

POLICY AND PROCEDURE

LEVEL III DENTAL SERVICES

DEN 039

TREATMENT OF DISEASE/EARLY INTERVENTION SERVICES

Treatment of dental disease through the early intervention includes those services deemed necessary to control the early stages of disease. These services are not complicated in nature and usually more than one procedure can be accomplished in an appointment.

DIAGNOSTIC

CLINICAL ORAL EXAMINATIONS

- 00120 Periodic Dental Examination - An evaluation performed to determine any change in patient's dental or medical health status since previous comprehensive or periodic examination.
- 00140 Limited Oral Evaluation (Problem Focused) - An evaluation or re-evaluation limited to a specific oral health problem. Typically, patients present with specific problem: emergencies, trauma, acute infections, etc.
- 00150 Comprehensive Oral Evaluation - Thorough evaluation/recording of hard and soft tissues. Typically, would include evaluation of patient's medical history and a general health assessment. It should include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions, hard and soft tissue anomalies, etc.

RADIOGRAPHS

- 00210-00340 Any and all radiographs determined to be necessary by the attending dentist with following limitations:
 - Full mouth radiographs and/or panoramic radiograph - once/3 years
 - Supplemental Bitewings - once/6 months

PREVENTIVE

SPACE MAINTAINERS (passive appliances)

- 01510-01525 Includes unilateral and bilateral fixed and removable appliances. Note: some programs reimburse only for fixed appliances. Refer to programs schedule of benefits.

RESTORATIVE

High copper silver alloy, composite resin, stainless steel crowns, cast crowns and porcelain fused to metal crowns and bridgework are the restorative materials of choice. Some programs may specify those materials allowable under their reimbursement schedules. Attending dentists are given the responsibility of determining the materials to be used in any given restoration based upon the specific physical and

cosmetic requirements of that restoration. Only materials approved by the American Dental Associations Council on Dental Therapeutics may be used.

It is recommended that primary, posterior teeth having multiple surfaces of carious involvement be restored with stainless steel crowns.

The restoration of primary anterior teeth (incisors) should be attempted in early stages. When caries has involved multiple surfaces of these teeth the decision not to restore them may be valid, owing to the inconsequential implications of the early loss of these teeth and to the trauma which their restoration requires. The decision to place steel crowns on anterior primary teeth shall, therefore, be left to each, individual clinic dental director.

AMALGAM RESTORATIONS

02110-02161 Amalgam restorations, primary and secondary dentition

COMPOSITE RESIN RESTORATIONS

02330-02387 Composite restorations, primary and secondary dentition, anterior and posterior teeth.
The attending dentist is given the responsibility of determining the appropriate use of composite restorations

STAINLESS STEEL CROWNS

02930 Stainless Steel Crown (primary tooth)

02931 Stainless Steel Crown (permanent tooth) - to be placed with understanding that it is provisional until a cast crown is feasible

OTHER RESTORATIVE PROCEDURES

02940 Sedative filling

02950 Crown build-up

02951 Pin Retention Per Tooth

02954 Post and Core + Crown, Prefabricated

02960 Labial Composite Veneer - Chair side

02962 Labial Porcelain Veneer - Laboratory

02970 Temporary Crown/Fractured Tooth

ENDODONTICS

PULPOTOMY

03220 Therapeutic pulpotomy or pulpectomy, primary teeth only

ROOT CANAL THERAPY

It is recommended that except for emergency care, endodontic services not be provided for second or third molars unless retaining the tooth is critical to the placement of a fixed bridge or removable partial denture. It is recommended that root canal therapy not be completed until all other needed operative, preventive and periodontal services have been completed. All materials utilized in the sealing of root canals must be approved by the ADA Council on Dental Therapeutics.

03310 - 03330 Root Canal Therapy, permanent teeth (excludes final restoration)

03351 - 03353 Apexification - initial, interim and final visits

PERIODONTICS

GINGIVAL SURGERY/CURETTAGE

- 04210 Gingivectomy/Plasty Per Quadrant
- 04220 Gingival Curettage Per Quadrant
- 04341 Periodontal Scaling/Root Planing/Quadrant

PROSTHODONTICS

DENTURE RELINING

- 05850 Tissue Conditioning - upper denture, per treatment series
- 05851 Tissue Conditioning - lower denture, per treatment series

ORAL SURGERY

EXODONTIA

- 07130 Root Removal, Exposed Roots (per tooth)
- 07220 Removal of Impacted Tooth - Soft Tissue (requires mucoperiosteal flap elevation)
- 07230 Removal of Impacted Tooth - Partial Bony Imp.
- 07240 Removal of Impacted Tooth - Complete Bony
- 07250 Surgical Removal of Residual Roots/Tooth

SURGICAL EXCISION

- 07260 Closure Oroantral Fistula
- 07280 Surgical Exposure Impacted Tooth For Orthodontic Purposes
- 07281 Surgical Exposure Impacted Tooth to Aid Eruption
- 07310 Alveoloplasty w/ Extractions/Quadrant
- 07320 Alveoloplasty w/o Extractions/Quadrant
- 07470 Removal Exostosis- Maxilla or Mandible

SURGICAL INCISIONS (CONTINUED)

- 07585 Biopsy of Oral (hard) Tissue
- 07586 Biopsy of Oral (soft) Tissue
- 07430 Excision of benign tumor-lesion diameter up to 1.25cm
- 07431 Excision of benign tumor-lesion diameter over 1.25cm
- 07960 Frenulectomy-Separate Procedures
- 07970 Excise Hyperplastic Tissue

_____ Date: _____
CHIEF EXECUTIVE DIRECTOR

_____ Date: _____
CHIEF DENTAL OFFICER

_____ Date: _____
CHAIR, BOARD OF DIRECTORS

Date: May 6, 2009
Approved – Policy/Compliance Committee

Date: May 20, 2009
Approved - Board of Directors