDT Dental Procedure Codes designation for supernumerary teeth is required for claim payment. Appropriate coding should follow the current ADA CDT Dental Procedure Codes descriptors for codes D7111- D7250. Coding for the removal of impacted teeth is based upon the anatomic position of the tooth, not the technique necessary for removal. All third molars do not qualify for surgical or impacted extraction codes. Benefit allowance for any extraction includes removal of the entire tooth, any necessary minor smoothing of the socket/alveolar bone, and any necessary suturing. The submissions of intra-oral photographs are encouraged. Benefits for any surgical extraction (D7210-D7250) may be limited to the benefit for D7140 when performed in conjunction with another surgical procedure in the same site on the same date of service by the same Dentist.
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) <i>Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary</i>	
D7210	Extraction, erupted tooth requiring removal bone and/or sectioning or tooth and including elevation of mucoperiosteal flap if indicated <i>Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.</i>	
D7220	Removal of impacted tooth - soft tissue <i>Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.</i>	
D7230	Removal of impacted tooth - partially bony <i>Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.</i>	
D7240	Removal of impacted tooth - completely bony <i>Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.</i>	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications <i>Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.</i>	
D7250	Removal of residual tooth roots (cutting procedure) <i>Includes cutting of soft tissue and bone, removal of tooth structure, and closure.</i>	
D7251	Coronectomy - intentional partial tooth removal <i>Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.</i>	
OROANTRAL FISTULA & SINUS CLOSURE		
D7260	Oroantral fistula closure <i>Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap.</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic and treatment radiographs, treatment plan, local anesthetic, any necessary suturing, and post-surgical care. Benefit may be limited to one per site/tooth per lifetime.
D7261	Primary closure of a sinus perforation <i>Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulous tract.</i>	
BIOPSY & SAMPLE COLLECTION OF SOFT & HARD TISSUE		
D7285	Incisional biopsy of oral tissue - hard (bone, tooth) <i>For partial removal of specimen only. This procedure involves biopsy of osseous lesions and is not used for apicoectomy /periradicular surgery. This procedure does not entail an excision.</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic and treatment radiographs, treatment plan, local anesthetic, any necessary suturing, and post-surgical care.

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D7286	Incisional biopsy of oral tissue - soft <i>For partial removal of an architecturally intact specimen only. This procedure is not used at the same time as codes for apicoectomy / periradicular curettage. This procedure does not entail an excision.</i>	
D7287	Exfoliative cytological sample collection <i>For collection of non-transepithelial cytology sample via mild scraping of the oral mucosa.</i>	
D7288	Brush biopsy - transepithelial sample collection <i>For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa.</i>	
ORTHODONTIC ORAL SURGERY PROCEDURES		
D7280	Exposure of an unerupted tooth <i>An incision is made, and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted.</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic and treatment radiographs, treatment plan, local anesthetic and post-surgical care. Benefit may be limited to once per tooth per lifetime
D7282	Mobilization of erupted or malpositioned tooth to aid eruption <i>To move/luxate teeth to eliminate ankylosis; not in conjunction with an extraction.</i>	
D7283	Placement of device to facilitate eruption of impacted tooth <i>Placement of an orthodontic bracket, band or other device on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.</i>	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report <i>The supraosseous connective tissue attachment is surgically severed around the involved teeth. Where there are adjacent teeth, the transseptal fiberotomy of a single tooth will involve a minimum of three teeth. Since the incisions are within the gingival sulcus and tissue and the root surface is not instrumented, this procedure heals by the reunion of connective tissue with the root surface on which viable periodontal tissue is present (reattachment).</i>	
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	<ul style="list-style-type: none"> Benefit may only be allowed when Member's specific plan provides specific benefits or elected coverage for these services. Benefit may be limited to once per quadrant per lifetime
D7293	Placement of temporary anchorage device requiring flap; includes device removal	
D7294	Placement of temporary anchorage device without flap; includes device removal	
ORAL SURGERY BONE & TISSUE GRAFTS		
D7295	Harvest of bone for use in autogenous grafting procedure <i>Reported in addition to those autogenous graft placement procedures that do not include harvesting of bone.</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic and treatment radiographs, treatment plan, local anesthetic and post-surgical care Benefit may be limited to once per mouth, per date of service.
D7953	Bone replacement graft for ridge preservation - per site <i>Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.</i>	
ALVEOLOPLASTY		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant <i>The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.</i>	<ul style="list-style-type: none"> Benefit allowance includes the diagnostic and treatment radiographs, treatment plan, local anesthetic, smoothing of bone, any necessary suturing, and post-surgical care. Benefit may be limited to once per quadrant per lifetime.
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant <i>The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.</i>	

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D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant <i>No extractions performed in an edentulous area. See D7310 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.</i>	<ul style="list-style-type: none"> Benefit allowance for any extraction includes removal of the entire tooth, any necessary minor smoothing of the socket/alveolar bone, and any necessary suturing. 	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant <i>No extractions performed in an edentulous area. See D7311 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.</i>		
VESTIBULOPLASTY			
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	<ul style="list-style-type: none"> Benefit allowance includes treatment plan, local anesthetic and post-surgical care. Benefit may be limited to once per arch per lifetime. Benefits are excluded for Vestibuloplasty associated with the placement, prosthodontic restoration or maintenance of a dental implant. 	
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
EXCISION OF SOFT TISSUE & INTRA-OSSEOUS LESIONS			
D7410	Excision of benign lesion up to 1.25cm	<ul style="list-style-type: none"> Benefit allowance includes diagnostic and treatment radiographs, treatment plan, local anesthetic, any necessary suturing, and post-surgical care. 	
D7411	Excision of benign lesion greater than 1.25cm		
D7412	Excision of benign lesion, complicated <i>Requires extensive undermining with advancement or rotational flap closure.</i>		
D7413	Excision of malignant lesion up to 1.25cm		
D7414	Excision of malignant lesion greater than 1.25cm		
D7415	Excision of malignant lesion, complicated <i>Requires extensive undermining with advancement or rotational flap closure.</i>		
D7440	Excision of malignant tumor - lesion diameter up to 1.25cm		
D7441	Excision of malignant tumor - lesion diameter greater than 1.25cm		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm		
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm		
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm		
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm		
D7465	Destruction of lesion(s) by physical or chemical method, by report <i>Examples include using cryo, laser or electro surgery.</i>		
EXCISION OF BONE TISSUE			
D7471	Removal of lateral exostosis (maxillary or mandible)		<ul style="list-style-type: none"> Benefit allowance includes diagnostic and treatment radiographs, treatment plan, local anesthetic and post-surgical care. Benefit may be limited to 1 per quadrant per lifetime (D7471, D7473), 1 per lifetime (D7472), or 2 per lifetime (D7485)
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
SURGICAL INCISION			
D7510	Incision and drainage of abscess - intraoral soft tissue <i>Involves incision through mucosa, including periodontal origins.</i>	<ul style="list-style-type: none"> Benefit allowance includes diagnostic and treatment radiographs, treatment plan, local anesthetic and post-surgical care. Benefit allowance for any surgical procedure(s) (including extractions) completed on same site/area on the same date by same provider/location include Surgical incision and drainage as the Most Comprehensive Procedure. 	
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) <i>Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.</i>		
D7520	Incision and drainage of abscess - extraoral soft tissue <i>Involves incision through skin.</i>		
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)		

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	<i>Incision is made extraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.</i>	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	
REDUCTION OF DISLOCATION & MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTION		
D7810	Open reduction of dislocation	<ul style="list-style-type: none"> Benefit allowance includes diagnostic and treatment radiographs, treatment plan, local anesthetic and post-surgical care. Benefit may only be allowed when Member's specific plan provides specific benefits or elected coverage for services.
D7820	Closed reduction of dislocation	
D7830	Manipulation under anesthesia	
D7840	Condylectomy	
D7850	Surgical discectomy, with/without implant	
D7852	Disc repair	
D7854	Synovectomy	
D7856	Myotomy	
D7858	Joint reconstruction	
D7860	Arthrotomy	
D7865	Arthroplasty	
D7870	Arthrocentesis	
D7871	Non-arthroscopic lysis and lavage	
D7872	Arthroscopy - diagnosis, with or without biopsy	
D7873	Arthroscopy; lavage and lysis of adhesions	
D7874	Arthroscopy; disc repositioning and stabilization	
D7875	Arthroscopy; synovectomy	
D7876	Arthroscopy; discectomy	
D7877	Arthroscopy; debridement	
D7880	Occlusal orthotic device, by report	
D7881	Occlusal orthotic device adjustment	
D7899	Unspecified TMD therapy, by report	
D7991	Coronoidectomy	
REPAIR OF TRAUMATIC WOUNDS & COMPLICATED SUTURING		
D7910	Suture of recent small wounds up to 5cm	<ul style="list-style-type: none"> Benefit allowance includes the treatment plan, local anesthetic and post-surgical care.
D7911	Complicated suture - up to 5cm	
D7912	Complicated suture - greater than 5cm	
OTHER REPAIR PROCEDURES		
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure <i>Removal or release of mucosal and muscle elements of a buccal, labial or lingual frenum that is associated with a pathological condition, or interferes with proper oral development or treatment.</i>	<ul style="list-style-type: none"> Benefit may be limited to 1 per arch per lifetime.
D7963	Frenuloplasty <i>Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure.</i>	
D7970	Excision of hyperplastic tissue - per arch	<ul style="list-style-type: none"> Benefit may be limited to once per tooth per lifetime (D7971), once per quadrant per lifetime (D7972), or one per arch per lifetime (D7970)
D7971	Excision of pericoronal gingiva <i>Removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.</i>	
D7972	Surgical reduction of fibrous tuberosity	
D7979	Non-surgical sialolithotomy <i>A sialolith is removed from the gland or ductal portion of the gland without surgical incision into the gland or the duct of the gland; for example via manual manipulation, ductal dilation, or any other non-surgical method.</i>	

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D7980	Surgical sialolithotomy <i>Procedure by which a stone within a salivary gland or its duct is removed, either intraorally or extraorally.</i>	
D7981	Excision of salivary gland, by report	
D7982	Sialodochoplasty <i>Procedure for the repair of a defect and/or restoration of a portion of a salivary gland duct.</i>	
D7983	Closure of salivary fistula <i>Closure of an opening between a salivary duct and/or gland and the cutaneous surface, or an opening into the oral cavity through other than the normal anatomic pathway.</i>	
ORTHODONTICS (D8000-D8999)		
D8010	Limited orthodontic treatment of the primary dentition	<ul style="list-style-type: none"> Benefitted only when plan provides specific benefits or elected coverage for these services. Benefits allowed for orthodontic services only for covered dependent children who are less than 19 years old when the active orthodontic appliance is first placed.
D8020	Limited orthodontic treatment of the transitional dentition	
D8030	Limited orthodontic treatment of the adolescent dentition	
D8040	Limited orthodontic treatment of the adult dentition	
D8050	Interceptive orthodontic treatment of the primary dentition	
D8060	Interceptive orthodontic treatment of the transitional dentition	
D8070	Comprehensive orthodontic treatment of the transitional dentition	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	
D8090	Comprehensive orthodontic treatment of the adult dentition	
D8210	Removable appliance therapy	
D8220	Fixed appliance therapy	
D8660	Pre-orthodontic treatment examination to monitor growth and development	
D8670	Periodic orthodontic treatment visit	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	
ADJUNCTIVE GENERAL SERVICES (D9000-D9999)		
UNCLASSIFIED TREATMENT		
D9110	Palliative (emergency) treatment of dental pain - minor procedure <i>This is typically reported on a "per visit" basis for emergency treatment of dental pain.</i>	<ul style="list-style-type: none"> Benefit may be limited to total of one Emergency Visit (D9110, D9440) in any six (6) consecutive month period and may only be allowed if no other treatment, other than radiographs, is performed in the same visit.
D9120	Fixed partial denture sectioning <i>Separation of one or connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.</i>	<ul style="list-style-type: none"> Benefit may be limited to once per bridge. Benefit may only be allowed for benefit if a portion of the fixed prosthesis is to remain intact and serviceable following section and extraction. If the entire fixed prosthesis is being replaced (done within 6 months), sectioning of the fixed prosthesis in order to remove it is considered part of the replacement of the fixed prosthesis.
ANESTHESIA		
D9222	Deep sedation/general anesthesia - first 15 minutes	<ul style="list-style-type: none"> Benefit may only be allowed when administered in conjunction with allowed: <ul style="list-style-type: none"> Oral and Maxillofacial Surgery Services with the exception of Extraction, coronal remnants – primary tooth (D7111), Extraction, erupted tooth or exposed root (D7140 *unless 3 or more on same
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	

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D9248	Non-intravenous conscious sedation	<p>date of service), Mobilization of erupted or malpositioned tooth (D7282), Transseptal fiberotomy (D7291), Surgical repositioning of teeth (D7290), and Placement of devices (D7283, D7292-D7294), Harvest of bone for use in autogenous grafting procedure (D7295), Complicated suture (D7911, D7912), and Bone replacement graft for ridge preservation (D7953).</p> <ul style="list-style-type: none"> ○ Apicoectomy/Periradicular Endodontic Services: Apicoectomy (D3410-D3426), Root amputation (D3450), and Hemisection (D3920). ○ Surgical Periodontal Services: Soft tissue surgery (D4210-D4212, D4240/D4241, D4245, D4268, D4274), Crown lengthening, hard tissue (D4249), Osseous surgery (D4260/D4261), Bone replacement grafts and Guided tissue regeneration (D4263/D4264, D4266/D4267), and Mucogingival grafts (D4270, D4273/D4383, D4275/D4285, D4276, D4277/D4278). <ul style="list-style-type: none"> • Please note that deep sedation/general anesthesia (D9222/D9223) and intravenous moderate (conscious) sedation/analgesia (D9249/D9243) are not benefitted solely for relief of anxiety or apprehension. • Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. • The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration. • Nitrous Oxide (D9230) is considered to be included in Deep sedation/general anesthesia (D9222/D9223) and Intravenous moderate (conscious) sedation/analgesia (D9249/D9243) when completed on the same date by the same provider.
PROFESSIONAL CONSULTATIONS & PROFESSIONAL VISITS		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician <i>A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.</i>	<ul style="list-style-type: none"> • Benefit may be limited to one consultation for each covered dental specialty in any 12 consecutive month period and is allowed only when no other treatment, other than radiographs, is performed during the visit.
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	<ul style="list-style-type: none"> • Benefit may be limited to total of one Oral Evaluation (D0120, D0145, D0150, D0180, D0170, D0171, D9340) in any six (6) consecutive month period.
D9440	Office visit - after regularly scheduled hours	<ul style="list-style-type: none"> • Benefit may be limited to total of one Emergency Visit (D9110, D9440) in any six (6) consecutive month period and may only be allowed if no other treatment, other than radiographs, is performed in the same visit.
DRUGS		

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D9610	Therapeutic parenteral drug, single administration <i>Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents.</i>	<ul style="list-style-type: none"> Benefit may be limited to injectable antibiotic medications needed solely for or in conjunction with treatment of a dental condition.
D9612	Therapeutic parenteral drugs, two or more administrations, different medications <i>Includes multiple administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents. This code should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date.</i>	
ADJUNCTIVE MISCELLANEOUS SERVICES		
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	<ul style="list-style-type: none"> Benefit is considered inclusive of any surgical procedure performed by the same Dentist within 30 days.
D9942	Repair and/or reline of occlusal guard	<ul style="list-style-type: none"> Benefitted when performed more than 24 months after placement, once per 24 months, in conjunction with allowed occlusal guard (D9944/D9945).
D9943	Occlusal guard adjustment	<ul style="list-style-type: none"> Benefit limited to once per 12 months, in conjunction with allowed occlusal guard (D9944/D9945).
D9944	Occlusal guard - hard appliance, full arch <i>Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances</i>	<ul style="list-style-type: none"> Benefit may only be allowed when performed within 6 consecutive months following allowed osseous surgery (D4260/D4261) Benefit may be limited to one per lifetime .
D9945	Occlusal guard - soft appliance, full arch <i>Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances</i>	
D9951	Occlusal adjustment - limited <i>May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a "per visit" basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics.</i>	<ul style="list-style-type: none"> Benefit may only be allowed when performed within 6 months after osseous surgery (D4260/D4261) or scaling and root planing (D4341) Benefit may be limited to a total of two visits.
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	<ul style="list-style-type: none"> Benefitted only when plan provides specific benefits or elected coverage for these services.
D9961	Duplicate/copy patient's records	<ul style="list-style-type: none"> Benefitted only when plan provides specific benefits or elected coverage for these services.
D9990	Certified translation or sign-language services - per visit	<ul style="list-style-type: none"> Benefitted only when plan provides specific benefits or elected coverage for these services.

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