DentaQuest

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections MEDICAID

South Carolina Department of Health and Human Services (SCDHHS) Dental Program

Dental Office Reference Manual

Updated 05/01/2017

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DentaQuest, LLC
Address and Telephone Numbers

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1333 Main Street, Suite 603
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PROVIDER CALL CENTER
888.307.6553

Fax: 800.461.2640
IVR: 888.307.6553

Via email -
Claims questions:
denclaims@dentaquest.com
Eligibility or Benefit Questions:
denelig.benefits@dentaquest.com

Beneficiary Call Center
888.307.6552

TDD (Hearing Impaired)
800.466.7566

Special Needs Beneficiary Services
800.660.3397

SCDHHS Fraud and Abuse Hotline
888.364.3224
or email:
fraudres@scdhhs.gov

Dental claims should be mailed to:
DentaQuest, LLC - Claims
PO BOX 2136
Columbia, SC 29202-2136

Electronic Claims should be sent:
Via the web - www.dentaquest.com
Via Clearinghouse
DentaQuest Systems Corporation
PO Box 2906
Milwaukee, WI 53201-2906
Authorization requests should be sent to:
DentaQuest, LLC - Authorizations
PO BOX 2136
Columbia, SC 29202-2136

Prior authorizations for Hospital Operating Room Cases should be sent to:
DentaQuest, LLC - Authorizations
PO BOX 2136
Columbia, SC 29202-2136

PROVIDER APPEALS SHOULD BE SENT TO:
DentaQuest, LLC
Utilization Management/Provider Appeals
PO Box 2906
Milwaukee, WI 53201-2906
or faxed to:
262.834.3452

BENEFICIARY GRIEVANCE AND APPEALS
DentaQuest, LLC
Complaints and Appeals
PO Box 2906
Milwaukee, WI 53201-2906

Exhibit A Benefits Covered for South Carolina Healthy Connections Under 21

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

A problem-focus exam (D0140) is not allowed with any other exam preventive services, removable prosthetics, or fixed prosthetics. D0140 would be considered with diagnostic services and other non-planned treatment. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series. When individual radiographs are bundled to this allowance, they are payable as D0210.

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if South Carolina Department of Health and Human Services (SCDHHS) determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. Reimbursement for radiographs is limited to those films required for proper treatment and/or diagnosis. All radiographs must be of good diagnostic quality properly mounted, dated and identified with the recipient's name and date of birth. Radiographs that do not fit the policy description will not be reimbursed for, or if already paid for, SCDHHS will recoup the funds previously paid.

SCDHHS utilizes the guidelines published by the U.S. Department of Health and Human Services (DHHS), Center for Devices and Radiological Health (CDRH). However, please consult the following benefit tables for benefit limitations.

Covered dental and medical services that indicate "Yes" in the "Pre-Payment Review Required" or "Prior Authorization Required" columns require documentation of medical necessity. Please refer to Appendix A-1:"General Definitions" for the definition of Medically Necessary. Procedures that require Pre-Payment Review can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

OPERATING ROOM (OR) OR AMBULATORY SURGICAL CENTER (ASC) USAGE FOR PLANNED, NON-EMERGENT TREATMENT MUST BE PRIOR AUTHORIZED. AUTHORIZATION REQUESTS MUST BE SUMITTED WITH APPROPRIATE DOCUMENTATION NO LESS THAN 15 DAYS PRIOR TO THE DATE OF TREATMENT. REFER TO SECTION 3.02 OF THE DENTAL ORM.

Child members of Healthy Connections are covered through the month of their 21st birthday.

Diagnostic							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0120	periodic oral evaluation - established patient	0-20		No	No	One of (D0120,D0145) Per 6 months per Patient	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records".

Exhibit A Benefits Covered for South Carolina Healthy Connections Under 21

Diagnostic							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0140	limited oral evaluation-problem focused	0-20		No	No	Two of (D0140) per 12 Month(s) Per Provider OR Location.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records".
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0-2		No	No	One of (D0120, D0145) per 6 Month(s) Per Provider OR Location	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records".
D0150	comprehensive oral evaluation - new or established patient	3 - 20		No	No	One of (D0150) per 36 Month(s) Per Provider OR Location. Not allowed within 6 months of D0120 or D0145 for Same Provider OR Location	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records".
D0210	intraoral - complete series of radiographic images	2-20		No	No	One of (D0210, D0330) per 36 Month(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records".
D0220	intraoral - periapical first radiographic image	0-20		No	No	One of (D0220) per 1 Day(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records".
D0230	intraoral - periapical each additional radiographic image	0-20		No	No	Three of (D0230) per 1 Day(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records".
D0240	intraoral - occlusal radiographic image	0-20		No	No	Two of (D0240) per 12 Month(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records".
D0270	bitewing - single radiographic image	2-20		No	No	One of (D0270, D0272, D0274) per 6 Month(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D0272	bitewings - two radiographic images	2-20		No	No	One of (D0270, D0272, D0274) per 6 Month(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D0274	bitewings - four radiographic images	2-20		No	No	One of (D0270, D0272, D0274) per 6 Month(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D0330	panoramic radiographic image	6-20		No	No	One of (D0210, D0330) per 36 Month(s) Per patient. For members age 6 through 20, oral surgeons are allowed one additional usage of D0330 per beneficiary within the 36 month period.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records

Exhibit A Benefits Covered for
South Carolina Healthy Connections Under 21

Covered dental and medical services that indicate "Yes" in the "Pre-Payment Review Required" or "Prior Authorization Required" columns require documentation of medical necessity. Please refer to Appendix A-1:"General Definitions" for the definition of Medically Necessary. Procedures that require Pre-Payment Review can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

Operating Room (OR) or Ambulatory Surgical Center (ASC) usage for planned, non-emergent treatment must be prior authorized. Authorization requests must be submitted with appropriate documentation no less than 15 days prior to the date of treatment. Refer to Section 3.02 of the Dental ORM.

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

Child members of Healthy Connections are covered through the month of their 21st birthday.

Any reimbursement already made for an inadequate service may be recouped after the Dental Consultant reviews the circumstances.

Preventative							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1110	prophylaxis - adult	12-20		No	No	One of (D1110, D1120) per 6 Month(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D1120	prophylaxis - child	0-11		No	No	One of (D1110, D1120) per 6 Month(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D1206	topical application of fluoride varnish	0-20		No	No	One of (D1206, D1208) per 6 Month(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D1208	Topical application of fluoride - excluding varnish	0-20		No	No	One of (D1206, D1208) per 6 Month(s) Per patient.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D1351	sealant - per tooth	5-14	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	No	One (D1351) per 36 Month(s) Per patient per tooth.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D1510	space maintainer-fixed-unilateral. (excludes a distal shoe space maintainer)	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	No	One of (D1510, D1515) per lifetime per patient per quadrant.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D1515	space maintainer - fixed - bilateral	0-20	Per Arch (01, 02, LA, UA)	No	No	One of (D1510, D1515) per lifetime per patient per arch.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records

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Reimbursement includes local anesthesia and post-operative care up to 30 days from the date of service

Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not. Additionally, a tooth restored more than once within a six month timeframe by the same provider is subject to being bundled with the first restoration, regardless of the surface combinations involved.

Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases, direct and indirect pulp caps, curing, and polishing are included as part of the fee for the restoration.

Covered dental and medical services that indicate "Yes" in the "Pre-Payment Review Required" or "Prior Authorization Required" columns require documentation of medical necessity. Please refer to Appendix A-1:"General Definitions" for the definition of Medically Necessary. Procedures that require Pre-Payment Review can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

Operating Room (OR) or Ambulatory Surgical Center (ASC) usage for planned, non-emergent treatment must be prior authorized. Authorization requests must be submitted with appropriate documentation no less than 15 days prior to the date of treatment. Refer to Section 3.02 of the Dental ORM.

Child members of Healthy Connections are covered through the month of their 21st birthday.

Any reimbursement already made for an inadequate service may be recouped after the Dental Consultant reviews the circumstances.

Restorative							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2140	Amalgam - one surface, primary or permanent	0-20	Teeth 1 – 32; A - T	No	No	One of (D2140, D2330, D2391) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2150	Amalgam - two surfaces, primary or permanent	0-20	Teeth 1 - 32; A - T	No	No	One of (D2150, D2331, D2392) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records

Exhibit A Benefits Covered for South Carolina Healthy Connections Under 21

Restorative							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2160	amalgam - three surfaces, primary or permanent	0-20	Teeth 1 - 32; A - T	No	No	One of (D2160, D2332, D2393) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2161	amalgam - four or more surfaces, primary or permanent	0-20	Teeth 1 - 32; A - T	No	No	One of (D2161, D2335, D2394) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2330	resin-based composite - one surface, anterior	0-20	Teeth 6 - 11; 22 – 27; C – H; M - R	No	No	One of (D2140, D2330, D2391) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2331	resin-based composite - two surfaces, anterior	0-20	Teeth 6 - 11; 22 - 27; C – H; M - R	No	No	One of (D2150, D2331, D2392) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2332	resin-based composite - three surfaces, anterior	0-20	Teeth 6 - 11; 22 - 27; C - H; M - R	No	No	One of (D2160, D2332, D2393) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0-20	Teeth 6 - 11; 22 - 27; C - H; M - R	No	No	One of (D2161, D2335, D2394) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2391	resin-based composite - one surface, posterior	0-20	Teeth 1 - 5; 12 - 21; 28 - 32; A-; B; I - L; S- T	No	No	One of (D2140, D2330, D2391) per 36 Month(s) Per Provider OR Location per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2392	resin-based composite - two surfaces, posterior	0-20	Teeth 1 - 5; 12 - 21; 28 - 32; A- B; I - L; S- T	No	No	One of (D2150, D2331, D2392) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2393	resin-based composite - three surfaces, posterior	0-20	Teeth 1 - 5; 12 - 21; 28 - 32; A- B; I - L; S- T	No	No	One of (D2160, D2332, D2393) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records
D2394	resin-based composite - four or more surfaces, posterior	0-20	Teeth 1 - 5; 12 - 21; 28 – 32; A- B; I - L; S- T	No	No	One of (D2161, D2335, D2394) per 36 Month(s) Per Provider OR Location, per tooth, per surface.	Proper documentation must be maintained in patient's records. Refer to Appendix D-2:"Dental Treatment Records

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Restorative							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2929	Prefabricated porcelain/ceramic crown – primary tooth	0-20	Teeth C - H, M - R	No	No	One of (D2929, D2930, D2932, D2934) per 36 months per patient per tooth	Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.02 "Clinical Criteria" Policy AND Appendix D, Section D-2:"Dental Treatment Records".
D2930	prefabricated stainless steel crown - primary tooth	0-20	Teeth A - T	No	No	One of (D2929, D2930, D2932, D2934) per 36 months per patient per tooth	Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.02 "Clinical Criteria" Policy AND Appendix D, Section D-2:"Dental Treatment Records".
D2931	prefabricated stainless steel crown-permanent	0-20	Teeth 1 - 32	No	No	One of (D2931, D2932) per 36 months per patient per tooth	Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.02 "Clinical Criteria" Policy AND Appendix D, Section D-2:"Dental Treatment Records".
D2932	prefabricated resin crown	0-20	Teeth 1 - 32, A - T	No	No	One of (D2929, D2930, D2931, D2932, D2934) per 36 months per patient per tooth	Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.02 "Clinical Criteria" Policy AND Appendix D, Section D-2:"Dental Treatment Records
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth C - H, M - R	No	No	One of (D2929, D2930, D2932, D2934) per 36 months per patient per tooth	Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.02 "Clinical Criteria" Policy AND Appendix D, Section D-2:"Dental Treatment Records".
D2940	protective restoration	0-20	Teeth 1 - 32, A - T	No	No	One of (D2940) per 36 Month(s) Per patient per tooth. Not allowed with D2000 or D3000 series codes on the same date of service. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2930, D2931, D2932, D2934, D2950, D2951, D2954, D3220, D3310, D3320, D3330) per 1 Day(s) Per patient per tooth	Proper documentation must be maintained in patient's records. Refer to Appendix C, "Clinical Criteria" and Appendix D, Section D-2:"Dental Treatment Records".
D2950	core buildup, including any pins when required	0-20	Teeth 1 - 32	No	No	One of (D2950, D2954) per Lifetime Per patient per tooth.	Proper documentation must be maintained in patient's records. Refer to Appendix C "Clinical Criteria" and Appendix D, Section D-2:"Dental Treatment Records".
D2951	pin retention - per tooth, in addition to restoration	0-20	Teeth 1 - 32	No	No	One of (D2951) per Lifetime Per patient per tooth.	Proper documentation must be maintained in patient's records. Refer to Appendix C "Clinical Criteria" and Appendix D, Section D-2:"Dental Treatment Records".
D2954	prefabricated post and core in addition to crown	0-20	Teeth 1 - 32	No	No	One of (D2950, D2954) per Lifetime Per patient per tooth.	Proper documentation must be maintained in patient's records. Refer to Appendix C "Clinical Criteria" and Appendix D, Section D-2:"Dental Treatment Records".

Exhibit A Benefits Covered for
South Carolina Healthy Connections Under 21

Payment for conventional root canal treatment is limited to treatment of permanent teeth. Local anesthesia is considered part of the treatment procedure.

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

A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment.

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

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

Covered dental and medical services that indicate "Yes" in the "Pre-Payment Review Required" or "Prior Authorization Required" columns require documentation of medical necessity. Please refer to Appendix A-1:"General Definitions" for the definition of Medically Necessary. . Procedures that require Pre-Payment Review can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

Operating Room (OR) or Ambulatory Surgical Center (ASC) usage for planned, non-emergent treatment must be prior authorized. Authorization requests must be submitted with appropriate documentation no less than 15 days prior to the date of treatment. Refer to Section 3.02 of the Dental ORM.

Child members of Healthy Connections are covered through the month of their 21st birthday.

Any reimbursement already made for an inadequate service may be recouped after the Dental Consultant reviews the circumstances.

Endodontics							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentino-cemental junction and application of medicament	0-20	Teeth 2 - 15, 18 - 31, A - T	No	No	One D3220 per lifetime per patient per tooth. Not allowed in conjunction with One of (D3310, D3320, 3330) on the same tooth, on the same day.	Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.03 "Clinical Criteria" and Appendix D, Section D-2:"Dental Treatment Records".

Exhibit A Benefits Covered for South Carolina Healthy Connections Under 21

Endodontics							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0-20	Teeth 6 - 11, 22 - 27	Yes	No	One D3310 per lifetime per patient per tooth. Not allowed in conjunction with D3220 on the same tooth on the same day.	Detailed narrative of medical necessity and pre-op x-ray(s) must be submitted with the claim for review. Refer to Appendix C, Section C.03 "Clinical Criteria" Policy. Proper documentation and post-treatment radiographs must be maintained in patient's records (Refer to Appendix D, Section D-2:"Dental Treatment Records")
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	No	One D3310 per lifetime per patient per tooth. Not allowed in conjunction with D3220 on the same tooth on the same day	Detailed narrative of medical necessity and pre-op x-ray(s) must be submitted with the claim for review. Refer to Appendix C, Section C.03 "Clinical Criteria" Policy. Proper documentation and post-treatment radiographs must be maintained in patient's records (Refer to Appendix D, Section D-2:"Dental Treatment Records")
D3330	endodontic therapy, molar (excluding final restoration)	0-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	Yes	No	One D3330 per lifetime per patient per tooth. Not allowed in conjunction with D3220 on the same tooth on the same day	Detailed narrative of medical necessity and pre-op x-ray(s) must be submitted with the claim for review. Refer to Appendix C, Section C.03 "Clinical Criteria" Policy. Proper documentation and post-treatment radiographs must be maintained in patient's records (Refer to Appendix D, Section D-2:"Dental Treatment Records")

South Carolina Healthy Connections Under 21

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

SCDHH will NOT reimburse for full or partial dentures when:
Dental history reveals that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable because of physiological or psychological reasons, or repair, relining or rebasing of the patient's present dentures will make them serviceable.
A preformed denture with teeth already mounted forming a denture module is not a covered service.

Fabrication of a removable prosthetic includes multiple steps (appointments). These multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation.

Covered dental and medical services that indicate "Yes" in the "Pre-Payment Review Required" or "Prior Authorization Required" columns require documentation of medical necessity. Please refer to Appendix A-1:"General Definitions" for the definition of Medically Necessary. Procedures that require Pre-Payment Review can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

Operating Room (OR) or Ambulatory Surgical Center (ASC) usage for planned, non-emergent treatment must be prior authorized. Authorization requests must be submitted with appropriate documentation no less than 15 days prior to the date of treatment. Refer to Section 3.02 of the Dental ORM.

Child members of Healthy Connections are covered through the month of their 21st birthday.

Any reimbursement already made for an inadequate service may be recouped after the Dental Consultant reviews the circumstances.

Code	Brief Description	Age Limitation	Teeth Covered	Pre-payment Review Required	Prior Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	14-20	Per Arch (01, UA)	Yes	No	One D5110 per 60 Month(s) Per patient.	Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C, Section C.05 "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")

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Exhibit A Benefits Covered for
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Prosthodontics, removable							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5120	complete denture - mandibular	14-20	Per Arch (02, LA)	Yes	No	One D5120 per 60 Month(s) Per patient.	Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C, Section C.05 "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	14-20		Yes	No	One D5211 per 60 Month(s) Per patient.	Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C, Section C.05 "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	14-20		Yes	No	One D5212 per 60 Month(s) Per patient.	Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C, Section C.05 "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D5510	repair broken complete denture base	14-20	Per Arch (01, 02, LA, UA)	No	No		Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.05 "Clinical Criteria" Policy and Appendix D, Section D-2:"Dental Treatment Records"
D5520	replace missing or broken teeth - complete denture (each tooth)	14-20	Teeth 1 - 32	No	No		Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.05 "Clinical Criteria" Policy and Appendix D, Section D-2:"Dental Treatment Records"
D5610	repair resin denture base	14-20	Per Arch (01, 02, LA, UA)	No	No		Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.05 "Clinical Criteria" Policy and Appendix D, Section D-2:"Dental Treatment Records"
D5640	replace broken teeth-per tooth	14-20	Teeth 1 - 32	No	No		Proper documentation must be maintained in patient's records. Refer to Appendix C, Section C.05 "Clinical Criteria" Policy and Appendix D, Section D-2:"Dental Treatment Records"

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Reimbursement includes local anesthesia and post-operative care up to 30 days from the date of service.

The incidental removal of a cyst or lesion attached to the root(s) of an extracted tooth is considered part of the extraction or surgical fee and should not be billed as a separate procedure. SCDHHS will not reimburse for multiple procedures performed on the same date of service on the same site (i.e., cyst removal and extraction procedures or surgical access to aid eruption and extraction codes).

Biopsy of Oral Tissue (code D7285 & D7286) is not billable with another surgical procedure that is part of the same procedure.

EXTRACTIONS DONE IN PREPARATION OF ORTHODONTIA ARE NOT COVERED.

Covered dental and medical services that indicate "Yes" in the "Pre-Payment Review Required" or "Prior Authorization Required" columns require documentation of medical necessity. Please refer to Appendix A-1:"General Definitions" for the definition of Medically Necessary. Procedures that require Pre-Payment Review can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

Operating Room (OR) or Ambulatory Surgical Center (ASC) usage for planned, non-emergent treatment must be prior authorized. Authorization requests must be submitted with appropriate documentation no less than 15 days prior to the date of treatment. Refer to Section 3.02 of the Dental ORM.

Child members of Healthy Connections are covered through the month of their 21st birthday.

Any reimbursement already made for an inadequate service may be recouped after the Dental Consultant reviews the circumstances.

Oral and Maxillofacial Surgery							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7111	extraction, coronal remnants - deciduous tooth	0-20	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	No		Proper documentation must be maintained in patient's records. Refer to Appendix C, "Clinical Criteria" and Appendix D, Section D-2 "Dental Treatment Records".
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	No		Proper documentation must be maintained in patient's records. Refer to Appendix C, "Clinical Criteria" and Appendix D, Section D-2 "Dental Treatment Records".

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Oral and Maxillofacial Surgery							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	No		Proper documentation must be maintained in patient's records. Refer to Appendix C, "Clinical Criteria" and Appendix D, Section D-2 "Dental Treatment Records")
D7220	removal of impacted tooth-soft tissue	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2 "Dental Treatment Records")
D7230	removal of impacted tooth-partially bony	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2 "Dental Treatment Records")
D7240	removal of impacted tooth-completely bony	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2 "Dental Treatment Records")
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2 "Dental Treatment Records")
D7250	removal of residual tooth roots (cutting procedure)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	No	Not allowed by same office or provider who performed original extraction.	Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2 "Dental Treatment Records")

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Oral and Maxillofacial Surgery							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0-20	Teeth 1 - 32	Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7280	exposure of an unerupted tooth	0-20	Teeth 1 - 32	Yes	No	Two D7280 per 1 Day(s) Per patient.	Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs or CT, must be submitted with the claim for review. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7286	incisional biopsy of oral tissue-soft	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7410	excision –of benign lesion up to 1.25cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7411	excision of benign lesion greater than 1.25 cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7412	excision of benign lesion, complicated	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")

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Code	Brief Description	Age Limitation	Teeth Covered	Pre-payment Review Required	Prior Authorization Required	Benefit Limitations	Documentation Required
D7413	excision of malignant lesion up to 1.25 cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7414	excision of malignant lesion greater than 1.25 cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7415	excision of malignant lesion, complicated	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")

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Oral and Maxillofacial Surgery							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7465	destruction of lesion(s) by physical or chemical method, by report	0-20		Yes	No		Detailed narrative of medical necessity and pathology report must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7510	incision and drainage of abscess - intraoral soft tissue	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT, photographs and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")

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Oral and Maxillofacial Surgery							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7520	incision and drainage of abscess - extraoral soft tissue	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT, photographs and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	0-20		Yes	No	One D7530 per 1 Day(s) Per patient.	Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs, CT, must be submitted with the claim for review. Please include as necessary any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	No	Not to be billed for treatment of dry socket.	Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs, CT, must be submitted with the claim for review. Please include as necessary any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7670	alveolus stabilization of teeth, closed reduction splinting	0-20		Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs, CT, must be submitted with the claim for review. Please include as necessary any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7671	alveolus - open reduction, may include stabilization of teeth	0-20		Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs, CT, must be submitted with the claim for review. Please include as necessary any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")

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Oral and Maxillofacial Surgery							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7770	Alveolus-open reduction stabilization of teeth. Incision required to reduce fracture	0-20		Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs, CT, must be submitted with the claim for review. Please include as necessary any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7771	Alveolus-closed reduction stabilization of teeth	0-20		Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs, CT, must be submitted with the claim for review. Please include as necessary any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7910	suture small wounds up to 5 cm	0-20		Yes	No	Excludes closure of surgical incision.	Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT, photographs and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7911	complicated suture-up to 5 cm	0-20		Yes	No	Excludes closure of surgical incision.	Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT, photographs and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")
D7912	complex suture - greater than 5cm	0-20		Yes	No	Excludes closure of surgical incision.	Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary pre-operative diagnostic images such as radiographs, CT, photographs and any documentation that would support the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records")

Local anesthesia is considered part of the treatment procedure, and no additional payment will be made for it.

All adjunctive general services must be administered in the office by the treating provider to assure appropriate monitoring of the beneficiary. Adequate monitoring of beneficiaries must at a minimum follow Guidelines for the Use of Sedation and General Anesthesia by Dentists as set by the American Dental Association (ADA).

The Patient Record must document the beneficiary's weight on date of sedation, administration, and calibration of dosage. A time-oriented Sedation Record must be maintained in the beneficiary record. A fifteen minute time interval is considered standard for monitoring of D9223, D9230, D9243 and D9248. If there is no sedation documentation in the treatment record that meets the minimum guidelines outlined by the ADA for a billed service, then the service is subject to recoupment by SCDHHS.

Covered dental and medical services that indicate "Yes" in the "Pre-Payment Review Required" or "Prior Authorization Required" columns require documentation of medical necessity. Please refer to Appendix A-1:"General Definitions" for the definition of Medically Necessary. Procedures that require Pre-Payment Review can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

Operating Room (OR) or Ambulatory Surgical Center (ASC) usage for planned, non-emergent treatment must be prior authorized. Authorization requests must be submitted with appropriate documentation no less than 15 days prior to the date of treatment. Refer to Section 3.02 of the Dental ORM.

Adjunctive services are not reimbursable if unaccompanied by a covered treatment procedure (unless the reimbursement request is a resubmission of a previously denied line).

Child members of Healthy Connections are covered through the month of their 21st birthday.

Any reimbursement already made for an inadequate service may be recouped after the Dental Consultant reviews the circumstances.

Adjunctive General Services							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9223	deep sedation/general anesthesia – each 15 minute increment	0-20		Yes	No	Two of D9223 per 1 Day(s) Per patient. Not allowed in conjunction with D9230, D9248 or D9920. Deep Sedation /General Anesthesia- 15 minute increment - Limit 2 per date of service	Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary documentation that supports the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").

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Adjunctive General Services							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	0-20		No	No	One D9230 per 1 Day(s) Per patient. Not allowed in conjunction with D9223, D9243, or D9920.	Proper documentation must be maintained in patient's records. Refer to Appendix C, "Clinical Criteria" and Appendix D, Section D-2"Dental Treatment Records".
D9243	intravenous moderate (conscious) sedation/ analgesia – each 15 minute increment	0-20		Yes	No	Two of D9243 per 1 Day(s) Per patient. Not allowed in conjunction with D9230, D9248 or D9920. Deep Sedation /General Anesthesia- 15 minute increment – Limit 2 per date of service	Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary documentation that supports the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
D9248	non-intravenous moderate (conscious) sedation	0-20		No	No	One D9248 per 1 Day(s) Per patient. Not allowed in conjunction with D9223, D9243, or D9920.	Proper documentation must be maintained in patient's records. Refer to Appendix C, "Clinical Criteria" and Appendix D, Section D-2"Dental Treatment Records".
D9420	hospital or ambulatory surgical center call	0-20		No	Yes	One D9420 per 1 Day(s) Per patient. May be billed when rendering prior approved treatment in hospital or ASC. SCDHHS prohibits the billing of beneficiaries to schedule appointments or to hold appointment blocks prior to treatment in a hospital or ambulatory center setting.	Detailed narrative of medical necessity must be submitted for prior authorization. Please include as necessary pre-operative diagnostic images such as radiographs, CT, photographs, and any documentation that would supports the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
D9920	behavior management, by report	0-20		Yes	No	One D9920 per 1 Day(s) Per patient. Documentation in the patient record must be unique to that visit and must include a description of the known condition of the patient and additional time to provide treatment.	Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary documentation that supports the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
D9999	unspecified adjunctive procedure, by report	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary documentation that supports the medical necessity. Refer to Appendix C "Clinical Criteria" Policy. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").

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Reimbursement includes local anesthesia and post-operative care up to 30 days from the date of service.

Covered dental and medical services that indicate "Yes" in the "Pre-Payment Review Required" or "Prior Authorization Required" columns require documentation of medical necessity. Please refer to Appendix A-1:"General Definitions" for the definition of Medically Necessary. Procedures that require Pre-Payment can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

Operating Room (OR) or Ambulatory Surgical Center (ASC) usage for planned, non-emergent treatment must be prior authorized. Authorization requests must be submitted with appropriate documentation no less than 15 days prior to the date of treatment. Refer to Section 3.02 of the Dental ORM.

Child members of Healthy Connections are covered through the month of their 21st birthday.

Any reimbursement already made for an inadequate service may be recouped after the Dental Consultant reviews the circumstances.

Medical							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
11900	Intralesional injection	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membrane; 2.5 cm or less	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membrane; 2.6 to 5.0 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membrane; 5.1 to 7.5 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").

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Medical							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membrane; 7.6 to 12.5 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
12020	Treatment of superficial wound dehiscence; simple closure	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
12051	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
12052	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.6 to 5.0 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
12053	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 5.1 to 7.5 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
12054	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 7.6 to 12.5 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").

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Medical							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
12055	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 12.6 to 20.0 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 1.1 to 2.5 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 5 cm or less	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
13151	Repair, complex, eyelids, nose, ears, and/or lips; 1.1 to 2.5 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
13152	Repair, complex, eyelids, nose, ears, and/or lips; 2.6 to 7.5 cm	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").

Exhibit A Benefits Covered for South Carolina Healthy Connections Under 21

Medical							
Code	**Brief Description**	**Age Limitation**	**Teeth Covered**	**Pre-payment Review Required**	**Prior Authorization Required**	**Benefit Limitations**	**Documentation Required**
13153	Repair, complex, eyelids, nose, ears, and/or lips; each additional 5 cm or less	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
15120	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and /or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
15121	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and /or multiple digits; Each additional. 100 sq cm, or each additional one percent of body area of infants and children or part thereof	0-20		Yes	No		Detailed narrative of medical necessity must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
20005	Incision of soft tissue abscess; deep or complicated	0-20		Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs, CT, must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	0-20		Yes	No		Detailed narrative of medical necessity and pre-operative diagnostic images such as radiographs, CT, must be submitted with the claim for review. Please include as necessary any documentation that supports the medical necessity. Proper documentation must be maintained in patient's records (Appendix D, Section D-2:"Dental Treatment Records").