



West Virginia Provider Manual: Version 4

*West Virginia Medicaid – (Mountain Health Trust, Mountain Health Promise, West Virginia Health Bridge)

*West Virginia CHIP

Program Effective: January 1, 2014

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Welcome

Welcome to SKYGEN USA* provider network. SKYGEN USA, is a nationwide leader in managed benefits administration. We are committed to providing our members the best possible care, keeping them healthy, stable, and independent it's our reason for being here. We have partnered with UniCare Health Plan of West Virginia, Inc. (UniCare), The Health Plan of West Virginia and Aetna Better Health of West Virginia to administer the West Virginia Children's Medicaid, CHIP and Adult programs. We are pleased to welcome you to our team.

Throughout your ongoing relationship with SKYGEN USA refer to this provider manual for quick answers and useful information, including how to contact us, how to submit claims and authorizations, and what benefits are offered to members.

- When you need answers, log on to <https://pwp.sciondental.com>

This manual describes SKYGEN USA policies and procedures that govern our administration of dental benefits. SKYGEN USA makes every effort to maintain accurate information in this manual; however, we will not be held liable for any damages due to unintentional errors. If you discover an error, please report it to us by calling **855-408-4892**. If information in this manual differs from your Participating Agreement, the Participating Agreement takes precedence and shall control.

SKYGEN USA, retains the right to add to, delete from, and otherwise modify this provider manual. Contracted providers must acknowledge this provider manual and any other written materials provided by SKYGEN USA as proprietary and confidential. This document contains confidential and proprietary information and may not be disclosed to others without written permission from SKYGEN USA.

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To see an overview of the changes made in *Provider Manual: Version 2*, please see the history revision section.

Quick Reference Guide

Provider Web Portal: Online, All the Time

Getting reimbursed for the high-quality care you've provided to patients should be quick, easy, and convenient. SKYGEN USA's user-friendly Provider Web Portal offers a full set of self-service tools that help you get more done, faster.

Everything You Need - When You Need It - 24/7/365

Use the Provider Web Portal to:

- Check real-time eligibility for multiple patients—**at the same time**.
- Submit electronic authorization requests—**with attachments**.
- View a decision tree that shows you the same clinical guidelines our consultants use to evaluate your authorization requests.
- Use our claim estimator to find out in advance whether your claim will be paid or denied, and why—**before you render services**.
- Attach supporting documentation, such as EOBs and x-rays—**online, for no charge**.
- Submit **pre-filled** claim forms and review claim history—**with just a few clicks**.
- Check the real-time status of claims and authorizations—**no need to wait for paper letters to arrive by postal mail**.
- View and print provider manuals, remittance reports, and more.

<https://pwp.sciondental.com>

When You Need Us – We’ll Be There!

Call Provider Services: **855-918-2256**, or email us at: providerservices@skygenusa.com any time for assistance.

Quick Contacts and References

Contacts and References	
Authorizations Information for: <ul style="list-style-type: none">• UniCare Health Plan of West Virginia, Inc.• The Health Plan of West Virginia• Aetna Better Health of West Virginia	<p>Prior authorization determinations must be made within seven (7) days from the date SKYGEN USA receives the request. Prior authorizations will be honored for 180 days from the date they are determined.</p> <p>Authorization submissions can be received in the following formats:</p> <ul style="list-style-type: none">• Electronic authorizations via SKYGEN USA’s website at https://pwp.sciondental.com• Electronic submission via clearinghouse• HIPAA Compliant 837D file• Paper authorizations should be sent to: West Virginia Authorizations P.O. Box 2155 Milwaukee, WI 53201
Claims Information for: <ul style="list-style-type: none">• UniCare Health Plan of West Virginia, Inc.• The Health Plan of West Virginia• Aetna Better Health of West Virginia	<p>The timely filing requirement for West Virginia is 180 days. Claims Submissions can be received in the following formats:</p> <ul style="list-style-type: none">• Electronic claims via SKYGEN USA’s website at https://pwp.sciondental.com• Electronic submission via clearinghouse• HIPAA Compliant 837D file• Paper claims (ADA 2012 form) should be sent to: West Virginia Claims P.O. Box 795 Milwaukee WI 53201
Corrected Claims mailing address <ul style="list-style-type: none">• UniCare Health Plan of West Virginia, Inc.• The Health Plan of West Virginia• Aetna Better Health of West Virginia	<p>West Virginia: Corrected Claims P.O. Box 541 Milwaukee WI 53201</p> <p>Please Note: Corrected claims can be submitted via Provider Web Portal or EDI Clearinghouses.</p>

Contacts and References

Pharmacy Preferred Drug List (PDL)

- UniCare Health Plan of West Virginia, Inc.
- The Health Plan of West Virginia
- Aetna Better Health of West Virginia

For information regarding pharmacy benefits, please consult www.wvmmis.com or call WVMMIS' Provider Services Department (8:00 a.m. and 5:00 p.m. EST):

- Pharmacy Help Desk: **1-888-483-0801**
- West Virginia and Border Providers: **1-888-483-0793**, All other Providers: 1-304-348-3360, Fax: **1-304-348-3380**

For more information, you can also access [West Virginia BMS Medicaid Health PAS-Rx Pharmacy Companion Guide](#). Pharmacies are required to provide an emergency 3-day prescription fill, in accordance with federal regulation.

Automated Clearing House Information

Email: providerportal@skygenusa.com

Web Portal Team Information

855-434-9239

Email: providerportal@skygenusa.com

Fraud & Abuse Hotline

SKYGEN USA: 877-378-5292

Provider Web Portal Information

<https://pwp.sciondental.com>

UniCare Health Plan of West Virginia, Inc. Quick Reference Information

<p>UniCare Health Plan of West Virginia, Inc. - Member Eligibility</p>	<p>Participating providers can access eligibility information through:</p> <ul style="list-style-type: none"> • Login to Provider web portal via https://pwp.sciondental.com • Calling SKYGEN USA Interactive Voice Response system (IVR) eligibility hotline at: 1-888-983-4686 (Children) or 1-877-408-0881 (Adult Emergent) • To speak to a SKYGEN USA representative between 8:00 AM and 6:00 PM EST: 1-888-983-4686 (Children) or 1-877-408-0881 (Adult Emergent)
<p>UniCare Health Plan of West Virginia, Inc. Authorization -Appeals Information</p>	<p>Providers can file an appeal on a member’s behalf, within 60 days following the date the denial letter was mailed by SKYGEN USA. Verbal appeals must be followed in writing to: West Virginia – Appeals P.O. Box 1396 Milwaukee, WI 53201 Phone: 1-888-983-4686</p>
<p>UniCare Health Plan of West Virginia, Inc. Claims Appeals Information</p>	<p>Providers must file an appeal in writing along with any necessary additional documentation within 60 days from the date of the remit to: West Virginia – Appeals P.O. Box 1396 Milwaukee, WI 53201 Phone: 1-888-983-4686</p>

The Health Plan of West Virginia Quick Reference Information

The Health Plan of West Virginia Member Eligibility	Participating providers can access eligibility information through: <ul style="list-style-type: none">• Login to Provider web portal via https://pwp.sciondental.com• Calling SKYGEN USA Interactive Voice Response system (IVR) eligibility hotline at: 1-888-983-4690• To speak to a SKYGEN USA representative between 8:00 AM and 6:00 PM EST: 1-888-983-4690
The Health Plan of West Virginia Authorization Appeals Information	Providers can file an appeal on a member's behalf, within 60 days following the date the denial letter was mailed by SKYGEN USA. Verbal appeals must be followed in writing to: West Virginia – Appeals P.O. Box 1396 Milwaukee, WI 53201 Phone: 1-888-983-4690
The Health Plan of West Virginia Claims Appeals Information	Providers must file an appeal in writing along with any necessary additional documentation within 60 days from the date of the remit to: West Virginia – Appeals P.O. Box 1396 Milwaukee, WI 53201 Phone: 1-888-983-4690

Aetna Better Health of West Virginia Quick Reference Information

Aetna Better Health of West Virginia Member Eligibility	Participating providers can access eligibility information through: <ul style="list-style-type: none">• Login to Provider web portal via https://pwp.sciondental.com• Calling SKYGEN USA Interactive Voice Response system (IVR) eligibility hotline at: 1-888-844-0623• To speak to a SKYGEN USA representative between 8:00 AM and 6:00 PM EST: 1-855-844-0623
Aetna Better Health of West Virginia Authorization Appeals Information	Providers can file an appeal on a member's behalf, within 60 days following the date the denial letter was mailed by SKYGEN USA. Verbal appeals must be followed in writing to: West Virginia – Appeals P.O. Box 1396 Milwaukee, WI 53201 Phone: 1-855-844-0623
Aetna Better Health of West Virginia Claims Appeals Information	Providers must file an appeal in writing along with any necessary additional documentation within 60 days from the date of the remit to: West Virginia – Appeals P.O. Box 1396 Milwaukee, WI 53201 Phone: 1-855-844-0623

Revision History: Version 4

Version 4 Revisions	Revision Effective Date
2022 CDT Fee Updates <ul style="list-style-type: none"> •D0350, Oral/facial photographic images - FEE CHANGE •D1320, Tobacco cessation counseling - FEE and COVERAGE CHANGE •D9610, SP – Therapeutic Parental Drug - FEE CHANGE •D9630, Other drugs/medicaments - FEE CHANGE 	4/1/2022
Dentures and Extractions	Updated 4/1/2022
Version 3 Revisions	Revision Effective Date
2022 CDT Codes <ul style="list-style-type: none"> •D0520, Other oral pathology procedure – BMS DELETION •D8050, Interceptive orthodontic treatment of primary dentition - DELETED •D8060, interceptive orthodontic treatment of transitional dentition - DELETED •D8690, Orthodontic treatment (alternative billing to a contract fee) – DELETED 	Updated 1/01/2022
Orthodontic Treatment	Updated 1/01/2022
Version 2 Revisions	Revision Effective Date
2021 CDT Codes <ul style="list-style-type: none"> •D2928, Prefabricated porcelain/ceramic crown – Permanent Tooth- NEW •D7960, Frenulectomy – Also Known as Frenectomy or Frenotomy- DELETED •D7961, Buccal/labial frenectomy (frenulectomy) – NEW, replace D7960 •D7962, Lingual frenectomy (frenulectomy) – NEW, replace D7960 	Updated 1/01/2021
Corrected Claim Process	Updated 1/01/2021
Coordination of Benefits (COB)	Updated 1/01/2021

Health Insurance Portability and Accountability Act (HIPAA)

As a healthcare provider, if you transmit any health information electronically, your office is required to comply with all aspects of the Health Insurance Portability and Accountability Act (HIPAA) regulations that have gone/will go into effect as indicated in the final publications of the various rules covered by HIPAA.

SKYGEN USA has implemented numerous operational policies and procedures to ensure we comply with all HIPAA Privacy Standards, and we intend to comply with all Administrative Simplification and Security Standards by their compliance dates. We also expect all providers in our networks to work cooperatively with us to ensure compliance with all HIPAA regulations.

Together, you (the provider) and SKYGEN USA agree to conduct our respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations.

When you contact Provider Services, you will be asked to supply your Tax ID or NPI number. When you call regarding member inquiries, you will be asked to supply specific member identification such as Member ID or Social Security Number, date of birth, name, and/or address.

As regulated by the Administrative Simplification Standards, the benefit tables included in this provider manual reflect the most current CDT coding standards recognized by the American Dental Association (ADA). Effective as of the date of this manual, the West Virginia Dental Program/SKYGEN USA require providers to submit all claims with the proper CDT codes listed in this manual. In addition, all paper claims must be submitted on the paper 2012 or newer ADA Dental Claim Form.

To request copies of SKYGEN USA HIPAA policies, call Provider Services or send an email to providerservices@skygenusa.com. To report a potential security issue, call our Hotline **877-378-5292**.

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the adoption of a standard unique provider identifier for health care providers. An NPI number is required for all claims submitted to SKYGEN USA for payment. You must use your individual and billing NPI numbers. To apply for an NPI, do one of the following:

- Complete the application online at <https://nppes.cms.hhs.gov>.
- Download and complete a paper copy from <https://nppes.cms.hhs.gov>.
- Call **800-465-3203** to request an application.

Utilization Management

Community Practice Patterns

To ensure fair and appropriate reimbursement, SKYGEN USA has developed a philosophy of Utilization Management, which recognizes the fact there exists, as in all health care services, a relationship between the dentist's treatment planning, treatment costs, and outcomes. The dynamics of these relationships, in any region, are reflected by community practice patterns of local dentists and their peers. With this in mind, SKYGEN USA Utilization Management is designed to ensure the fair and appropriate distribution of health care dollars as defined by the regionally based community practice patterns of local dentists and their peers.

All Utilization Management analysis, evaluations, and outcomes are related to these patterns. SKYGEN USA Utilization Management recognizes individual dentist variance within these patterns among a community of dentists and accounts for such variance. Specialty dentists are evaluated as a separate group and not with general dentists, since the types and nature of treatment may differ.

Evaluation

SKYGEN USA Utilization Management evaluates claims submissions in such areas as:

- Diagnostic and preventive treatment
- Patient treatment planning and sequencing
- Types of treatment
- Treatment outcomes
- Treatment cost effectiveness

Results

With the objective of ensuring fair and appropriate reimbursement to providers, SKYGEN USA Utilization Management helps identify providers whose treatment patterns show significant deviation from the normal practice patterns of the community of their peers (typically less than five percent of all dentists).

Non-Incentivization Policy

It is SKYGEN USA practice to ensure our contracted providers make treatment decisions based upon medical necessity for individual members. Providers are never offered, nor will they ever accept, any kind of financial incentives or any other encouragement to influence their treatment decisions. SKYGEN USA Utilization Management Department bases their decisions on only appropriateness of care, service, and existence of coverage. SKYGEN USA does not specifically reward practitioners or other individuals for issuing denials of coverage or care. If financial incentives exist for Utilization Management decision makers, they do not include or encourage decisions that result in underutilization.

Fraud, Waste, and Abuse

SKYGEN USA is committed to detecting, reporting and preventing potential fraud, waste and abuse, and we look to our providers to assist us.

Reporting suspected fraud, waste, or abuse

To report a suspected case of noncompliance, fraud, waste, or abuse, call the SKYGEN USA Integrity Hotline **844-809-9449**, visit: skygenusa.ethicspoint.com or write to:

Special Investigation Unit (SIU)
SKYGEN USA
W140 N8981 Lilly Road

Deficit Reduction Act: The False Claims Act

Section 6034 of the Deficit Reduction Act of 2005 signed into law in 2006 established the Medicaid Integrity Program in section 1936 of the Social Security Act. The legislation directed the Secretary of the United States Department of Health and Human Services (HHS) to establish a comprehensive plan to combat provider fraud, waste, and abuse in the Medicaid Program, beginning in 2006. The Comprehensive Medicaid Integrity Plan is issued for successive five-year periods.

Under the False Claims Act, those who knowingly submit or cause another person to submit false claims for payment of government funds are liable for up to three times the government's damages plus civil penalties of \$5,500 to \$11,000 for each false claim. The False Claims Act allows private persons to bring a civil action against those who knowingly submit false claims. If there is a recovery in the case brought under the False Claims Act, the person bringing the suit may receive a percentage of the recovered funds. For the party found responsible for the false claim, the government may exclude them from future participation in Federal health care Programs or impose additional obligations against the individual.

The False Claims Act is the most effective tool U.S. taxpayers have to recover the billions of dollars stolen through fraud every year. Billions of dollars in health care fraud have been exposed, largely through the efforts of whistleblowers acting under federal and state false claims acts. For more information about the False Claims Act visit www.TAF.org.

Whistleblower Protection

The False Claims Act (FCA) provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. § 3730(h).

Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

Member Rights & Responsibilities

Members of the West Virginia Medicaid and WVCHIP Dental Program have the following rights and responsibilities.

Member Rights

The West Virginia Medicaid and WVCHIP Dental Program and SKYGEN USA are committed to the following core concepts in our approach to member care:

- **Access** to providers and services.
- **Wellness** programs include member education and disease management initiatives.
- **Outreach** programs that educate members and give them the tools they need to make informed decisions about their dental care.
- **Feedback** that measures provider and member satisfaction.

We believe all members have the right to:

- **Privacy**, respectful treatment, and recognition of their dignity when receiving dental care.
- **Participate** fully with caregivers in making decisions about their health care.
- **Be fully informed** about the appropriate or medically necessary treatment options for any condition, regardless of the coverage or cost for the care discussed.
- **Voice a grievance** against the West Virginia Medicaid and WVCHIP Dental Program and SKYGEN USA Dental Program, or any of its participating dental offices, or any of the care provided by these groups or people, when their performance has not met the member's expectations.
- **Appeal** any decisions related to patient care and treatment.
- **Make recommendations** regarding our member rights and responsibilities policies.
- **Receive relevant, updated information** about West Virginia Medicaid and WVCHIP Dental Program and SKYGEN USA, the services provided, the participating dentists and dental offices.

Member Responsibilities

Along with rights, members have important responsibilities, including:

- Becoming familiar with benefit plan coverage and rules.
- Giving dental providers complete and accurate information they need to provide care.
- Following treatment plans and instructions received from dental providers.
- Supporting the care given to other patients and behaving in a way that helps the clinic, dental office, and other dental locations run smoothly.
- Notifying Customer Service of any questions, concerns, problems, or suggestions.

Provider Rights & Responsibilities

SKYGEN USA has established the following core concepts in our approach to a positive provider experience:

- Access to flexible participation options in provider networks.
- Outreach Programs that lower provider participation costs.
- Technology tools that increase efficiency and lower administrative costs.
- Feedback that measures provider and member satisfaction.

Provider Rights

Enrolled participating providers have the right to:

Communicate with patients about dental treatment options.

- Recommend a course of treatment to a member, even if the treatment is not a covered benefit or approved by SKYGEN USA.
- File an appeal or complaint about the procedures of SKYGEN USA.
- Supply accurate, relevant, and factual information to a member in conjunction with an appeal or complaint filed by the member.
- Object to policies, procedures, or decisions made by SKYGEN USA.
- Be informed of the status of their credentialing or re-credentialing application, upon request.

Provider Responsibilities

Participating Providers have the following responsibilities:

- If a recommended treatment plan is not covered (not approved by SKYGEN USA, the participating dentist, if intending to charge the member for the non-covered services, must notify and obtain agreement from the member in advance. (See Payment for Non-Covered Services).
- A provider may not bill both medical codes and dental codes for the same procedure.
- Providers must complete the Provider Participation Agreement (along with all supporting documentation) and provide requested information for registration of provider portal.
- Providers are expected to use electronic options for claim and authorization submission, claim reimbursement, and receipt of remittance advice statements including enrolling in the EFT Program, (see the Electronic Payments section in the manual for more details).

Provider Bill of Rights

- To be treated with respect
- To be paid accurately
- To be paid on time

Positive Provider Experience

SKYGEN USA provider network is structured to give dentists the flexibility they need to participate in dental programs on their own terms. At SKYGEN USA, we recognize the significant link between good dental care and overall patient health, and we advocate increasing provider funding while improving member education and outreach. We partner with thousands of providers across the country to deliver high-quality care to all members.

Access to Flexible Participation Options

SKYGEN USA invites all licensed dentists, regardless of their past commitment to government-sponsored dental Programs, to participate in its provider network. Providers can choose their own level of participation for each of their practice locations.

Providers can choose to:

- Be listed in a directory and accept appointments for all new patients.
- Be excluded from directories and accept appointments for only new patients directed to their office from SKYGEN USA.
- Treat only emergencies or special needs cases on an individual basis.
- Access web-based applications and credentialing.

To make it easy to apply and be accepted into the program, we use our web portals and electronic documents to streamline the provider/clinic contracting and credentialing process.

Member Clinical Chart Notes

Providers are expected to maintain comprehensive Clinical Chart notes. The patients' record, which includes Clinical Chart notes, is essential to the provision of quality oral health care.

- The recording of patients' medical and dental history, present illness, clinical examination, diagnosis, completed treatment, overall prognosis and patient-homecare communications are fundamental to patient care.
- The record serves to determine the patients' baseline findings and treatment plan.
- In addition to being a legal record, it is a comprehensive accounting of what transpired during the dental visit, may be used in defense of malpractice allegations, and serves as the basis for insurance claims and forensic purposes.

Adequate documentation of registration information, which requires entry of these items:

- Patient first and last name
- Date of Birth
- Gender
- Address
- Telephone number
- Name and telephone number of the person to contact in case of emergency.

Per the West Virginia Department of Health, the chart notes for each member should include the following:

- Registration data including a complete health history
- Initial examination data
- Periodontal and Occlusal status
- Treatment plan/alternative treatment plan.
- Tooth charting noting the presence or absence of teeth, existing restorations, areas of decay, fractured teeth, periodontal charting as applicable, and any other documentation that is pertinent
- Radiographs that are identified by patient name and date.
- All informed consent forms must be signed and dated by parent and/or legal guardian and provider in their preferred language
- If interpreter is used, this must be noted in the record at every visit.
- Name of member and their birthdate on each chart note page
- Chart notes for every DOS to include diagnosis, progress notes, preventative services, treatment rendered, and medical/dental consultations.
- Medical necessity of the procedures completed for that DOS should be documented
- Tooth numbers and surfaces of teeth receiving treatment
- Name of provider (or initials) of the clinician providing the treatment, as well as that of the RDH
- Anesthesia administered, location and the amount given
- If nitrous oxide is used: the amount, duration, % oxygen flush, and statement that the patient tolerated the procedure well (status) and any complications
- If abbreviations are used, they must be widely accepted and used universally in the office.
- The documentation in the chart notes for each DOS should match the claims submitted for those procedures.

The design of the record must provide the capability or periodic update, without the loss of documentation of the previous status, of the following information

- Health history
- Medical alert
- Examination/ Recall data
- Periodontal status
- Treatment plan

The design of the record must ensure that all permanent components are attached or secured within the record and must be readily identified to the patient (i.e., patient name and identification number on each page). The organization of the record system must require that the individual records be assigned to each patient.

An adequate health history that requires documentation of these items:

- Current medical treatment
- Significant past illnesses
- Current medications
- Drug allergies
- Hematologic disorders
- Respiratory disorders
- Endocrine disorders
- Communicable diseases
- Neurologic disorders
- Signature and date by patient
- Signature and date by reviewing dentist
- History of alcohol and/or tobacco usage including smokeless tobacco

An adequate update of health history at subsequent recall examinations that requires documentation of these items:

- Significant changes in health status.
- Current medical treatment.
- Current medications.
- Dental problems/concerns.
- Signature and date by reviewing dentist.

A conspicuously placed medical alert inside the chart jacket that documents highly significant terms for health history. These items are:

- Health problems, which contraindicate certain types of dental treatment.
- Health problems that require precautions or pre-medication prior to dental treatment.
- Current medications that may contraindicate the use of certain types of drugs or dental treatment.
- Drug sensitivities.
- Infectious diseases that may endanger personnel or other patients.

Adequate documentation of the initial and subsequent clinical examination that is dated and requires descriptions of findings in these items:

- Blood pressure (recommended)
- Head/neck examination
- Soft tissue examination
- Periodontal assessment
- Occlusal classification
- Dentition charting

Radiographs that are identified by patient name

- Dated
- Designated by patient's left and right side
- Mounted (if intraoral films)

An indication of the patient's clinical problems/diagnosis.

Adequate documentation of the treatment plan (including any alternate treatment options) the specifically describes all the services planned for the patient by entry of these items:

- Procedure
- Localization (area of mouth, tooth number, surface)

An adequate documentation of the periodontal status, if necessary, which is dated and requires charting of the location and severity of these items:

- Periodontal pocket depth
- Furcation involvement
- Mobility
- Recession
- Adequacy of attached gingiva
- Missing teeth

An adequate documentation of the patient's oral hygiene status and preventative efforts which requires entry of these items:

- Gingival status
- Amount of plaque
- Amount of calculus
- Education provided to the patient
- Patient receptiveness/compliance
- Recall interval
- Date

An adequate documentation of medical and dental consultations within and outside the practice, which requires entry of these items:

- Provider to whom consultation is directed
- Information/services requested
- Consultant's response
- Date of service/procedure

Compliance:

- The patient record has one explicitly defined format that is currently in use.
- There is consistent use of each component of the patient record by all staff.
- The components of the record that are required for complete documentation of each patient's status and care are present.
- Entries in the records are legible.
- Entries of symbols and abbreviations in the records are uniform, easily interpreted and are commonly understood in the practice.
- All clinicians treating members should be credentialed and have an active license in the state the services are being rendered.

Provider Credentialing

High-quality dental providers are essential to the success of SKYGEN USA's Dental Program, and even more importantly, essential to the health of members enrolled in its Medicaid benefit plans.

While SKYGEN USA has an open recruitment strategy that encourages all providers to participate, all dentists seeking acceptance into the network must undergo a qualification process, which includes a background check, licensing verification, and primary source verification of professional credentials.

As required by law, any dentist (DDS or DMD) who is interested in participating with SKYGEN USA Dental Program is invited to apply and submit a credentialing application for review by SKYGEN USA's Credentialing Committee. We do not differentiate or discriminate in the treatment of providers seeking credentialing because of race, ethnicity, gender, age, national origin, or religion.

All dentists seeking acceptance into the network must obtain their state Medicaid ID license. Providers must be credentialed before participating in the West Virginia Provider Network. Providers accepted into the network are recredentialed at least every 36 months.

Credentialing Process

The SKYGEN USA credentialing process follows NCQA (National Committee for Quality Assurance) credentialing guidelines for dentistry. All credentialing applications must satisfy NCQA and/or URAC standards of credentialing as they apply to dental services. SKYGEN USA has the sole right to determine which dentists it accepts and continues to allow as participating providers in the Dental Program network.

In reviewing an application, the Credentialing Committee may request further information from the applicant. The Credentialing Committee may postpone a decision pending the outcome of an investigation of the applicant by a hospital, licensing board, government agency, institution, or any other organization, or the Committee may recommend other actions it deems appropriate. SKYGEN USA notifies Aetna of all disciplinary actions that involve participating providers.

Any acceptance of an applicant is conditioned upon the applicant's execution of a participation agreement with the West Virginia Provider Network. SKYGEN USA will not enroll any provider with an effective date prior to the date for which credentialing verification is complete. As a result, we can no longer backdate an enrollment effective date prior to completion of credentialing.

Please visit the SKYGEN USA credentialing portal link at: <https://providercap.skygenusasystems.com/CAP> to start the process of getting credentialed.

If you have questions about the credentialing process or need assistance, call the SKYGEN USA Credentialing team: **855-812-9211**.

Submitting a Credentialing Application

To submit your credentialing application and required documents, you may:

- Complete the process on the SKYGEN USA credentialing portal link at: <https://providercap.skygenusasystems.com/CAP>
- Send email with attachments to: credentialing@skygenusa.com; or
- Send paper documents to:

SKYGEN USA West Virginia Attention: Credentialing
N92 W14612 Anthony Ave
Menomonee Falls, WI 53051

Recredentialing Process

Recredentialing is required at least every 36 months, per NCQA guidelines. Six months before you are due for recredentialing, SKYGEN USA will notify you of your upcoming recredentialing due date. Our notification letter will include instructions for how to complete the recredentialing process. If you have questions about recredentialing or need assistance, call the SKYGEN USA Credentialing team: **855-812-9211**.

Appealing a Credentialing Decision

The SKYGEN USA Credentialing Committee has the discretion and authority to accept an application without restrictions. However, if the Credentialing Committee determines an application should be accepted with restriction or declined, the Committee recommends the appropriate action to the Executive Subcommittee for approval and offers the applicant an opportunity to request a reconsideration review or appeal the recommendation.

If the applicant accepts the opportunity for a reconsideration review, the Credentialing Committee reviews all original documents, as well as any additional information submitted for the reconsideration review. If an applicant appeals the Credentialing Committee's recommendation, a Peer Review Committee completes the review. SKYGEN USA retains ultimate responsibility for the credentialing process and final credentialing decisions.

To appeal a decision, send a written request for a reconsideration review within 30 days of receiving an adverse recommendation to:

SKYGEN USA West Virginia Attention: Credentialing
N92 W14612 Anthony Ave
Menomonee Falls, WI 53051

Provider Web Portal

Our Provider Web Portal offers quick access to easy-to-use self-service tools for managing daily administration tasks. The Provider Web Portal offers you many benefits including:

- Faster payment through streamlined claim submissions.
- Real-time member eligibility verification.
- Immediate access to member information, claim history, and payment records at any time, 24 hours a day, and 7 days a week.
- Lower administrative and participation costs.

Get Started! For help getting started with the Provider Web Portal, contact the Electronic Outreach Team: **855-434-9239**.

A web browser, Internet connection, and a valid User ID and password are required for online access. From the Provider Web Portal, providers and authorized office staff can log in for secure access anytime from anywhere and handle a variety of day-to-day tasks, including:

- Verify eligibility for multiple members simultaneously, and review individual patient treatment history.
- Set up office appointment rosters that automatically verify eligibility and fill in claim forms for online submission.
- Submit claims using pre-filled electronic forms and data entry shortcuts.
- Attach and securely send supporting documents, such as digital X-rays, EOBs, and treatment plans, for no extra charge.
- Generate a pricing estimate before submitting a claim for a quick indication of whether a service may be denied and a likely reason for denial.
- Check the real-time status of in-process claims and review historical payment records.
- Review provider clinical profiling data relative to your peers.
- Download and print a provider manual, remittance reports, and more.

Online help is available from every page of the Provider Web Portal, offering quick answers, animated videos, and step-by-step instructions.

Provider Web Portal Registration

The Provider Web Portal was designed to help you keep your administrative costs low, give you immediate access to real-time information, and make it fast and easy to submit claims and authorizations.

To register for our Provider Web Portal, visit <https://pwp.sciondental.com> and click the provider login link. On the login page, click **Register Now**.

Register as a **Payee** so you have the option to view remittances and be paid electronically. Call the Electronic Outreach Team at **855-434-9239** to obtain your Payee ID.

As soon as you register, you can log in and start using the portal. Quick and easy online help is just a click away on every page in the portal.

RETURNING USERS

User Name

Password

LOGIN

[Forgot your User Name or Password?](#)

NEW USER

REGISTER NOW

If you do not find answers to your questions, or if you want personalized training for yourself or your office staff, call the SKYGEN USA Dental Electronic Outreach Team for assistance: **855-434-9239**.

Main

Select Entity

You can register for the portal as one of the following entities. Select the entity that best fits your role.

Payee
 Register as a payee if you receive payment for adjudicated claims on behalf of one or more providers and/or locations. As a payee, you will have access to information for all of your associated providers and locations.

Location
 Register as a location if you are administrative staff for an office or clinic location. As a location, you will have access to information for all of the providers associated with your physical location.

Provider
 Register as a provider if you work with only your own patients. As a provider, you will have access to your own information.

Payee Registration

Identifying Information

Payee ID

Name

City

State

Zip

Contact Information

First Name

Middle Name

Last Name

Email

User Name, Password and PIN

User Name

1 alpha character.
 1 numeric character.
 1 special character (!, #, \$, %, * or ~).
 Cannot contain username.
 8 or more characters.

Password

Retype Password

Four Digit PIN

Confirm New PIN

As soon as you register, you can log in and start using the portal. Online help and how-to videos are available on the Provider Web Portal.

Electronic Payments

Automated Clearing House (ACH)

Effective April 1, 2021, SKYGEN USA will be partnering with Zelis to offer West Virginia providers options to simplify processing payments through ACH and Virtual Card electronic solutions. By using Zelis, providers can lower their overall costs and speed up their payments with fast, automatic electronic ACH (direct deposit) or virtual card payment. Providers can choose what payment methods work for them.

Zelis Virtual Card – Zelis has partnered with MasterCard to provide payments for card-based payments. This consolidated card option allows payments as a single transaction per payer per day. By utilizing the Zelis Virtual card office staff simply enters the virtual card information into the card terminal to receive payments for the claim(s) submitted. Card numbers and Explanations of Payment can either be delivered by fax or download from the Zelis Payments secure web portal.

Zelis Virtual Card payments benefits include:

- Easy Access - Providers have multiple options to access data and customize notifications.
- Easy-to-use Portal - Offers providers dedicated customer service and a secure portal that allows payment history review anytime and anywhere.
- Easy Reconciliation - Integrated with the providers RCM and/or practice management system for automatic reconciliation using an electronic 835/ERA.
- Secure Technology HIPAA-compliant payment platform.
- Simplified Processes - All remittance information is available 24/7 and can be downloaded into a PDF, CSV, or standard 835 file format.

Providers who are already enrolled with Zelis do not need to make any changes and will automatically be paid through Zelis. Providers who are not enrolled will be contacted by a Zelis representative to help with the enrollment process.

ACH - ACH is the most efficient way to maximize payments for your practice, facility or health system by directly depositing electronic payments into your bank account. ACH payment delivery is CAQH CORE®-certified, which ensures compliance with ACA standards and HIPAA requirements. Once enrolled, your funds are automatically deposited into payee bank accounts, eliminating the steps of printing and mailing paper checks. **Although we can deposit the funds directly into your account, we have no access to recoup any payments from your account.**

To receive claims payments through the ACH program:

- Complete the online form in the Provider Web portal: <https://pwp.sciondental.com>

Allow 2-3 weeks for SKYGEN USA verification and for the ACH Program to be implemented after submitting the ACH form on-line via the Provider Web portal. Once you are enrolled in the ACH Program, your Remittance Reports will be posted online and made available from the Provider Web Portal as soon as your claims are paid.

Once enrolled, please notify SKYGEN USA of any changes to bank accounts, including changes in Routing Number or Account Number, or if you switch to a different bank. Use the ACH Authorization Agreement form to submit your changes. Allow up to three weeks for changes to be implemented after we receive your change request. SKYGEN USA is not responsible for delays in payment if we are not properly notified, in writing, of banking changes.

Electronic Remittance Reports

When you enroll in the SKYGEN USA ACH Program, your Remittance Reports will be made available automatically from the Provider Web Portal. For help registering for the portal or accessing your Remittance Reports send an email message to the Provider Portal Team.

Email: providerportal@skygenusa.com

Call: 855-434-9239

Eligibility & Member Services

Providers are responsible for verifying that members are eligible at the time services are rendered and to determine if members have other health insurance.

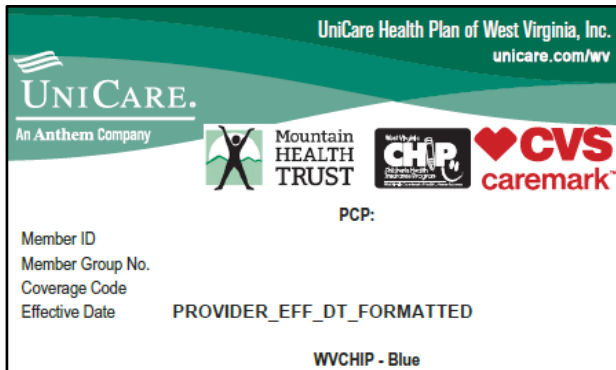
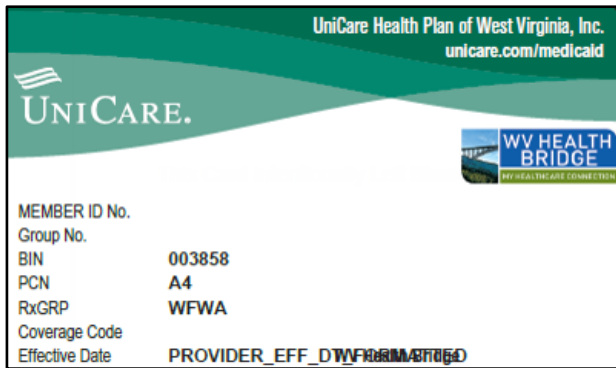
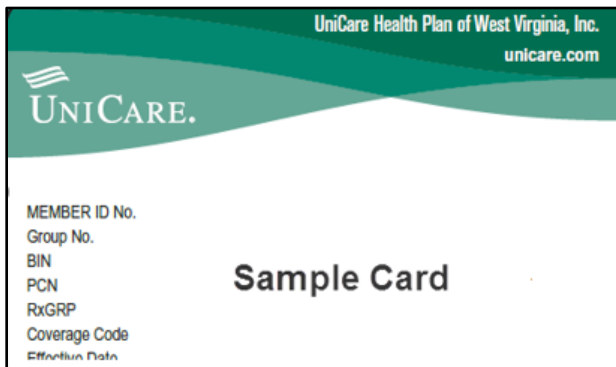
Member Identification Card

SKYGEN USA recommends that each dental office make a photocopy of the member's identification card each time treatment is provided. It is important to note that the identification card does not need to be returned should a member lose eligibility.

If medical coverage is restricted in any way, a printed message will appear on the front of the card.

UniCare Health Plan of West Virginia, Inc. Member Identification Card

UniCare Health Plan of West Virginia, Inc. members are issued identification cards, for additional information concerning Member ID Cards; please contact Main Member Services at 1-800-782-0095.



The Health Plan of West Virginia Member Identification Card

The Health Plan of West Virginia members are issued identification cards, for additional information concerning Member ID Cards; please contact Main Member Services at **1-888-613-8385**.


Mountain Health Trust		PROVIDERS Providers: 1-877-847-7901 or (740) 695-7901 MEDICAL CLAIMS: 52160 NATIONAL RD. E. ST. CLAIRSVILLE, OH 43950-9365	MEMBERS Present your Health Plan and WV Medicaid card each time you receive benefits from a Health Plan (HP) contracted physician or other contracted health care provider. Except in emergencies (defined in the member handbook), hospitalization must be arranged by a HP physician, and covered services must be obtained through a HP provider. Please visit us at healthplan.org . Member Services: 1-888-613-8385 or (740) 695-7904 (TTY/TDD: 1-800-622-3925 or (740) 695-7919) For mental health/substance abuse assistance: 1-877-221-9295 For emergencies: 1-800-624-6961 or (740) 695-3585 Fraud Hotline: 1-877-296-7283 or (740) 699-6111
MEMBER NAME: DOE, JOHN ID: H22222222 01 MHT Id: 23456789071 EFF: 07/01/2014 PCP Name: YOUR PCP MD PCP Phone #: (304) 555-1212 PCP \$0 SCP \$0 ER \$0 UC \$0	PHARMACY BENEFIT RxBIN: 610014 RxPCN: Rx GROUP: THPWMC ISSUER: 9151014609 (80840) www.expresscripts.com	PHARMACY Member Customer Service: 1-800-624-6961, ext. 7914 (TTY/TDD: 1-800-716-3231, 24 hours a day) www.expresscripts.com Pharmacists Only: 1-800-922-1557, 24 hours a day Submit nonelectronic claims to: Express Scripts, P.O. Box 2858, Clinton, IA 52733	
		DENTAL Scion Dental Provider Call Center: 1-888-983-4690 Member Call Center: 1-888-983-4698 (TTY/TDD: 1-800-508-6975) Children's dental < 21 yr	

Health Bridge		PROVIDERS Providers: 1-877-847-7901 or (740) 695-7901 MEDICAL CLAIMS: 52160 NATIONAL RD. E. ST. CLAIRSVILLE, OH 43950-9365	MEMBERS Present your Health Plan and WV Medicaid card each time you receive benefits from a Health Plan (HP) contracted physician or other contracted health care provider. Except in emergencies (defined in the member handbook), hospitalization must be arranged by a HP physician, and covered services must be obtained through a HP provider. Please visit us at healthplan.org . Member Services: 1-888-613-8385 or (740) 695-7904 (TTY/TDD: 1-800-622-3925 or (740) 695-7919) For mental health/substance abuse assistance: 1-877-221-9295 For emergencies: 1-800-624-6961 or (740) 695-3585 Fraud Hotline: 1-877-296-7283 or (740) 699-6111
MEMBER NAME: DOE, JANE ID: H11111111 01 MHT Id: 12345678900 EFF: 11/01/2014 PCP Name: YOUR PCP MD PCP Phone #: (304) 555-1212 PCP \$0 SCP \$0 ER \$0 UC \$0	PHARMACY BENEFIT RxBIN: 610014 RxPCN: Rx GROUP: THPWMC ISSUER: 9151014609 (80840) www.expresscripts.com	PHARMACY Member Customer Service: 1-800-624-6961, ext. 7914 (TTY/TDD: 1-800-716-3231, 24 hours a day) www.expresscripts.com Pharmacists Only: 1-800-922-1557, 24 hours a day Submit nonelectronic claims to: Express Scripts, P.O. Box 2858, Clinton, IA 52733	
		DENTAL Scion Dental Provider Call Center: 1-888-983-4690 Member Call Center: 1-888-983-4698 (TTY/TDD: 1-800-508-6975) Children's dental < 21 yr	

WVCHIP 	MEMBER JOHN SAMPLE ID: SMPLO001 Group: 01433001PM Group Name: MPREM EFF: WVCHIP ID:	PHARMACY RxBIN: 004336 RXPCN: ADV Rx GROUP: RX0243 www.caremark.com Member Services - 800.241.3260 Pharmacy Use Only - 800.364.6331 \$0 Generic / \$5 Brand	CLAIMS SUBMISSION Providers: 1-888-613-8385 Medical Claims: The Health Plan 1110 Main Street Wheeling, WV, 26003 Rx Claims: CVS Caremark PO box 52136 Phoenix, AZ 85072	MEMBER Present The Health Plan (THP) and WVCHIP card each time you receive benefits from a contracted physician or other contracted health care provider with THP. Except in emergencies (defined in the member handbook), hospitalization must be arranged by a THP physician, and covered services must be obtained through a THP provider. Members: 1-888-613-8385 (TTY: 711) Mental Health/Substance Abuse Assistance: 1-877-221-9295 Emergencies: 1-800-624-6961 WVCHIP Helpline: 1-877-982-2447 Please visit us at healthplan.org . 24/7 access to physicians for non-emerg issues 1-800-835-2362 (TTY: 1-855-636-1578)
		PROVIDER INFORMATION PCP Name: PCP Phone #:	DENTAL SKYGEN USA Provider Call Center: 1-888-983-4690 Member Call Center: 1-888-983-4698 (TTY: 1-800-508-6975) Children's dental < 21 yr	
			VISION Superior Vision Claims PO Box 967 Rancho Cordova, CA 95741	


Aetna Better Health of West Virginia Member Identification Card


Aetna Better Health of West Virginia members are issued identification cards, for additional information concerning Member ID Cards; please contact Main Member Services at 1-888-348-2922.

AETNA BETTER HEALTH® OF WEST VIRGINIA 


Name Last Name, First Name
Member/State ID # 0000000000 **DOB** 00/00/0000 **Sex** X

PCP Last Name, First Name
PCP Phone 000-000-0000 **Effective Date** 00/00/0000

RxBIN: 610591 **RxPCN:** ADV **RxGRP:** RX8838
 Pharmacist Use Only: 1-855-722-6225 


Paid fee for service by WV Medicaid: Nursing facility 
www.aetnabetterhealth.com/wv


THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEWVH1

AETNA BETTER HEALTH® OF WEST VIRGINIA 


Name Last Name, First Name
Member/State ID # 0000000000 **DOB** 00/00/0000 **Sex** X


PCP Last Name, First Name
PCP Phone 000-000-0000 **Effective Date** 00/00/0000

RxBIN: 610591 **RxPCN:** ADV **RxGRP:** RX8838
 Pharmacist Use Only: 1-855-722-6225 


Paid fee for service by WV Medicaid: Nursing facility 
www.aetnabetterhealth.com/wv

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEWVH1

Aetna Better Health® of West Virginia 

Group #: WVCHIP
WVCHIP Blue 

Name Last Name, First Name, MI
Member ID# 0000000000 **DOB** 00/00/0000 **Sex** X
PCP Last Name, First Name
PCP Phone 000-000-0000 **Effective Date** 00/00/0000

RXBIN: 004336 **RXPCN:** ADV **RXGRP:** RX0243 

Pharmacist Use Only: 1-800-364-6331 **Caremark.com**

Submit: CVS Caremark - P.O. Box 52136, Phoenix, AZ 85072-2136

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. WVCHBLUE

IMPORTANT NUMBERS FOR MEMBERS

Member Services: 1-888-348-2922 (TTY: 711)
 24-Hour Nurse Line: 1-855-200-5975
 Behavioral Health: 1-888-348-2922
 Vision Services: 1-800-877-7195 (TTY: 711)
 Dental Services: 1-888-983-4693
 Pharmacy: 1-800-241-3260
 WVCHIP: 1-877-982-2447

IMPORTANT NUMBERS FOR PROVIDERS

Eligibility: 1-888-348-2922
 Authorization: 1-844-835-4930
 Pharmacy: 1-800-364-6331

Send claims to: Aetna Better Health of West Virginia
 P.O. Box 67450
 Phoenix, AZ 85082-7450 **Payer EDI: 128WV**

AetnaBetterHealth.com/WestVirginia

In case of emergency go to the nearest emergency room or call 911.

WVCHBL

Mountain Health Promise Program Member Identification Card

Aetna Better Health® of West Virginia 

Mountain Health Promise

Name LAST, FIRST
Member/State ID# 03912345670 **DOB** 01/01/2000 **Sex** F

PCP Holmes, Gregory A
PCP Phone 1-304-781-5800 **Effective Date** 06/01/2016

Paid fee for service by WV Medicaid:
 Nursing facility, pharmacy and non-emergent transportation

AetnaBetterHealth.com/WV 

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MHPPC

In case of an emergency go to the nearest emergency room or call 911. Keep this card with your State Medicaid Card. Show both cards every time you receive medical care.

IMPORTANT NUMBERS FOR MEMBERS

Member Services: 1-888-348-2922 (TTY: 711)
 Behavioral Health: 1-888-348-2922
 24 Hour Nurse Line: 1-855-200-5975
 Vision: 1-800-877-7195
 Dental: 1-888-983-4693
 Pharmacy: 1-888-483-0797

IMPORTANT NUMBERS FOR PROVIDERS

Eligibility: 1-888-348-2922
 Authorization: 1-844-835-4930
 Pharmacy: 1-888-483-0801

Submit claims to: Aetna Better Health of West Virginia
 P.O. Box 67450, Phoenix, AZ 85082-7450

EDI Payer ID: 128WV

WVFC

SKYGEN USA Dental Eligibility Systems

Enrolled participating providers may access Member eligibility information through:

- The “Providers” section of SKYGEN USA Provider Portal at <https://pwp.sciondental.com>

You will then be able to log in using your password and ID. First time users will have to register by utilizing their SKYGEN USA payee ID, office name and address. Please refer to your payment remittance or contact Customer Service.

- Once logged in, select “eligibility look up” and enter the applicable information for each Member you are inquiring about.
- Verify the Member’s eligibility by entering the Member’s date of birth, the expected date of service and the Member’s identification number or last name and first initial.
- You are able to check on an unlimited number of patients and can print off the summary of eligibility given by the system for your records.

To resolve Eligibility questions please call SKYGEN USA Customer Service Department at the number noted below.

UniCare Health Plan of West Virginia, Inc.

- SKYGEN USA’s Interactive Voice Response (IVR) system eligibility line at **1-888-983-4686**
- SKYGEN USA Customer Service Department 8:00 AM to 6:00 PM EST at **1-888-983-4686** (Children)
- SKYGEN USA Customer Service Department 8:00 AM to 6:00 PM EST at **1-877-408-0881** (Adult Emergent)

The Health Plan of West Virginia

- SKYGEN USA Interactive Voice Response (IVR) system eligibility line at **1-888-983-4690**
- SKYGEN USA Customer Service Department between 8:00 AM to 6:00 PM eastern at **1-888-983-4690**

Aetna Better Health of West Virginia

- SKYGEN USA Interactive Voice Response (IVR) system eligibility line at **1-855-844-0623**
- SKYGEN USA Customer Service Department between 8:00 AM to 6:00 PM eastern at **1-855-844-0623**

The eligibility information received from any of the above sources will be the same information you would receive by calling SKYGEN USA Dental’s Customer Service department; however, by utilizing the IVR or the website, you can get information 24 hours a day, 7 days a week, without having to wait for an available customer service representative.

Access to eligibility information via the IVR line

To access the IVR, simply call SKYGEN USA Customer Service Department for eligibility and service history. The IVR system will be able to answer all of your eligibility questions for as many Members as you wish to check. Once you have completed your eligibility checks or history inquiries, you will have the option to transfer to a Customer Service Representative to answer any additional questions during normal business hours.

Callers will need to enter the appropriate Tax ID or NPI number, the Member’s recipient identification number, and date of birth. Specific directions for utilizing the IVR to check eligibility are listed below. After our system analyzes the information, the patient’s eligibility for coverage of dental services will be verified. If the system is unable to verify the Member information you entered, you will be transferred to a Customer Service Representative.

Directions for using SKYGEN USA Dental's IVR to verify eligibility:

1. Call SKYGEN USA Customer Service Department for the members specific plan of insurance:
 - UniCare Health Plan of West Virginia, Inc. at 1-888-983-4686 (Children)/ **1-877-408-0881** (Adult Emergent)
 - The Health Plan of West Virginia at **1-888-983-4690**
 - Aetna Better Health of West Virginia at **1-855-844-0623**
2. When prompted, enter your Provider NPI or Tax ID number.
3. Follow the additional prompts and enter Member Information using the ID number or SSN.
4. When prompted, enter the Members ID, minus any characters that may be part of the ID, or SSN.
5. When prompted, enter the Member's date of birth in MMDDYYYY format.

6. Upon system verification of the Member's eligibility, you will be prompted to verify the eligibility of another Member, inquire about service history, or choose to speak to a customer service representative. Please note that due to possible eligibility status changes, the information provided by either system does not guarantee payment. If you are having difficulty accessing either the IVR or website, please contact the Customer Service Department. They will be able to assist you in utilizing either system.

Appointment Availability Standards

SKYGEN USA has established appointment time requirements for all situations to ensure that members receive dental services in a time period that is appropriate to their health condition. Provider should ensure that appointment standards are adhered to in an effort to ensure accessibility of needed services, maintain member satisfaction and reduce unnecessary use of alternative services such as an emergency room.

Appointment Type	Appointment Required...
Emergency services	Within 24 hours
In office	Wait times must not exceed one hour
Urgent care	Within 3 calendar days
Routine appointments	Within 30 calendar days or sooner 90 days of patient enrollment

SKYGEN USA will educate providers about appointment standards, monitor the adequacy of the process and take corrective action if required.

Missed Appointment Standards

Providers who participate in the West Virginia Medicaid and WVCHIP Dental Program are not allowed to charge members for missed appointments. The Centers for Medicare & Medicaid Services (CMS) interpret federal law to prohibit a provider from billing any Medicaid Plan member for a missed appointment. In addition, your missed appointment policy for members enrolled in the West Virginia Medicaid and WVCHIP Dental Program cannot be stricter than your policy for private or commercial patients. It is recommended that providers keep track of members missed appointments. Providers should use the following codes for tracking purposes only:

- **D9986** - Missed Appointments
- **D9987** - Cancelled Appointments

If a West Virginia Medicaid or WVCHIP Dental Program member exceeds your office policy for missed appointments and you choose to discontinue seeing the patient, ask the member to contact the member services phone number listed on the back of their ID card.

Preventing Missed Appointments

At SKYGEN USA, we understand the unnecessary costs and frustration that missed appointments cause a dental office. We also understand the health risks for patients who miss scheduled appointments.

We recommend implementing patient communication and scheduling tactics in your dental office that have proven to be successful in other practices to help reduce the number of missed appointments.

Tactics for Dental Offices: Patient Communication

To help patients keep their dental appointments, consider implementing patient communication activities into your daily office workflow. These tactics have helped reduce missed appointments in other practices. Consider implementing any of the following suggestions that might work well for your office staff and your patients.

Get alternate phone numbers and email addresses. Get as much contact information as you can from your patients, so that you have alternate ways of reaching them if their living situation changes. Ask for a home phone number, home address, cell phone number, and email address.

Ask patients if they use public transportation. For patients who rely on public transportation, remind them to make their appointments according to the transportation schedule.

Repeat appointment date and time. When a patient makes an appointment with your office, state the day of the week and the date, and then repeat the date and time during the conversation. For example, *“Thanks for making an appointment for Thursday, July XX, Jane. We’re looking forward to seeing you at 1:30 on July XX.”*

Send patients appointment details. As soon as you make an appointment with a patient, follow up with an email message that confirms the appointment date and time, your office address and phone number, and a link to your website. If you don’t have an email address for a patient, follow up with an appointment postcard, or send a letter and enclose an appointment card.

Offer patients options for appointment reminders. Ask patients whether they prefer to receive appointment reminders via telephone call, email message, or text message. Consider implementing HIPAA-compliant email and/or text messages that not only remind patients of upcoming appointments, but also let them respond to the message and confirm they received the notification. For patients who prefer to be reminded of appointments by a telephone call, ask for alternate phone numbers and ask what time of day is best to call.

Always confirm appointments. Always remind patients in advance of their upcoming appointments— either by telephone call, email message, and/or text message.

Motivate patients to keep appointments. When confirming appointments, remind patients that visiting the dentist regularly is important to their health, and that you are concerned about helping them stay healthy.

Continuing care appointments - For patients who don’t have a history of missed appointments, schedule continuing care visits with appointment dates three to six months in advance. For patients who have history of missed appointments, send a postcard or email message asking them call your office to schedule an appointment a week or two before the next continuing care visit is due.

Subsequent appointments for completing procedures - If a dental procedure requires a subsequent appointment for completion, talk with the patient personally about the importance of the next appointment. Reinforce the message by sending the patient home with written information that highlights the importance of the dental procedure, what will happen at the next appointment and possible outcomes if the procedure isn’t completed on time.

Emergency appointments - After rendering emergency services, call the patient a few days later to schedule follow-up treatment.

Postcards for missed appointments - If your office sends letters or postcards to members who miss appointments, the following language may be helpful to include:

- “We noticed you missed your scheduled dental appointment. Regular checkups are needed to keep your teeth healthy. Call us to schedule another appointment.”
- “Call us to reschedule your missed appointment. If you cannot keep the appointment, call us in advance to reschedule. Missed appointments are very costly to us. Thank you for your help.”

Payment for Non-Covered Services

Participating providers that are enrolled in the West Virginia Medicaid and WVCHIP Dental Program shall hold members and SKYGEN USA harmless for the payment of non-covered services except as provided in this paragraph. Providers may bill members for services that are not covered under the West Virginia Medicaid and WVCHIP Dental Program if: (a) they inform the member that the service is not covered and (b) if the member agrees to have the service rendered and signs a Non-Covered Services Agreement form prior to the service being rendered.

Provider may bill a member for non-covered services if the provider obtains an agreement in writing from the member prior to rendering such service that indicates:

- The service(s) to be provided are not West Virginia Medicaid or West Virginia CHIP covered benefits;
- SKYGEN USA and West Virginia will not pay for or be liable for said service(s); and
- Member agrees to be financially liable for such services.
- SKYGEN USA encourages enrolled participating providers to obtain this agreement in writing prior to when the service(s) is/are rendered. If this agreement is not obtained in writing prior to rendering the services, you may not bill the West Virginia member.

The written Non-Covered Service Agreement must:

- Be signed prior to the service(s) being rendered;
- Be written in the member's native language;
- Specify exactly which service (CDT code) is to be performed and the cost of the service;
- Not have an open-ended explanation – it must specify the service(s) to be rendered; and
- State that that the patient will be financially liable for such services.

The West Virginia Medicaid and WVCHIP Dental Program offers a Non-Covered Services Agreement form that should be used for this purpose. Your office can also use your own form, as long as it contains all of the required information listed above. The West Virginia Medicaid and WVCHIP Dental Program or SKYGEN USA will not pay for or be liable for these services.

Non-covered Services

Dental services not covered by SKYGEN USA of West Virginia Medicaid include, but are not limited to, the following. Non-covered services are not eligible for Department of Health and Human Resources hearing or desk/document review.

- Experimental/investigational or services for research purposes
- Removal of primary teeth whose exfoliation is imminent
- Dental services for which PA has been denied or not obtained
- Dental services for the convenience of the member, the member's caretaker, or the Provider of service
- Procedures for cosmetic purposes
- Temporomandibular Joint (TMJ) for adults
- Anesthesia services when solely for the convenience of the member, the member's caretaker or the provider of service
- Local anesthesia and oral sedation are considered part of the treatment procedures and may not be billed separately
- Dental services for residents of Intermediate Care and Nursing Facilities i.e., Nursing Home, ICF/MR, and PRTF
- Dental services for participants enrolled in the Division of Rehabilitation Services or when services are covered under a Workers Compensation plan
- Dental services provided by providers not enrolled with West Virginia Medicaid
- Use of an unlisted code when a national CDT code is available
- Unbundled CDT codes

Covered Benefits

Please refer to the benefit grid section for a complete list of covered benefits:

Covered benefits for the Mountain Health Trust (MHT) Medicaid program for children and adults through the ages 0 to 20 and the West Virginia Health Bridge (WVHB) Medicaid Alternative Benefit Plan (ABP) program for young adult's ages 19 to 20 include:

- Covered diagnostic
- Preventive
- Restorative
- Periodontics
- Prosthodontics
- Maxillofacial prosthetics
- Oral and maxillofacial surgery/services
- Orthodontics - are covered for the entire duration of treatment regardless of loss in eligibility. Prior authorization may apply.

Mountain Health Promise Medicaid Program (MHP)

Since March 1, 2020, Aetna Better Health of West Virginia has been partnering with SKYGEN USA to service the Mountain Health Promise Medicaid Program (MHP). This program provides dental benefits for children in adoption and foster care placement within the State of West Virginia. MHP members can receive appropriate dental care from Providers in the Aetna Better Health Network.

The MHP program covers dental benefits services for children in adoption and foster care placement who are under the age of 26. The MHP managed care program (Covered Benefits, Authorization and Claim Procedures) will be identical to the MHT managed care program.

West Virginia CHIP

Beginning January 1, 2021, Aetna Better Health of West Virginia, The Health Plan of West Virginia, and UniCare of West Virginia, Inc. will begin serving the West Virginia CHIP population. Benefit Plans consist of:

- **WVCHIP Gold Plan** – No dental copayments; no deductibles
- **WVCHIP Blue Plan** – No dental copayments; no deductibles
- **WVCHIP Premium** – \$25.00 copayments for some non- preventive dental procedures, with maximum copayments of \$100.00 per child per benefit year or \$150.00 per family per benefit year
- **WVCHIP EXEMPT** – No dental copayments; no deductibles

Regular preventive dental services include:

- Dental exams every six months
- A full-mouth x-ray every 36 months
- Sealants (1 per tooth/per 3 yrs.)
- Treatment of abscesses, including initial visit and follow-up if needed
- Bitewings - See dental provider Guide for service limits
- Cleaning and fluoride treatments every six months
- Other x-rays (covered in connection with another service)

Copays for Premium members are assessed on the following services:

- Restorative
- Endodontics /Root canals /Periodontics
- Surgery /Extractions
- Other Basic Services
- Prosthodontics
- Restorative Services
- Orthodontic Services

Oral Surgery

- Only covered for Extraction of impacted teeth, medically necessary ridge reconstruction and orthognathism are covered under the medical plan.

Accident-Related Dental Services

- The Least Expensive Professional Acceptable Alternative Treatment (LEPAAT) for accident-related dental services is covered when provided within six (6) months of an accident and required to restore damaged tooth structures. The initial treatment must be provided within 72 hours of the accident. Biting and chewing accidents are not covered. Note: for children under the age of 16, the six-month limitation may be extended if a treatment plan is provided within the initial six months and approved.

West Virginia Medicaid Authorization Requirements and Benefit Details

UniCare, The Health Plan and Aetna Better Health have contracted with SKYGEN USA to provide fee-for-service dental services for MHT children up to the age of 21, CHIP children up to the age of 26 and MHT adults age 21+. The West Virginia Bureau for Medical Services (BMS) is not responsible for payment of non-covered services.

Adult Coverage

SKYGEN USA is administering the emergent and expanded dental benefits for adults age of 21 and older. In addition to administering the adult benefits for UniCare, SKYGEN is administering the adult benefits for Aetna Better Health of WV effective 1/1/2021 and for The Health Plan of WV effective 4/1/2021.

Dental services are covered following an accident or emergency along with select preventive and diagnostic services, with a \$1000 benefit maximum (effective 1/1/2021). Providers **not** participating in the Adult Expanded Network can perform emergent services **only**. Providers participating in the Adult Expanded Network can perform emergent and expanded services.

A dentist or oral surgeon covers the following emergent services:

- Treatment of fractures of the upper or lower jaw
- Biopsy
- Removal of tumors
- Removal of a tooth when it is an emergency
- Dental caries with abscess
- I&D of abscess
- Repair of acute wounds
- Tooth broken off to the gum line
- Dental caries with pain

Limits

- TMJ surgery and treatment are not covered for adults.
- The West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) added an expanded benefit effective 1/1/2021.
- The Expanded benefit is limited to \$1000 per member, per year.
- Providers are required to be in-network to offer the expanded services to Medicaid members.
- The services are in addition to the Emergency services.

SKYGEN USA does not require pre-authorization for all services; we offer two ways to check a member's available balance:

1. Call SKYGEN USA's call center and ask for the member's current balance.
2. Enter the services for an upcoming visit in the Claim Entry feature on the Provider Web Portal. Before submitting the claim, you can view a 'preclaim estimate'. If the member has or will exceed their \$1000 benefit the overage amount will display in the Patient Pay column. After the visit, you can submit the claim for payment.

Preclaim Estimate

This preclaim estimate is not a guarantee of benefits

Patient Name: **RICHARDS, WILLIAM**
 Subscriber/Member: **008898764 / 00**
 DOB: **11/22/1976**

Provider Name: **Christina Grosse**
 Provider/Loc ID: **18558 / 17140**
 Plan: **Prime Meridian**
 Product: **Prime Meridian of WA**

Preclaim ID: **156**

Benefit Level: **Platinum 19+**

ITEM	DOS	CODE	POS	QTY	BILLED	ALLOWED	PAY %	PAYABLE	COPAY	COINS	DEDUCT	PATIENT	NET
					AMOUNT	QTY		AMOUNT					
1	06/02/15	D3960 00	11	1	\$55.00	1	\$0.00	100.00 %	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	06/02/15	D1351 25	11	1	\$45.00	1	\$0.00	100.00 %	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	06/02/15	D1351 12	11	1	\$13.00	1	\$13.00	100.00 %	\$13.00	\$0.00	\$0.00	\$0.00	\$13.00
					\$113.00			\$13.00	\$13.00	\$0.00	\$0.00	\$0.00	\$13.00

ITEM: 1 Exception Code: 1027 Please resubmit with a valid CDT code for this procedure.
 ITEM: 2 Exception Code: 1032 This service is not valid for the tooth number submitted.

You can balance bill members for the preventive benefit, not to exceed the Medicaid rate, for the amount over the \$1000 after receiving written permission from the member.

If a member needs or wants additional services after they have used their \$1000 can you can bill them for the services. Although, you cannot charge more than the Medicaid rate for any covered Medicaid service.

When four (4) or more teeth are extracted (D7140, D7210, D7220, D7230, D7240) on the same date of service a narrative of medical necessity and x-ray are required with your claim.

Dentures and Extractions

At the time of preauthorization, if there are any remaining teeth in the arch as evidenced by the submitted x-ray, the denture must be coded for pre-authorization as an immediate denture (D5130- immediate maxillary denture or D5140- immediate mandibular).

If your preauthorization for a denture has teeth on the submitted x-ray, it will deny if you submit it as a D5110-complete maxillary denture or D5120- complete mandibular denture.

NOTE: In the WV Adult Expanded Medicaid dental program, extractions do not count towards the \$1000 maximum

Early Periodic, Screening, Diagnosis, and Treatment (EPSDT)

PCPs perform dental screenings as part of the **Initial Health Assessments** (IHAs) for children. This inspection follows guidelines established under the **U.S. Preventive Task Force Guidelines**.

Referrals to a Dentist will occur following the IHA for children and when determined to be medically necessary. Refer parents needing assistance with scheduling dental appointments to West Virginia's **HealthCheck** program, also known as the EPSDT program.

Phone: 1-800-642-9704, Website: www.dhr.wv.gov/healthcheck

Orthodontic Treatment

The State of West Virginia covers orthodontic service for members under the age of 21 when medically necessary and not for cosmetic purposes. The services require prior authorization, documentation submitted with the prior authorization request to include Panoramic or Full Mouth x-ray, cephalometric x-ray, diagnostic quality photos, narrative of medical necessity and treatment plan.

Approved orthodontic cases are paid the full case rate in one payment. Should a member switch providers during treatment the orthodontia case transfers process mimic the commercial process; Provider A is responsible to pay Provider B. For assistance with transfer, cases please contact Dr. Chris Taylor via phone at 304-437-0640 or email: Chris.Taylor@skygenusa.com.

Prior Authorization, Retrospective Review & Documentation Requirements

Prior Authorization for Treatment

SKYGEN USA must make a decision on a request for prior authorization within seven (7) calendar days from the date SKYGEN USA receives this request. The initial seven (7) days may be extended up to an additional seven (7) days upon request of the member or provider or if SKYGEN USA justifies to the Bureau of Medicaid Services in advance and in writing that the member would benefit from such an extension. If SKYGEN USA denies the approval for some or all of the services requested, SKYGEN USA will send the member and provider a written notice of the reasons for the denial(s) and will tell the member that he or she may appeal the decision.

Procedures Requiring Prior Authorization

SKYGEN USA has specific dental utilization criteria as well as a prior authorization and retrospective review process to manage the utilization of services. Consequently, SKYGEN USA's operational focus is on assuring compliance with its dental utilization criteria.

One method used on a limited basis to assure compliance is to require providers to supply specified documentation prior to authorizing payment for certain procedures. Services that require prior authorization should not be started prior to the determination of coverage (approval or denial of the prior authorization) for non-emergency services. Non-emergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the Member, the State of West Virginia, and or any agents, and/or SKYGEN USA.

Prior authorizations will be honored for 180 days from the date they are issued. An approval does not guarantee payment. The Member must be eligible at the time the services are provided. The provider should verify eligibility at the time of service.

Requests for prior authorization should be sent with the appropriate documentation on a standard ADA 2012 approved form. Any claims or Prior Authorizations submitted without the required documentation will be denied and must be resubmitted to obtain reimbursement. The basis for granting or denying approval shall be whether the item or service is medically necessary, whether a less expensive service would adequately meet the Member's needs, and whether the proposed item or service conforms to commonly accepted standards in the dental community.

During the prior authorization process, it may become necessary to have your patient clinically evaluated. If this is the case, you will be notified of a date and time for the examination. It is the responsibility of the participating dentist to ensure attendance at this appointment. Patient failure to keep an appointment will result in denial of the treatment.

Retrospective Review

Services that would normally require Prior Authorization, but are performed in an emergency situation due to the following circumstances.

- Retroactive Medicaid Eligibility
- Retrospective review is available for Medicaid members in instances where it is in the dental practitioner's opinion that a procedure may subject the member to unnecessary or duplicative service if delivery of the service is delayed until prior authorization is granted.

Retrospective review needs to be submitted with the appropriate documentation by the provider within 10 business days of the date the service is performed.

Types of documentation required, not limited to, are:

- Radiographs (Pre-op, post-op or opposing arch x-rays as indicated in the exhibits)
- Narrative of medical necessity
- Period Charting

Any claims for retrospective review submitted without the required documents will be denied and must be resubmitted for reimbursement. If the procedure(s) does not meet medical necessity criteria upon review by Utilization Management the prior authorization request will be denied and the provider will not be reimbursed for the service by SKYGEN USA or the member.

The SKYGEN USA consultants review the documentation to ensure the services rendered meet the clinical criteria requirements as outlined in this manual. Once the clinical review is completed, the claim is either paid or denied within 20 calendar days for clean claims and notification will be sent to the provider via the provider remittance statement.

X-ray Return Process

Provider can submit a SASE (self-addressed stamped envelope) if they would like x-rays returned. SKYGEN USA will shred any x-rays/documentation that does not have an SASE. *Note – copies of all this information is scanned and will remain in the Enterprise System.*

Dental Services in a Hospital Setting or Ambulatory Surgical Center

The Health Plan of West Virginia

The Health Plan of West Virginia requires providers to obtain a prior authorization when they are performing dental procedures in a hospital outpatient setting or an Ambulatory Surgical Center (ASC). To obtain your prior authorization submit your request listing:

- The dental procedures that will be performed
- Code D0999 to indicate services are being performed in the hospital outpatient setting or (ACS)
- A letter of medical necessity

UniCare Health Plan of West Virginia, Inc. and Aetna Better Health of West Virginia

Dentists can obtain prior approval for dental procedures performed in a hospital outpatient setting or an Ambulatory Surgical Center (ASC). Providers seeking information on this process can contact the Members Medical Plan carrier for specific details on how to obtain pre-authorization for services to be done in a hospital outpatient setting or an Ambulatory Surgical Center (ASC).

Authorization Submission Procedures

SKYGEN USA accepts authorizations submitted in any of the following formats:

- Provider Web Portal, <https://pwp.sciondental.com>
- Electronic submission via clearinghouse, Payer ID: **SCION**
- Mailed authorizations should be sent to

West Virginia Authorizations
 P.O. Box 2155
 Milwaukee, WI 53201

Submitting Authorizations via Provider Web Portal

Providers may submit authorizations along with any required treatment documentation directly to SKYGEN USA through our Provider Web Portal: <https://pwp.sciondental.com>.

Submitting Authorizations via Clearinghouses

Providers may submit electronic claims and authorizations to SKYGEN USA directly via their preferred clearinghouse. Your clearinghouse and/or software vendor can provide you with information you may need to ensure electronic files are forwarded to SKYGEN USA. The SKYGEN USA Payer ID is **SCION**. By using this unique Payer ID when submitting your electronic files, your clearinghouse can ensure that claims and authorizations are routed successfully to SKYGEN USA. For more information regarding clearinghouses that may already be processing claims thru SKYGEN USA please contact EDIDentalDept@skygenusa.com.

Clearinghouse Information

Change Healthcare <i>(formerly Emdeon)</i> *Also contracted for attachment services	DentalXChange <i>(formerly EHG)</i> *Also contracted for attachment services	Vyne Dental <i>(dba Tesia Clearinghouse)</i> *Providers can use Fast Attach™ for attachment services	SDS *Providers can use Fast Attach™ for attachment services
www.changehealthcare.com	www.dentalxchange.com	https://vynedental.com/	https://sdata.us/
1-866-371-9066	1-800-576-6412	1-800-724-7240	1-855-297-4436

If you use the Provider Web Portal (<https://pwp.sciondental.com>), you can quickly and easily send electronic documents as part of submitting a claim or authorization—**for no charge**. SKYGEN USA also accepts dental radiographs and other documents electronically via Fast Attach™ for authorization requests. For more information, visit www.nea-fast.com or call NEA (National Electronic Attachment, Inc.): **800-782-5150**.

Submitting Authorizations on Paper Forms

To ensure timely processing of submitted authorizations, the following information must be included on the paper 2012 or later ADA Dental Claim Form:

- Member Name, Member Medicaid ID Number, Member Date of Birth
- Provider Name, Provider Location, Provider NPI
- Billing Location
- Payee Tax Identification Number (TIN)

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form: all quadrants, tooth numbers, and surfaces for dental codes that require identification (extractions, root canals, amalgams, and resin fillings).

SKYGEN USA recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with codes AS through TS or 51 through 82.

Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is 1, then chart the supernumerary tooth as 51.

Likewise, if the nearest tooth is A, chart the supernumerary tooth AS. Missing, incorrect, or illegible information could result in the authorization being returned to the submitting provider's office, causing a delay in determination. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned.

Claim Submission Procedures

SKYGEN USA accepts claims submitted in any of the following formats:

- Provider Web Portal, <https://pwp.sciondental.com>
- Electronic submission via clearinghouse, Payer ID: **SCION**
- Mailed authorizations should be sent to

West Virginia Claims
P.O. Box 795
Milwaukee, WI 53201

Submitting Claims via Provider Web Portal

Providers may submit claims directly to SKYGEN USA Dental through our Provider Web Portal:

<https://pwp.sciondental.com>. Submitting claims via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility, pre-fill the claim form with member information, and make data entry quick and easy.
- The online process allows you to attach and send electronic documents as part of submitting a claim—**for no charge**.
- Before submitting a claim you can generate an online claim estimate to find out how much you are likely to be paid or whether your claim will be denied and reasons why.
- Claims enter our benefits administration system faster which means you receive payment faster.
- As soon as a claim is paid, its status is instantly updated online, and a Remittance Report is available for review.

If you have questions about submitting claims online, attaching electronic documents, or accessing the Provider Web Portal, call the Provider Portal Team: **855-434-9239**.

Clearinghouse Information

Change Healthcare (formerly Emdeon) *Also contracted for attachment services	DentalXChange (formerly EHG) *Also contracted for attachment services	Vyne Dental (dba Tesia Clearinghouse) *Providers can use Fast Attach™ for attachment services	SDS *Providers can use Fast Attach™ for attachment services
www.changehealthcare.com	www.dentalxchange.com	https://vynedental.com/	https://sdata.us/
1-866-371-9066	1-800-576-6412	1-800-724-7240	1-855-297-4436

If you use the Provider Web Portal (<https://pwp.sciondental.com>), you can quickly and easily send electronic documents as part of submitting a claim or authorization—**for no charge**. SKYGEN USA also accepts dental radiographs and other documents electronically via Fast Attach™ for authorization requests. For more information, visit www.nea-fast.com or call NEA (National Electronic Attachment, Inc.): **800-782-5150**.

Submitting Claims on Paper Forms

To ensure timely processing of submitted claims, the following information must be included on the paper 2012 ADA Dental Claim Form:

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form: all quadrants, tooth numbers, and surfaces for dental codes that require identification (extractions, root canals, amalgams, and resin fillings). SKYGEN USA recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with codes AS through TS or 51 through 82. Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is 1, then chart the supernumerary tooth as 51. Likewise, if the nearest tooth is A, chart the supernumerary tooth as (AS). Missing, incorrect, or illegible information could result in the authorization being returned to the submitting provider's office, causing a delay in determination. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned.

Federally Qualified Health Center (FQHC) Billing

FQHC's should continue to bill for dental services using **T1015** and their cost-based rate. At least one CDT code on the claim must be part of the Pilot's benefit package. As long as \$1 is remaining in the member's annual benefit allowance, the FQHC will receive reimbursement of their full cost-based rate.

Coordination of Benefits (COB)

When SKGEN USA is the secondary insurance carrier, a copy of the primary carrier's Explanation of Benefits (EOB) must be submitted with the claim within the timely filing requirements of 12 months. For electronic claim submissions, the payment made by the primary carrier must be indicated in the appropriate COB field. When a primary carrier's payment meets or exceeds a provider's contracted rate or fee schedule, SKYGEN USA will consider the claim paid in full and no further payment will be made on the claim.

Timely Filing Limits

The timely filing requirement for network providers of West Virginia Claims is 12 months from the date of service and receipt of claim and 12 months from the date on the EOB if the member has other primary insurance. SKYGEN USA determines whether a claim has been filed timely by comparing the date of service to the receipt date applied to the claim when the claim is received. If the span between these two dates exceeds the time limitation, the claim is considered to have not been filed timely.

Corrected Claim Process

When Should I Submit a Corrected Claim? A corrected claim should ONLY be submitted when an original claim or service was PAID based upon incorrect information.

A Corrected Claim must be submitted in order for the original claim to be adjusted with the correct information. As part of this process, the original claim will be recouped and a new claim processed in its place with any necessary changes.

On the other hand, if a claim or service originally denied due to incorrect or missing information, or was not previously processed for payment, DO NOT submit a corrected claim. Denied services have no impact on member tooth history or service accumulators, and, as such, do not require reprocessing.

What Scenarios are subject to the Corrected Claim Process? A corrected claim should only be submitted if the original service(s) PAID based on incorrect information.

Some examples of correction(s) that need to be made to a prior PAID claim are:

- Incorrect Provider NPI or location, Payee Tax ID, Incorrect Member, Procedure codes
- Services originally billed and paid at incorrect fees (including no fees)
- Services originally billed and paid without primary insurance

Providers can submit their corrected claims via the Provider Web Portal or through clearinghouse files. SKYGEN USA will continue to accept paper corrected claims but encourage providers to submit electronically going forward.

Providers will be able to make corrections on original claims via the Provider Web Portal. Providers will have the ability to:

Edit or correct ADA dental claim form fields

Services

⚠ To ensure proper payment, the corrected claim must be a full replacement of the original claim processed, including line items you are correcting as well as those that previously processed properly.

Code	Description	Tooth	Surfaces					DiagPtr				EPSDT	Qty	Auth Number	Service Date	Billed Amt
			1	2	3	4	5	1	2	3	4					
1	D0140 Limited Oral Evaluation - Problem Focused											No	1		09/28/2020	
2	D0272 Bitewings - Two Radiographic Images											No	1		09/28/2020	
3	D0220 Intraoral - Periapical First Radiographic Image	F										No	1		09/28/2020	
4	D0230 Intraoral - Periapical Each Additional Image	O										No	1		09/28/2020	
5																
6																
7																
8																
9																
10																
11																

Clear Selected Service | Clear All Services

Office Reference Number: Referral Number:

Other Fees: \$

Total Billed: \$

- Review attachments/documents associated with the original claim to determine if they should remain attached to the corrected claim
- Remove attachments/documents that either no longer apply to the corrected claim, or were originally attached in error
 - Note: By default, all original documents will be attached to the new, corrected claim. Providers will have to select the option to remove document(s) as needed.

Original Attached Documents (1) ^

Selected documents will be attached to the corrected claim

Original Claim Documents

2020-04-13 14:39:27.png

Attached Documents (0) ^

To ensure proper payment, include all required supporting clinical documentation.

 Maximum file size: 10.0 Megabytes
Allowed file types: jpg, pdf, png, tif, xls

There are currently no documents attached to this claim.

Corrections will be allowed one time on an original dental claim when submitted via PWP.

- If additional corrections are required after a corrected claim is submitted, the provider will need to submit the correction based on the most recently submitted corrected claim, not the original claim.
- The portal will provide a message stating the claim can no longer be corrected if the provider attempts to correct the original claim more than once.

Submitting Corrected Claims via EDI

Corrected claims via Clearinghouse File will be accepted when a specific set of criteria is met to ensure the original claim can be identified. In order for a submission to be considered a corrected claim, it must include:

- Claim frequency code of 7 (Replacement) or 8 (Void/Cancel) in CLM05-3 element along with claim or encounter identifier in REF*F8 element
- Original claim in a paid status.
- Original claim does not have previously resubmitted services or a corrected claim already processed.
- Original claim does not have associated service adjustments or refunds
- Corrected claim must have a data match to original claim on at least three of the four items: Enrollee ID, Provider ID, Location ID, and/or Tax ID.

If a corrected claim submitted via Clearinghouse File does not meet these requirements, our system will consider the submission to be a new claim.

The provider would then need to send another submission on the file that does meet the above requirements for consideration.

Submitting Corrected Claims via Paper

All paper corrected claims must be submitted to the corrected claims PO Box for proper processing and include the following:

- Current version of the ADA form and all required information.
- The ADA form must be clearly noted “Corrected Claim”
- In the remarks field (Box 35) on the ADA form indicate the original paid encounter number and record all corrections you are requesting to be made. NOTE: If all information does not fit in Box 35, please attach an outline of corrections to the claim form and submit it to:

West Virginia Corrected Claims
PO Box 541
Milwaukee WI 53201

Resubmitting a Denied Claim

To resubmit a claim that has been denied with additional information, follow the standard Claim Submission Procedures section of this provider manual. Timely filing limitations apply when a claim is resubmitted for reprocessing.

Receipt & Audit of Claims

To ensure timely, accurate payment to each participating provider, SKYGEN USA audits claims for completeness as they are received. This audit validates member eligibility, procedure codes, and provider identification information. A Dental Reimbursement Analyst reviews any claim conditions that would result in nonpayment. When potential problems are identified, your office may be asked to help resolve the issue. For questions about claims submission or remittances, call Provider Services: **800-508-4892**.

Claims Adjudication & Payment

The SKYGEN USA Dental benefits administration software system imports claim and authorization data, evaluates and edits the data for completeness and correctness, analyzes the data for clinical appropriateness and coding correctness, audits against plan and benefit limits, calculates the appropriate payment amounts, and generates payments and remittance summaries. The system also evaluates and automatically matches claims and services that require prior authorizations and matches the claims and services to the appropriate member record for efficient and accurate claims processing.

As soon as the system prices and pays claims, checks and electronic payments are generated, and remittance summaries are posted and available for online review from the Provider Web Portal: (<https://pwp.sciondental.com>). If a dentist wishes to appeal any reimbursement decision for UniCare Health Plan of West Virginia, Inc., The Health Plan of West Virginia, Aetna Better Health of West Virginia and West Virginia Family Health, they need to submit an appeal in writing, along with any necessary additional documentation within 90 days to:

SKYGEN USA of West Virginia – Appeals
P.O. Box 1396
Milwaukee WI 53201

Grievances & Appeals

SKYGEN USA committed to providing high quality service to all members and providers. As part of this commitment, SKYGEN USA supports a Grievances, Appeals, and Complaints protocol that assures that all members and providers have every opportunity to exercise their rights to a fair and expeditious resolution to any and all Grievances, Appeals and Complaints.

To that end, SKYGEN USA has developed a procedure to meet the following goals:

- Members and Providers will receive a fair, just and speedy resolution to grievances, appeals and complaints.
- Members and Providers will be treated with dignity and respect at all levels of the grievances, appeals and complaints resolution process.
- Members and Providers will be informed of their full rights as they relate to grievances, appeals and complaints, including their rights of appeal at each step in the process.
- Members and Providers grievances, appeals and complaints will be resolved in a satisfactory and acceptable manner within the SKYGEN USA dental protocol.
- We will comply with all regulatory guidelines and policies with respect to member and provider grievances, appeals and complaints.

SKYGEN USA provides customer service, the primary purpose of which is to ensure members and providers have access to information, services and assistance on issues affecting member's coverage and providers ability to provide services.

Note: SKYGEN USA does not discriminate against providers who file a grievance or appeal or acting within the scope of the provider's license.

Grievances

SKYGEN USA maintains a system for the presentation and resolution of complaints, grievances, and appeals made by both members and providers. Members and providers have the right to file an informal grievance by contacting SKYGEN USA to discuss any disagreement surrounding treatment, care plans, denial of treatment, service received, network of providers and accessibility, and reimbursement.

To file an informal grievance the member or provider may contact our Customer Service department and they will investigate the reported dissatisfaction. They will try to get you an answer within 30 calendar days. If they are not able to answer your question within that timeframe, they will contact you to let you know that they will need more time.

Formal grievances may be filed verbally, but must be followed up in writing. Formal grievances that are disputing a denial of payment or a request for services will be classified as an appeal. Formal grievances regarding quality of care received, quality of service received, or issues with the provider network will be classified as a complaint. Complaints can be filed both verbally and in writing.

Appeals

SKYGEN USA defines an appeal as a disagreement regarding pre or post service denial made by the member; the member's authorized representative, or the provider respectively. Members may appeal verbally, but will require a written confirmation in order for the appeal to take place. Providers must appeal in writing. Providers wishing to appeal on the member's behalf will require written consent from the member to be included in the appeal request. UniCare, Aetna Better Health of West Virginia and The Health Plan appeals can be sent in writing to:

SKYGEN USA of West Virginia – Appeals
P.O. Box 1396
Milwaukee WI 53201

When we have reviewed the request for appeal and have made a decision, written notification will be sent to the member and/or provider. A decision will be made within 30 days from the day that the request for appeal was received. If more time is needed, or if the member and/or provider want to provide additional information, either party may request for an additional 14 days to conclude the appeal, you will be notified in writing within two (2) calendar days that you have the right to file a grievance if you disagree with the extension.

Fast appeals - If the member and/or provider feel that the member's health will be jeopardized by waiting the standard 30 calendar day review period, they may ask for an expedited or fast appeal. Expedited appeals can be made verbally and SKYGEN USA will review the appeal and make a determination within 72 hours from the date that the appeal request was made. SKYGEN USA will make reasonable efforts to contact the member and provider by phone to provide the determination, however all expedited appeal determination notifications will be followed up in writing within 2 working days of when the determination was rendered.

State Fair Hearing Process

If the member or provider is not satisfied with an appeal decision, they can file an appeal with the Bureau of Medical Services (BMS). This appeal can only be filed after the appeal process has been exhausted. This request should be sent within 120 calendar days from the date on the appeal decision letter. The request must be sent in writing to:

Bureau for Medical Services
350 Capitol Street Room 251
Charleston WV 25301-3708

Complaints

SKYGEN USA defines a complaint as an expression of dissatisfaction with SKYGEN USA's policies and procedures, choice and accessibility of network providers and specialists, and the quality of care and service received by SKYGEN USA and their contracted network.

To file a complaint the member or provider must send a letter explaining the reason why they are filing a complaint and what they would like SKYGEN USA to do. The complaint will be reviewed and resolved within 30 calendar days from the day that it is received. If the complaint involves a quality of care or quality of service issue, the dental office will be contacted for comment and records. Providers are to submit any records copies at the request of SKYGEN USA for any investigation of this type as requested. As a part of the investigation, SKYGEN USA will internally refer the complaint to the appropriate department if corrective action is required. The member will only be contacted if additional information is required to resolve the complaint. Once the investigation is complete a reasonable attempt will be made to contact the member or provider by phone to provide them with verbal feedback and/or their next step moving forward. Within 30 calendar days and no later than 90 calendar days, a resolution will be sent.

Mail UniCare Health Plan of West Virginia, Inc. written complaints to:

SKYGEN USA of West Virginia – Appeals
P.O. Box 1396
Milwaukee WI 53201

To file an Aetna Better Health of West Virginia complaint or grievance in writing, you may fax it to Aetna Better Health of West Virginia at 888-388-1752 or mail it to:

Aetna Better Health of West Virginia

PO Box 81139

5801 Postal Rd

Cleveland, OH 44181

Clinical Criteria

Medical Necessity

SKYGEN USA defines medical necessity as accepted healthcare services and supplies provided by healthcare entities appropriate to the evaluation and treatment of a disease, condition, illness, or injury and consistent with the applicable standard of care.

Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain, to restore form and function to the dentition, and to correct facial disfiguration or dysfunction.

Medical necessity is the reason why a test, a procedure, or an instruction is performed. Medical necessity is different for each person and changes as the individual changes. The dental team must provide consistent methodical documentation of medical necessity for coding.

Emergency Treatment

Should a procedure need to be initiated to relieve pain and suffering in an emergency situation, you are to provide treatment to alleviate the patient's condition. To receive reimbursement for emergency treatment, submit all required documentation along with the claim for services rendered. SKYGEN USA uses the same clinical criteria (and requires the same supporting documentation) for claims submitted after emergency treatment.

Clinical Criteria Descriptions

SKYGEN USA criteria and guidelines for determining medical necessity were developed from information collected from American Dental Association's Code Manuals, clinical articles and guidelines, as well as dental schools, practicing dentists, insurance companies, other dental related organizations, and local state or health plan requirements. A number of procedures require pre-authorization before initiating treatment. When submitting authorization requests for these procedures, please note the documentation requirements, and include required documentation when submitting authorizations to SKYGEN USA.

Diagnostic Imaging TMJ (D0321)

- Documentation describes medical necessity for non-orthodontic purposes

Crowns (D2751, D2791)

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT
- Anterior - 50% incisal edge / 4+ surfaces involved
- Bicuspid – 1 cusp / 3+ surfaces involved
- Molar – 2 cusps / 4+ surfaces involved

Stainless steel crown – primary tooth (D2930)

- Pulpotomy
- Caries involving 2 or more surfaces
- No subcrestal caries

Stainless steel crown – permanent tooth (D2931)

- Clinically acceptable RCT
- Anterior – 50% incisal edge / 4 or more surfaces involved
- Bicuspid – 1 cusp / 3 or more surfaces involved
- Molar – 2 cusps / 4 or more surfaces involved

Prefabricated resin crown – anterior primary/anterior permanent teeth (D2932)

- Anterior primary teeth
 - Pulpotomy
 - Caries involving 2 or more surfaces
 - No subcrestal caries
 - Cannot be restored with conventional restorative material
- Anterior permanent teeth
 - Clinically acceptable RCT
 - Anterior – 50% incisal edge / 4 or more surfaces involved
 - Cannot be restored with conventional restorative material

Prefabricated stainless steel crown with resin window – anterior primary teeth (D2933)

- Pulpotomy
- Caries involving 2 or more surfaces
- No subcrestal caries

Apicoectomy / periradicular surgery / retrograde filling / root amputation (D3410, D3421)

- Minimum 50% bone support
- No caries below bone level
- Repair of root perforation or resorptive defect
- Exploratory curettage for root fractures
- Removal of extruded filling materials or instruments
- Removal of broken tooth fragments
- Sealing of accessory canals, etc.

Gingivectomy or gingivoplasty (D4210, D4211)

- Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects
- Generalized 5 mm or more pocketing indicated on the perio charting

Osseous surgery (D4260, D4261)

- History of periodontal scaling and root planning
- No previous recent history of osseous surgery
- Perio classification of Type III or IV

Scaling and root planning (D4341, D4342)

D4341

- Four or more teeth in the quadrant
- 4 mm or more pocketing on 4 or more teeth indicated on the perio charting and
- Presence of root surface calculus and/or noticeable loss of bone support on x-rays

D4342

- One to three teeth in the quadrant
- 4 mm or more pocketing on 3 or more teeth indicated on the perio charting and
- Presence of root surface calculus and/or noticeable loss of bone support on x-rays

Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (D4355)

- Extensive coronal calculus on 50% of teeth

Full dentures (D5110, D5120)

- Existing denture greater than 5 years old
- Remaining teeth do not have adequate bone support or are restorable
- Proof of extracted teeth, date of service must be prior to the date of service for the dentures.
- At the time of preauthorization, if there are any remaining teeth in the arch as evidenced by the submitted x-ray, the denture must be coded for pre-authorization as an immediate denture (D5130-immediate maxillary denture or D5140- immediate mandibular).

If your preauthorization for a denture has teeth on the submitted x-ray, it will deny if you submit it as a D5110-complete maxillary denture or D5120- complete mandibular denture.

Immediate dentures (D5130, D5140)

- Remaining teeth do not have adequate bone support or are restorable

Partial dentures (D5213, D5214)

- Replacing one or more anterior teeth
- Replacing three or more posterior teeth (excluding 3rd molars)
- Existing partial denture greater than 5 years old
- Remaining teeth have greater than 50% bone support and are restorable

Unilateral partial denture (D5281)

- Replacing one or more missing teeth in one quadrant
- Existing partial denture greater than 5 years old
- Remaining teeth have greater than 50% bone support and are restorable

Maxillofacial prosthetics (D5911 – D5987) (not all procedures covered)

- Documentation describes accident, facial trauma, disease, facial reconstruction or other medical necessity need

Fixed partial denture pontics/retainers (D6211, D6241, D6545) (Maryland Bridge)

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries

Vestibuloplasty D7340, D7350

- Documentation supports lack of ridge for denture placement

Radical resection of maxilla or mandible (D7490)

- Documentation supports medical necessity

Partial ostectomy (D7550)

- Documentation describes presence or description of non-vital bone or foreign body

Fractures – simple/compound (D7680, D7780)

- Documentation describes accident, operative report and medical necessity

Reduction and dislocation and management of TMJ dysfunctions (D7810 – D7877) (not all codes covered)

- Narrative, x-rays or photos support medical necessity for procedure

TMJ, occlusal orthotic device (D7880)

- Documentation supports history of TMJ pain / treatment efforts
- Not for bruxism, grinding or other occlusal factors

Skin graft (D7920)

- Documentation describes location and type of graft

Osteotomy (D7941, D7943, D7944)

- Correction of congenital, developmental or acquired traumatic or surgical deformity

Other repair procedures (Oral & Maxillofacial Surgery) (D7946 – D7950, D7955, D7982, D7991)

- Narrative, x-rays or photos support medical necessity for procedure

Frenulectomy (D7960)

- Documentation describes removal or release of mucosal and muscle of a buccal, labial or lingual frenum to treat such conditions as tongue tied, diastema, tissue pull condition, etc.

Excision of hyperplastic tissue (D7970)

- Documentation describes medical necessity due to ill-fitting denture

Sialolithotomy (D7980)

- Documentation describes evidence of salivary blockage

Excision of salivary gland, by report (D7981)

- Documentation describes evidence of salivary blockage and inability to open duct

Orthodontic treatment (D8010 - D8090)

- Overjet in excess of 7mm
- Severe malocclusion associated with dento-facial deformity
- True anterior open bite
- Full cusp classification from normal (Class II or Class III)
- Palatal impingement of lower incisors into the palatal tissue causing tissue trauma
- Cleft palate, congenital or developmental disorder
- Anterior crossbite (2 or more teeth, in cases where gingival stripping from the crossbite is demonstrated and not correctable by limited orthodontic treatment)
- Unilateral posterior crossbite with deviation or bilateral posterior crossbite involving multiple

teeth including at least one molar

- True Posterior open bite (not involving partially erupted teeth or one or two teeth slightly out of occlusion and not correctable by habit therapy)
- Impacted teeth (excluding 3rd molars) permanent anterior teeth only

Orthodontic retention (D8680)

- Same as D8010 - D8090

Rebonding or recementation of fixed retainer (D8693)

- Narrative of active ortho case

Occlusal guard (D9940)

- Medically necessary for bruxism, grinding or other occlusal factors
- Not for temporomandibular dysfunction (TMD)

Occlusal adjustment – limited (D9951)

- Adjustment not done on same date as restorative, prosthetic or endodontic treatment

Occlusal adjustment – complete (D9952)

- Documentation describes medical necessity for complex case need (facebow, interocclusal records, tracings, diagnostic wax-up, etc.)

Unspecified procedures by report (D3999, D4999, D5899, D5999, D6999, D7999, D8999, D9999)

- Procedure cannot be adequately described by an existing code

West Virginia Medicaid Authorization Requirements and Benefit Details Grid

**West Virginia MHT, WVHB, SSI, MHP* and MHP SED* Children's Medicaid Benefits
COVERED DENTAL, ORTHODONTIC AND ORAL HEALTH SERVICES
for Children Ages 20 and under and *MHP Members Ages 26 and under
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

AUTHORIZATION REQUIREMENTS				BENEFIT DETAILS					ADDITIONAL NOTES
Code	Code Description	Auth Required	Reqd Docs	Age Min	Age Max	Max Count	Period Length	Period Type	Notes
D0120	Periodic Oral Evaluation - Established Patient	No	N/A	0	20	2	1	FLOATING YEAR	Not billable with D0140, D0145, D0150 or D9310
D0140	Limited Oral Evaluation - Problem Focused	No	N/A	0	20				EMERGENT ONLY - Not billable with D0120, D0145, D0150 or D9310
D0145	Oral evaluation, patient under three, counseling with primary caregiver	No	N/A	0	2	1	6	MONTH	Age restriction up to 36 months. Not billable with D0120, D0140, D0150 or D9310
D0150	Comprehensive Oral Evaluation - New Or Established Patient	No	N/A	0	20	1	1	FLOATING YEAR	Not billable with D0120, D0140, D0145, D9310
D0210	Intraoral - Complete Series (Including Bitewings)	No	N/A	0	20	1	2	FLOATING YEAR	Not billable with D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274
D0220	Intraoral - Periapical First Film	No	N/A	0	20	1	1	DAY	Not billable with D0210 and D0240
D0230	Intraoral - Periapical Each Additional Film	No	N/A	0	20	8	3	MONTH	Not billable with D0210 and D0240. Must be billed with D0220
D0240	Intraoral - Occlusal Film	No	N/A	0	20	2	1	FLOATING YEAR	Not billable with D0210, D0220 and D0230
D0250	Extraoral - First Film	No	N/A	0	20	4	3	FLOATING YEAR	
D0270	Bitewing - Single Film	No	N/A	0	20	4	1	FLOATING YEAR	Not billable with D0210, D0272, D0273, D0274
D0272	Bitewings - Two Films	No	N/A	0	20	1	1	FLOATING YEAR	Not billable with D0210, D0273, D0274
D0273	Bitewings - Three Films	No	N/A	0	20	1	1	FLOATING YEAR	Not billable with D0210, D0272, D0274
D0274	Bitewings - Four Films	No	N/A	0	20	1	1	FLOATING YEAR	Not billable with D0210, D0272, D0273
D0310	Sialography	No	N/A	0	20				
D0320	Temporomandibular Joint Arthrogram, Including Injection	Yes	Documentation to identify type of radiograph requested.	0	20				Documentation describes medical necessity
D0321	Other Temporomandibular Joint Radiographic Images, By Report	Yes	Documentation to identify type of radiograph requested.	0	20				
D0322	Tomographic Survey	No	N/A	0	20				
D0330	Panoramic Radiographic Image	No	N/A	0	20	1	3	FLOATING YEAR	

D0340	Cephalometric Radiographic Image	No	N/A	0	20	1	1	FLOATING YEAR	
D0350	Oral/Facial Photographic Images	No	N/A	0	20				This code excludes conventional radiographs. For orthodontics only. Effective 4/1/22 BMS reduced the fee from \$22.00 to \$20.00
D0470	Diagnostic Casts	No	N/A	0	20	2	1	FLOATING YEAR	
D0474	Accession Of Tissue, Gross And Microscopic Examination, including Assessment of surgical margins for presence of disease, preparation and transmission of written report.	No	N/A	0	20				
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report.	No	N/A	0	20				To be used in pathology laboratory reporting transepithelial, disaggregated cell samples by brush biopsy technique. Analysis and written report of findings, of cytological sample of disaggregated transepithelial cells.
D0999	Unspecified diagnostic procedure	No	N/A	0	20				Use when requesting authorization for services in a hospital or ASC setting. Include all service to be performed on authorization.
D1110	Prophylaxis - Adult	No	N/A	13	20	1	6	MONTH	Not reimbursable with D1120
D1120	Prophylaxis - Child	No	N/A	0	12	1	6	MONTH	Not reimbursable with D1110
D1206	Topical Fluoride Varnish	No	N/A	0	20	2	1	FLOATING YEAR	Not reimbursable with D1208. Age restriction of 6 months to 21 years of age.
D1208	Topical Application Of Fluoride	No	N/A	0	20	2	1	FLOATING YEAR	Not reimbursable with D1206. Age restriction of 6 months to 21 years of age.
D1320	Tobacco counseling for the control and prevention of oral disease	No	N/A	12	20	2	1	FLOATING YEAR	BMS reduced fee to \$0, THP and UniCare will continue to pay \$31.87.
D1351	Sealant – per tooth	No	N/A	0	20	1	3	FLOATING YEAR	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration. Requires dental areas configuration.
D1353	Sealant repair – per tooth	No	N/A	0	20	1	2	FLOATING YEAR	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D1354	Interim caries arresting medicament application – per tooth (Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.)	No	N/A	0	20	2	1	FLOATING YEAR	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D1510	Space maintainer-fixed- unilateral	No	N/A	0	20	4	1	FLOATING YEAR	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1516	Space Maintainer-fixed-bilateral, maxillary	No	N/A	0	20	1	1	FLOATING YEAR	Arch, 01 (UA), 02 (LA), must be included on claim form for payment consideration.
D1517	Space Maintainer-fixed-bilateral, mandibular	No	N/A	0	20	1	1	FLOATING YEAR	Arch, 01 (UA), 02 (LA), must be included on claim form for payment consideration.

D1520	Space maintainer- removable-unilateral - per quadrant	No	N/A	0	20	1	5	FLOATING YEAR	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1526	Space Maintainer-removable-bilateral, maxillary	No	N/A	0	20	1	1	FLOATING YEAR	Upper arch or lower arch must be included on claim form for payment consideration.
D1527	Space Maintainer-removable-bilateral, mandibular	No	N/A	0	20	1	1	FLOATING YEAR	Upper arch or lower arch must be included on claim form for payment consideration.
D1551	Re-cementation of space maintainer - maxillary	No	N/A	0	20	1	1	FLOATING YEAR	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1552	Re-cementation of space maintainer - mandibular	No	N/A	0	20	1	1	FLOATING YEAR	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1553	Re-cementation of space maintainer-per quadrant	No	N/A	0	20	1	1	FLOATING YEAR	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1575	Distal shoe space maintainer-fixed, unilateral - per quadrant (fabrication and delivery of fixed appliance extending subgingivally 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)	No	N/A	0	20	1	1	FLOATING YEAR	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D2140	Amalgam - One Surface, Primary Or Permanent	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2150	Amalgam - Two Surfaces, Primary Or Permanent	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2160	Amalgam - Three Surfaces, Primary Or Permanent	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.

D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2330	Resin-Based Composite - One Surface, Anterior	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2331	Resin-Based Composite - Two Surfaces, Anterior	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2332	Resin-Based Composite - Three Surfaces, Anterior	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.

D2390	Resin-Based Composite Crown, Anterior	No	N/A	0	20	1	3	FLOATING YEAR	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2391	Resin-Based Composite - One Surface, Posterior	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2392	Resin-Based Composite - Two Surfaces, Posterior	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2393	Resin-Based Composite - Three Surfaces, Posterior	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	No	N/A	0	20	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.

D2740	Crown- porcelain/ceramic	Yes	Pre-op x-rays	0	20	1	5	FLOATING YEAR	<p>Tooth numbers 1-32 and A, B, I, J, K, L, S, & T. Tooth numbers must also be documented on the claim form for payment consideration.</p> <p>Root canals</p> <ol style="list-style-type: none"> 1. Clinically acceptable RCT 2. Minimum 50% bone support 3. No periodontal furcation 4. No subcrestal caries <p>Non Root canals</p> <ol style="list-style-type: none"> 1. Anterior - 50% incisal edge or 4+ surfaces involved 2. Bicuspid – 1 cusp or 3+ surfaces involved 3. Molar – 2 cusps or 4+ surfaces involved 4. Minimum 50% bone support 5. No periodontal furcation 6. No subcrestal caries
D2751	Crown - Porcelain Fused To Predominantly Base Metal	Yes	Pre-op x-rays	0	20	1	5	FLOATING YEAR	<p>Tooth numbers 1-32 and A, B, I, J, K, L, S & T. Tooth numbers must also be documented on the claim form for payment consideration. • Minimum 50% bone support • No periodontal furcation • No subcrestal caries • Clinically acceptable RCT • Anterior - 50% incisal edge / 4+ surfaces involved • Bicuspid – 1 cusp / 3+ surfaces involved • Molar – 2 cusps / 4+ surfaces involved</p>
D2791	Crown - Full Cast Predominantly Base Metal	Yes	Pre-op x-rays	0	20	1	5	FLOATING YEAR	<p>Tooth numbers 1-32 and A, B, I, J, K, L, S & T. Tooth numbers must also be documented on the claim form for payment consideration.</p> <ul style="list-style-type: none"> • Minimum 50% bone support • No periodontal furcation • No subcrestal caries • Clinically acceptable RCT • Anterior - 50% incisal edge / 4+ surfaces involved • Bicuspid – 1 cusp / 3+ surfaces involved • Molar – 2 cusps / 4+ surfaces involved
D2920	Recent Crown	No	N/A	0	20	1	1	FLOATING YEAR	<p>Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.</p>
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	Yes	Pre-op x-rays	0	20	1	1	FLOATING YEAR	<p>Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.</p>

D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	Yes	Pre-op x-rays	0	20	1	1	FLOATING YEAR	Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2932	Prefabricated Resin Crown	Yes	Pre-op x-rays	0	20	1	1	FLOATING YEAR	Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2933	Prefabricated stainless steel crown with resin window	Yes	Pre-op x-rays	0	20	1	1	FLOATING YEAR	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration.
D2940	Protective Restoration	No	N/A	0	20	2	1	FLOATING YEAR	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration
D2950	Core buildup, including any pins	No	N/A	0	20	1	1	FLOATING YEAR	Tooth numbers 1-32 must be documented on claim form for payment consideration.
D2951	Pin Retention - Per Tooth, In Addition To Restoration	No	N/A	0	20	1	3	FLOATING YEAR	Tooth numbers 1-32 must be documented on claim form for payment consideration.
D2952	Cast and Core in addition to crown	No	N/A	0	20	1	3	FLOATING YEAR	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.
D2954	Prefabricated Post And Core In Addition To Crown	No	N/A	0	20	1	3	FLOATING YEAR	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.
D3220	Therapeutic Pulpotomy	No	N/A	0	20	1	3	FLOATING YEAR	Tooth numbers 1-32, A-T documented on claim form for payment consideration. Not reimbursable with D3310, D3320, or D3330. 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.
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	No	N/A	0	20	1	1	LIFETIME PER TOOTH	Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3320, or D3330
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	No	N/A	0	20	1	1	LIFETIME PER TOOTH	Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 or C, H, Q, N must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D3330. To be performed on primary or permanent teeth.

D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	No	N/A	0	20	1	1	LIFETIME PER TOOTH	Tooth numbers 1-3, 14-19, 30-32 and primary teeth # A,B,I,J,K,L,S, and T, if no permanent successor present, must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D3320.
D3346	Retreatment Of Previous Root Canal Therapy -Anterior	No	N/A	0	20	1	1	LIFETIME PER TOOTH	Tooth numbers 6-11 and 22- 27, must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid	No	N/A	0	20	1	1	LIFETIME PER TOOTH	Tooth numbers 4,5,12,13,20,21,28, and 29 must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.
D3348	Retreatment Of Previous Root Canal Therapy - Molar	No	N/A	0	20	1	1	LIFETIME PER TOOTH	Tooth numbers 1-3, 14-19, and 30-32 must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.
D3351	Apexification/recalcification/pulpal Regeneration - initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	No	N/A	0	20				Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post- operative treatment and may not be billed separately.
D3352	Apexification / Recalcification / Pulpal Regeneration - Interim medication replacement	No	N/A	0	20	3	1	LIFETIME PER TOOTH	Tooth numbers 1-32 must be documented on claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post-operative treatment and may not be billed separately.
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	No	N/A	0	20	1	1	LIFETIME PER TOOTH	Tooth numbers 1-32 must be documented on claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post-operative treatment and may not be billed separately.
D3410	Apicoectomy / Periradicular Surgery - Anterior	Yes	Pre-op x-rays and narrative of medical necessity	0	20	1	1	LIFETIME PER TOOTH	Teeth Covered: 6 – 11, 22 – 27 must be documented on the claim form for payment consideration.
D3421	Apicoectomy / Periradicular Surgery - Bicuspid (First Root)	Yes	Pre-op x-rays and narrative of medical necessity	0	20	1	1	LIFETIME PER TOOTH	Teeth Covered: 4, 5, 12, 13, 20, 21, 28, 29 must be documented on the claim form for payment consideration.
D3999	Unspecified endodontic procedure, by report	Yes	Pre op x-rays, description of procedure and narrative of med necessity	0	20				This code should be used only if a more specific CDT code is not available.
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)			1	1	FLOATING YEAR	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). A minimum of four affected teeth in the quadrant. Not reimbursed with D4211.
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)			1	1	FLOATING YEAR	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). One to three affected teeth in the quadrant. Not reimbursed with D4210.
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)			1	1	FLOATING YEAR	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). A minimum of four affected teeth in the quadrant. Not reimbursed with D4210.

D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)			1	1	FLOATING YEAR	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). One to three affected teeth in the quadrant. Not reimbursed with D4210.
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	Yes	Periodontal charting and pre-op x-rays			1	1	FLOATING YEAR	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR), Not reimbursed with D4342.
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	Yes	Periodontal charting and pre-op x-rays			1	1	FLOATING YEAR	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). One to three affected teeth in the quadrant. Not reimbursed with D4341.
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Yes	Periodontal charting, pre-op x-rays and diagnostic quality photos			1	2	FLOATING YEAR	Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4355	Full Mouth Debridement	Yes	Periodontal charting and pre-op x-rays, diagnostic quality photos as necessary			1	6	MONTH	Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4999	Unspecified periodontal procedure, by report	Yes	Pre op x-rays, description of procedure and narrative of med necessity						This code should be used only if a more specific CDT code is not available.
D5110	Complete Denture - Maxillary	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	Not billable prior to or on the same day with Simple/Surgical Extractions (D7111-D7250) DOS on claim should be the date the dentures are delivered to the member. Partials and complete dentures may not be re- based or re-lined within a period of one (1) year after construction. If there are any remaining teeth in the arch as evidenced by the submitted x-ray, the denture must be coded as an immediate denture (D5130-immediate maxillary denture or D5140- immediate mandibular).
D5120	Complete Denture – Mandibular	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	Not billable prior to or on the same day with Simple/Surgical Extractions (D7111-D7250) DOS on claim should be the date the dentures are delivered to the member. Partials and complete dentures may not be re- based or re-lined within a period of one (1) year after construction. If there are any remaining teeth in the arch as evidenced by the submitted x-ray, the denture must be coded as an immediate denture (D5130-immediate maxillary denture or D5140- immediate mandibular).
D5130	Immediate Denture – Maxillary	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	
D5140	Immediate Denture – Mandibular	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	Partials and complete dentures may not be re- based or re-lined within a period of one (1) year after construction.

D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.
D5282	Removable unilateral partial denture one-piece case metal (including clasps and teeth), maxillary	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5283	Removable unilateral partial denture-one-piece case metal (including clasps and teeth), mandibular	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5284	Removable unilateral partial denture – one-piece flexible base (including clasps and teeth) – per quadrant	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5286	Removable unilateral partial denture – one-piece resin (including clasps and teeth) – per quadrant	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5410	Adjust Complete Denture - Maxillary	No	N/A	0	20	3	1	FLOATING YEAR	Not covered within 3 months of placement
D5411	Adjust Complete Denture - Mandibular	No	N/A	0	20	3	1	FLOATING YEAR	Not covered within 3 months of placement
D5421	Adjust Partial Denture - Maxillary	No	N/A	0	20	3	1	FLOATING YEAR	Not covered within 3 months of placement
D5422	Adjust Partial Denture - Mandibular	No	N/A	0	20	3	1	FLOATING YEAR	Not covered within 3 months of placement
D5511	Repair broken complete denture base, mandibular	No	N/A	0	20	1	1	FLOATING YEAR	
D5512	Repair broken complete denture base, maxillary	No	N/A	0	20	1	1	FLOATING YEAR	
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	No	N/A	0	20	1	1	FLOATING YEAR	Tooth numbers 1-32 must be documented on the claim form for payment consideration.
D5611	Repair resin partial denture base, mandibular	No	N/A	0	20	1	1	FLOATING YEAR	
D5612	Repair resin partial denture base, maxillary	No	N/A	0	20	1	1	FLOATING YEAR	
D5621	Repair cast partial framework, mandibular	No	N/A	0	20	1	1	FLOATING YEAR	
D5622	Repair cast partial framework, maxillary	No	N/A	0	20	1	1	FLOATING YEAR	
D5630	Repair Or Replace Broken Clasp	No	N/A	0	20	2	1	FLOATING YEAR	Tooth numbers 1-32 must be documented on the claim form for payment consideration.
D5640	Replace Broken Teeth - Per Tooth	No	N/A	0	20	2	1	FLOATING YEAR	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5650	Add Tooth To Existing Partial Denture	No	N/A	0	20	2	1	FLOATING YEAR	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5660	Add Clasp To Existing Partial Denture	No	N/A	0	20	2	1	FLOATING YEAR	
D5710	Rebase Complete - Maxillary Denture	No	N/A	0	20	1	5	FLOATING YEAR	
D5711	Rebase Complete Mandibular Denture	No	N/A	0	20	1	5	FLOATING YEAR	
D5720	Rebase Maxillary Partial Denture	No	N/A	0	20	1	5	FLOATING YEAR	
D5721	Rebase Mandibular Partial Denture	No	N/A	0	20	1	5	FLOATING YEAR	

D5730	Reline Complete, Maxillary Denture (Chairside)	No	N/A	0	20	1	2	FLOATING YEAR	Not covered within 6 months of placement unless it is for an immediate denture.
D5731	Reline Complete Mandibular Denture (Chairside)	No	N/A	0	20	1	2	FLOATING YEAR	Not covered within 6 months of placement unless it is for an immediate denture.
D5740	Reline Maxillary Partial Denture (Chairside)	No	N/A	0	20	1	2	FLOATING YEAR	Not covered within 6 months of placement.
D5741	Reline Mandibular Partial Denture (Chairside)	No	N/A	0	20	1	2	FLOATING YEAR	Not covered within 6 months of placement.
D5750	Reline Complete Maxillary Denture (Laboratory)	No	N/A	0	20	1	2	FLOATING YEAR	Not covered within 6 months of placement.
D5751	Reline Complete Mandibular Denture (Laboratory)	No	N/A	0	20	1	2	FLOATING YEAR	Not covered within 6 months of placement.
D5760	Reline Maxillary Partial Denture (Laboratory)	No	N/A	0	20	1	2	FLOATING YEAR	Not covered within 6 months of placement.
D5761	Reline Mandibular Partial Denture (Laboratory)	No	N/A	0	20	1	2	FLOATING YEAR	Not covered within 6 months of placement.
D5899	Unspecified removable prosthodontics procedure, by report	Yes	Pre op x-rays, description of procedure and narrative of med necessity						This code should be used only if a more specific CDT code is not available.
D5911	Facial Moulage (Sectional)	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5912	Facial Moulage (Complete)	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5913	Nasal Prosthesis	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5914	Auricular Prosthesis	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.			1	5	FLOATING YEAR	
D5915	Orbital Prosthesis	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5916	Ocular Prosthesis	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5919	Facial Prosthesis	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5924	Cranial Prosthesis	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5925	Facial Augmentation Implant Prosthesis	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5931	Obturator Prosthesis, Surgical	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5932	Obturator Prosthesis, Definitive	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5933	Obturator Prosthesis, Modification	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5934	Mandibular Resection Prosthesis With Guide Flange	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5935	Mandibular Resection Prosthesis Without Guide Flange	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5937	Trismus Appliance (Not For Tmd Treatment)	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5951	Feeding Aid	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5952	Speech Aid Prosthesis, Pediatric	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						
D5954	Palatal Augmentation Prosthesis	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.						

D5955	Palatal Lift Prosthesis, Definitive	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.							
D5982	Surgical Stent	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.							
D5983	Radiation Carrier	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.							
D5984	Radiation Shield	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.							
D5985	Radiation Cone Locator	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.							
D5986	Fluoride Gel Carrier	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.							
D5987	Commissure Splint	Yes	Narrative of med necessity, x-rays as appropriate, oral surg/prosth. cert.							This code should be used only if a more specific code is not available.
D5999	Unspecified maxillofacial	Yes	Pre op x-rays, description of procedure and narrative of med necessity							This code should be used only if a more specific code is not available.
D6211	Pontic - Cast Predominantly Base Metal	Yes	Pre-op x-rays of adjacent teeth and opposing teeth			1	5	FLOATING YEAR		Teeth Covered: 1 – 32, must be documented on the claim form for payment consideration
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	Yes	Pre-op x-rays of adjacent teeth and opposing teeth			1	5	FLOATING YEAR		Teeth Covered: 1 – 32, must be documented on the claim form for payment consideration
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	Yes	Pre-op x-rays of adjacent teeth and opposing teeth			1	5	FLOATING YEAR		Teeth Covered: 1 – 32, must be documented on the claim form for payment consideration
D6930	Recent Fixed Partial Denture	No	N/A	0	20	1	1	FLOATING YEAR		
D6999	Unspecified, fixed prosthodontic procedure	Yes	Pre op x-rays, description of procedure and narrative of med necessity							This code should be used only if a more specific code is not available.
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH		Teeth Covered: 1 - 32, A - T Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH		Teeth Covered: 1 - 32, A - T, SN Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.
D7220	Removal of impacted tooth - soft tissue	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH		Teeth Covered: 1 - 32, A - T Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.
D7230	Removal of impacted tooth - partially bony	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH		Teeth Covered: 1 - 32, A - T Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.
D7240	Removal of impacted tooth - completely bony	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH		Teeth Covered: 1 - 32, A - T Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.
D7260	Oroantral Fistula Closure	No	N/A	0	20					
D7270	Tooth reimplantation &/or stabilization of accidentally evulsed or displaced tooth (includes splinting and/or stabilization)	No	N/A	0	20					Teeth Covered: 1 - 32, A, B, I, J, K, L, S, T, must be documented on the claim form for payment consideration

D7280	Surgical Access Of An Unerupted Tooth	No	N/A	0	20					Teeth Covered: 1 - 32, must be documented on the claim form for payment consideration.
D7283	Placement of device to facilitate eruption of impacted tooth	No	N/A	0	20					Teeth Covered: 1 - 32, must be documented on the claim form for payment consideration.
D7285	Biopsy Of Oral Tissue - Hard (Bone, Tooth)	No	N/A	0	20					
D7286	Biopsy Of Oral Tissue - Soft	No	N/A	0	20					
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	No	N/A	0	20	1	1	LIFETIME, PER QUADRANT		Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR), must also be documented on the claim form for payment consideration. Alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	No	N/A	0	20	1	1	LIFETIME, PER QUADRANT		Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR), must also be documented on the claim form for payment consideration. Alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
D7340	Vestibuloplasty - Ridge, Extension (Secondary Epithelialization)	Yes	Narrative of medical necessity and x-rays as appropriate							
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	Yes	Narrative of medical necessity and x-rays as appropriate							
D7410	Excision Of Benign Lesion Up To 1.25 Cm	No	N/A	0	20					
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	No	N/A	0	20					
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	No	N/A	0	20					
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	No	N/A	0	20					
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	N/A	0	20					
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	N/A	0	20					
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	N/A	0	20					
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	N/A	0	20					
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	No	N/A	0	20					Area Covered: 01 (UA)02 (LA), must be documented on the claim form for payment consideration. Must be billed with the number codes.
D7472	Removal Of Torus Palatinus	No	N/A	0	20					

D7473	Removal Of Torus Mandibularis	No	N/A	0	20				
D7485	Surgical reduction of osseous tuberosity	No	N/A	0	20				
D7490	Radical Resection Of Maxilla Or Mandible	Yes	Narrative of medical necessity and x-rays as appropriate						Area Covered: 01 (UA)02 (LA), must be documented on the claim form for payment consideration.
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	No	N/A	0	20				
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	No	N/A	0	20				
D7530	Removal Of Foreign Body From Mucosa	No	N/A	0	20				
D7550	Partial Osteotomy / Sequestrectomy for Removal Of Non-Vital Bone	No	N/A	0	20				This code should be used if a more specific code is not available.
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	No	N/A	0	20				
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	No	N/A	0	20				
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	No	N/A	0	20				
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	No	N/A	0	20				
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	No	N/A	0	20				
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	No	N/A	0	20				
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	Yes	Narrative of medical necessity and x-rays as appropriate						
D7710	Maxilla - Open Reduction	No	N/A	0	20				
D7720	Maxilla - Closed Reduction	No	N/A	0	20				
D7730	Mandible - Open Reduction	No	N/A	0	20				
D7740	Mandible - Closed Reduction	No	N/A	0	20				
D7750	Malar And/or Zygomatic Arch - Open Reduction	No	N/A	0	20				
D7770	Alveolus - Open Reduction Stabilization Of Teeth	No	N/A	0	20				
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	Yes	Narrative of medical necessity and x-rays as appropriate						
D7810	Open Reduction Of Dislocation	Yes	Narrative of medical necessity and x-rays as appropriate						
D7820	Closed Reduction Of Dislocation	Yes	Narrative of medical necessity and x-rays as appropriate						
D7830	Manipulation Under Anesthesia	Yes	Narrative of medical necessity and x-rays as appropriate						
D7850	Surgical Discectomy, With/Without Implant	Yes	Narrative of medical necessity and x-rays as appropriate						Not reimbursable with D7852
D7852	Disc Repair	Yes	Narrative of medical necessity and x-rays as appropriate						Not reimbursable with D7850
D7858	Joint Reconstruction	Yes	Narrative of medical necessity and x-rays as appropriate						

D7865	Arthroplasty	Yes	Narrative of medical necessity and x-rays as appropriate						
D7870	Arthrocentesis	Yes	Narrative of medical necessity and x-rays as appropriate						
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy	Yes	Narrative of medical necessity and x-rays as appropriate						
D7873	Arthroscopy - Surgical: Lavage And Lysis Of Adhesions	Yes	Narrative of medical necessity and x-rays as appropriate						
D7874	Arthroscopy - Surgical: Disc Repositioning And Stabilization	Yes	Narrative of medical necessity and x-rays as appropriate						
D7876	Arthroscopy - Surgical: Discectomy	Yes	Narrative of medical necessity and x-rays as appropriate						
D7877	Arthroscopy - Surgical: Debridement	Yes	Narrative of medical necessity and x-rays as appropriate						
D7880	Occlusal Orthotic Device, By Report	Yes	Narrative of medical necessity and x-rays as appropriate						Covered only for temporomandibular pain dysfunction or associated musculature
D7910	Suture Of Recent Small Wounds Up To 5 Cm	No	N/A	0	20				Excludes closure of surgical incisions
D7911	Complicated Suture - Up To 5 Cm	No	N/A	0	20	1			Excludes closure of surgical incisions. Not reimbursable with D7912
D7912	Complicated Suture - Greater Than 5 Cm	No	N/A	0	20	1			Excludes closure of surgical incisions. Not reimbursable with D7911
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	Yes	Narrative of medical necessity and x-rays as appropriate						
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No	N/A	0	20				
D7941	Osteotomy - Mandibular Rami	Yes	Narrative of medical necessity and x-rays as appropriate	0	20				
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft	Yes	Narrative of medical necessity and x-rays as appropriate						
D7944	Osteotomy - Segmented Or Subapical	Yes	Narrative of medical necessity and x-rays as appropriate						
D7946	Lefort I - (Maxilla - Total)	Yes	Narrative of medical necessity and x-rays as appropriate						
D7947	Lefort I - (Maxilla - Segmented)	Yes	Narrative of medical necessity and x-rays as appropriate						
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft	Yes	Narrative of medical necessity and x-rays as appropriate						
D7949	Lefort Ii Or Lefort Iii - With Bone Graft	Yes	Narrative of medical necessity and x-rays as appropriate						
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla	Yes	Narrative of medical necessity and x-rays as appropriate						
D7955	Repair Of Maxillofacial Soft And/or Hard Tissue	Yes	Narrative of medical necessity and x-rays as appropriate						
D7961	Buccal/labial frenectomy (frenulectomy)	Yes	Narrative of medical necessity and x-rays as appropriate			1	1	LIFETIME	
D7962	Lingual frenectomy (frenulectomy)	Yes	Narrative of medical necessity and x-rays as appropriate	0	20	1	1	LIFETIME	
D7970	Excision Of Hyperplastic Tissue - Per Arch	Yes	Narrative of medical necessity and x-rays as appropriate						Area Covered: 01 (UA), 02 (LA), must be documented on the claim form for payment consideration. Must be billed with the number codes

D7979	Non-Surgical Sialolithotomy	Yes	Narrative of medical necessity and x-rays as appropriate	0	20				
D7980	Sialolithotomy	Yes	Narrative of medical necessity and x-rays as appropriate	0	20				
D7981	Excision Of Salivary Gland, By Report	Yes	Narrative of medical necessity and x-rays as appropriate	0	20				
D7982	Sialodochoplasty	Yes	Narrative of medical necessity and x-rays as appropriate	0	20				
D7991	Coronoidectomy	Yes	Narrative of medical necessity and x-rays as appropriate	0	20				
D7999	Unspecified oral surgery procedure, by report	Yes	Pre op x-rays, description of procedure and narrative of med necessity						This code should be used only if a more specific code is not available.
D8010	Limited Orthodontic Treatment Of The Primary Dentition	Yes	Panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos			2	1	FLOATING YEAR	
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	Yes	Panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos			2	1	FLOATING YEAR	
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	Yes	Panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos			2	1	FLOATING YEAR	
D8040	Limited Orthodontic	Yes	Panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos			2	1	FLOATING YEAR	
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	Yes	Pan or fmx, ceph x-ray, diag quality photos, narrative of med necessity, tx plan			1	1	LIFETIME	
D8080	Comprehensive Orthodontic Treatment	Yes	Pan or fmx, ceph x-ray, diag quality photos, narrative of med necessity, tx plan			1	1	LIFETIME	
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	Yes	Pan or fmx, ceph x-ray, diag quality photos, narrative of med necessity, tx plan			1	1	LIFETIME	
D8210	Removable Appliance Therapy	No	N/A	0	20	2	1	LIFETIME	
D8220	Fixed Appliance Therapy	No	N/A	0	20	2	1	FLOATING YEAR	
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	Yes	Diagnostic quality photos						
D8695	Removal of fixed orthodontic appliance(s) – other than at conclusion of treatment	Yes	Pre-operative x-rays, description of procedure, narrative of medical necessity						This code should be used only if a more specific code is not available.
D8696	repair of orthodontic appliance – maxillary	No	N/A	0	20	1	1	LIFETIME	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.
D8697	repair of orthodontic appliance – mandibular	No	N/A	0	20	1	1	LIFETIME	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.
D8698	Re-cement or re-bond fixed retainer-maxillary	Yes	Narrative of medical necessity	0	20	1	1	LIFETIME	
D8699	Re-cement or re-bond fixed retainer-mandibular	Yes	Narrative of medical necessity	0	20	1	1	LIFETIME	
D8701	repair of fixed retainer, includes reattachment – maxillary	No	N/A	0	20	1	1	LIFETIME	
D8702	repair of fixed retainer, includes reattachment – mandibular	No	N/A	0	20	1	1	LIFETIME	
D8703	Replacement of lost or broken retainer - Maxillary	Yes	Narrative of medical necessity	0	20	1	1	LIFETIME	
D8704	Replacement of lost or broken retainer	Yes	Narrative of medical necessity	0	20	1	1	LIFETIME	

D8999	Unspecified orthodontic procedure, by report	Yes	Pre-operative x-rays, description of procedure, narrative of medical necessity	0	20					This code should be used only if a more specific code is not available.
D9222	Deep Sedation/General Anesthesia – First 15 Minute Increment	No	N/A	0	20	1	1	DAY		Class 4 anesthesia permit required.
D9223	Deep Sedation/General Anesthesia – Each 15 Minute Increment	No	N/A	0	20	3	1	DAY		Class 4 anesthesia permit required.
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	No	N/A	0	20	1	1	DAY		Not reimbursable with D9222, D9223, D9239, D9243.
D9239	Intravenous Conscious Sedation/Analgesia – First 15 Minute Increment	No	N/A	0	20	1	1	DAY		Class 3 or 4 permit required
D9243	Intravenous Conscious Sedation/Analgesia - Each 15 Minute Increment	No	N/A	0	20	3	1	DAY		Class 3 or 4 permit required
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	No	N/A	0	20					Not reimbursable on same day as D1020, D1040, D1045, D0150
D9420	Hospital Or Ambulatory Surgical Center Call	No	N/A	0	20					
D9944	Occlusal Guard-hard appliance, full arch	Yes	Narrative of medical necessity	0	20					
D9945	Occlusal Guard-soft appliance, full arch	Yes	Narrative of medical necessity	0	20					
D9946	Occlusal Guard-hard appliance, partial arch	Yes	Narrative of medical necessity	0	20					
D9951	Occlusal Adjustment - Limited	Yes	Narrative of medical necessity	0	20					
D9952	Occlusal Adjustment - Complete	Yes	Narrative of medical necessity	0	20					
D9986	Missed Appointment	No	N/A	0	20					No reimbursement - for tracking purposes only
D9987	Cancelled Appointment	No	N/A	0	20					No reimbursement - for tracking purposes only
D9995	Teledentistry – Synchronous; Real-Time Encounter	No	N/A	0	20					
D9999	Unspecified Adjunctive Procedure, By Report	Yes	Pre-operative x-rays, description of procedure and narrative of medical necessity	0	20					This code should be used only if a more specific code is not available

West Virginia WVCHIP Authorization Requirements and Benefit Details Grid

West Virginia WVCHIP Benefits COVERED DENTAL, ORTHODONTIC AND ORAL HEALTH SERVICES for Children Ages under 19**

PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED

**Coverage for pregnant women ends 60 days after the birth occurs.
WVCHIP Premium Members: There is an out-of-pocket maximum of \$150 per family per benefit year for dental services.
Please note the copayment is per visit.

AUTHORIZATION REQUIREMENTS				BENEFIT DETAILS					ADDITIONAL NOTES	
Code	Code Description	Auth Required	Reqd Docs	Age Min	Age Max	Max Count	Period Length	Period Type	Premium Co-Pay	Notes
D0120	Periodic Oral Evaluation - Established Patient	No	N/A	0	19	2	1	FLOATING YEAR		Not billable with D0140, D0145, D0150 or D9310
D0140	Limited Oral Evaluation - Problem Focused	No	N/A	0	19					EMERGENT ONLY - Not billable with D0120, D0145, D0150 or D9310
D0145	Oral evaluation, patient under three, counseling with primary caregiver	No	N/A	0	2	1	6	MONTH		Age restriction up to 36 months. Not billable with D0120, D0140, D0150 or D9310
D0150	Comprehensive Oral Evaluation - New Or Established Patient	No	N/A	0	19	1	1	FLOATING YEAR		Not billable with D0120, D0140, D0145, D9310
D0210	Intraoral - Complete Series (Including Bitewings)	No	N/A	0	19	1	2	FLOATING YEAR		Not billable with D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274
D0220	Intraoral - Periapical First Film	No	N/A	0	19	1	1	DAY		Not billable with D0210 and D0240
D0230	Intraoral - Periapical Each Additional Film	No	N/A	0	19	8	3	MONTH		Not billable with D0210 and D0240. Must be billed with D0220
D0240	Intraoral - Occlusal Film	No	N/A	0	19	2	1	FLOATING YEAR		Not billable with D0210, D0220 and D0230
D0250	Extraoral - First Film	No	N/A	0	19	4	3	FLOATING YEAR		
D0270	Bitewing - Single Film	No	N/A	0	19	4	1	FLOATING YEAR		Not billable with D0210, D0272, D0273, D0274
D0272	Bitewings - Two Films	No	N/A	0	19	1	1	FLOATING YEAR		Not billable with D0210, D0273, D0274
D0273	Bitewings - Three Films	No	N/A	0	19	1	1	FLOATING YEAR		Not billable with D0210, D0272, D0274
D0274	Bitewings - Four Films	No	N/A	0	19	1	1	FLOATING YEAR		Not billable with D0210, D0272, D0273
D0310	Sialography	No	N/A	0	19					
D0330	Panoramic Radiographic Image	No	N/A	0	19	1	3	FLOATING YEAR		
D0340	Cephalometric Radiographic Image	No	N/A	0	19	1	1	FLOATING YEAR		
D0350	Oral/Facial Photographic Images	No	N/A	0	19					This code excludes conventional radiographs. For orthodontics only.

										Effective 4/1/2022 BMS reduced the fee from \$22.00 to \$21.00
D0470	Diagnostic Casts	No	N/A	0	19	2	1	FLOATING YEAR		
D0474	Accession Of Tissue, Gross And Microscopic Examination, including Assessment of surgical margins for presence of disease, preparation and transmission of written report.	No	N/A	0	19					
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report.	No	N/A	0	19					To be used in pathology laboratory reporting transepithelial, disaggregated cell samples by brush biopsy technique. Analysis and written report of findings, of cytological sample of disaggregated transepithelial cells.
D1110	Prophylaxis - Adult	No	N/A	13	19	1	6	MONTH		Not reimbursable with D1120
D1120	Prophylaxis - Child	No	N/A	0	12	1	6	MONTH		Not reimbursable with D1110
D1206	Topical Fluoride Varnish	No	N/A	0	19	2	1	FLOATING YEAR		Not reimbursable with D1208. Age restriction of 6 months to 21 years of age.
D1208	Topical Application Of Fluoride	No	N/A	0	19	2	1	FLOATING YEAR		Not reimbursable with D1206. Age restriction of 6 months to 21 years of age.
D1320	Tobacco counseling for the control and prevention of oral disease	No	N/A	12	20	1	6	MONTH		BMS reduced fee to \$0, THP and UniCare will continue to pay \$31.87.
D1351	Sealant – per tooth	No	N/A	0	19	1	3	FLOATING YEAR		Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration. Requires dental areas configuration.
D1353	Sealant repair – per tooth	No	N/A	0	19	1	2	FLOATING YEAR		Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D1354	Interim caries arresting medicament application – per tooth (Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.)	No	N/A	0	19	2	1	FLOATING YEAR		Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D1510	Space maintainer-fixed- unilateral	No	N/A	0	19	4	1	FLOATING YEAR		Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1516	Space Maintainer-fixed-bilateral, maxillary	No	N/A	0	19	1	1	FLOATING YEAR		Arch, 01 (UA), 02 (LA), must be included on claim form for payment consideration.
D1517	Space Maintainer-fixed-bilateral, mandibular	No	N/A	0	19	1	1	FLOATING YEAR		Arch, 01 (UA), 02 (LA), must be included on claim form for payment consideration.
D1520	Space maintainer- removable-unilateral - per quadrant	No	N/A	0	19	1	5	FLOATING YEAR		Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1526	Space Maintainer-removable-bilateral, maxillary	No	N/A	0	19	1	1	FLOATING YEAR		Upper arch or lower arch must be included on claim form for payment consideration.
D1527	Space Maintainer-removable-bilateral, mandibular	No	N/A	0	19	1	1	FLOATING YEAR		Upper arch or lower arch must be included on claim form for payment consideration.

D1551	Re-cementation of space maintainer - maxillary	No	N/A	0	19	1	1	FLOATING YEAR		Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1552	Re-cementation of space maintainer - mandibular	No	N/A	0	19	1	1	FLOATING YEAR		Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1575	Distal shoe space maintainer-fixed, unilateral - per quadrant (fabrication and delivery of fixed appliance extending subgingivally 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)	No	N/A	0	20	1	1	FLOATING YEAR		Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1553	Re-cementation of space maintainer-per quadrant	No	N/A	0	19	1	1	FLOATING YEAR		Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D2140	Amalgam - One Surface, Primary Or Permanent	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2150	Amalgam - Two Surfaces, Primary Or Permanent	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2160	Amalgam - Three Surfaces, Primary Or Permanent	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.

D2330	Resin-Based Composite - One Surface, Anterior	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2331	Resin-Based Composite - Two Surfaces, Anterior	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2332	Resin-Based Composite - Three Surfaces, Anterior	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2390	Resin-Based Composite Crown, Anterior	No	N/A	0	19	1	3	FLOATING YEAR	\$25.00	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.

D2391	Resin-Based Composite - One Surface, Posterior	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2392	Resin-Based Composite - Two Surfaces, Posterior	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2393	Resin-Based Composite - Three Surfaces, Posterior	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	No	N/A	0	19	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR	\$25.00	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2740	Crown- porcelain/ceramic	Yes	Pre-op x-rays	0	19	1	5	FLOATING YEAR		Tooth numbers 1-32 and A, B, I, J, K, L, S, & T. Tooth numbers must also be documented on the claim form for payment consideration.
D2751	Crown - Porcelain Fused To Predominantly Base Metal	Yes	Pre-op x-rays	0	19	1	5	FLOATING YEAR	\$25.00	Tooth numbers 1-32 and A, B, I, J, K, L, S & T. Tooth numbers must also be documented on the claim form for payment consideration.
D2791	Crown - Full Cast Predominantly Base Metal	Yes	Pre-op x-rays	0	19	1	5	FLOATING YEAR	\$25.00	Tooth numbers 1-32 and A, B, I, J, K, L, S & T. Tooth numbers must also be documented on the claim form for payment consideration.

D2920	Recement Crown	No	N/A	0	19	1	1	FLOATING YEAR	\$25.00	Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	Yes	Pre-op x-rays	0	19	1	1	FLOATING YEAR	\$25.00	Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	Yes	Pre-op x-rays	0	19	1	1	FLOATING YEAR	\$25.00	Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2932	Prefabricated Resin Crown	Yes	Pre-op x-rays	0	19	1	1	FLOATING YEAR	\$25.00	Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2933	Prefabricated stainless steel crown with resin window	Yes	Pre-op x-rays	0	19	1	1	FLOATING YEAR	\$25.00	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration.
D2940	Protective Restoration	No	N/A	0	19	2	1	FLOATING YEAR	\$25.00	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration
D2950	Core buildup, including any pins	No	N/A	0	19	1	1	FLOATING YEAR	\$25.00	Tooth numbers 1-32 must be documented on claim form for payment consideration.
D2951	Pin Retention - Per Tooth, In Addition To Restoration	No	N/A	0	19	1	3	FLOATING YEAR	\$25.00	Tooth numbers 1-32 must be documented on claim form for payment consideration.
D2952	Cast and Core in addition to crown	No	N/A	0	19	1	3	FLOATING YEAR	\$25.00	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.
D2954	Prefabricated Post And Core In Addition To Crown	No	N/A	0	19	1	3	FLOATING YEAR	\$25.00	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.
D3220	Therapeutic Pulpotomy	No	N/A	0	19	1	3	FLOATING YEAR	\$25.00	Tooth numbers 1-32, A-T documented on claim form for payment consideration. Not reimbursable with D3310, D3320, or D3330. 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.
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	No	N/A	0	19	1	1	LIFETIME PER TOOTH	\$25.00	Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3320, or D3330

D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	No	N/A	0	19	1	1	LIFETIME PER TOOTH	\$25.00	Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 or C, H, Q, N must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D3330. To be performed on primary or permanent teeth.
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	No	N/A	0	19	1	1	LIFETIME PER TOOTH	\$25.00	Tooth numbers 1-3, 14-19, 30-32 and primary teeth # A,B,I,J,K,L,S, and T, if no permanent successor present, must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D3330.
D3346	Retreatment Of Previous Root Canal Therapy -Anterior	No	N/A	0	19	1	1	LIFETIME PER TOOTH	\$25.00	Tooth numbers 6-11 and 22- 27, must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid	No	N/A	0	19	1	1	LIFETIME PER TOOTH	\$25.00	Tooth numbers 4,5,12,13,20,21,28, and 29 must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.
D3348	Retreatment Of Previous Root Canal Therapy - Molar	No	N/A	0	19	1	1	LIFETIME PER TOOTH	\$25.00	Tooth numbers 1-3, 14-19, and 30-32 must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.
D3351	Apexification/recalcification/pulpal Regeneration - initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	No	N/A	0	19				\$25.00	Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post-operative treatment and may not be billed separately.
D3352	Apexification / Recalcification / Pulpal Regeneration - Interim medication replacement	No	N/A	0	19	3	1	LIFETIME PER TOOTH	\$25.00	Tooth numbers 1-32 must be documented on claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post- operative treatment and may not be billed separately.
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	No	N/A	0	19	1	1	LIFETIME PER TOOTH	\$25.00	Tooth numbers 1-32 must be documented on claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post- operative treatment and may not be billed separately.
D3410	Apicoectomy / Periradicular Surgery - Anterior	Yes	Pre-op x-rays and narrative of medical necessity	0	19	1	1	LIFETIME PER TOOTH	\$25.00	Teeth Covered: 6 – 11, 22 – 27 must be documented on the claim form for payment consideration.
D3421	Apicoectomy / Periradicular Surgery - Bicuspid (First Root)	Yes	Pre-op x-rays and narrative of medical necessity	0	19	1	1	LIFETIME PER TOOTH	\$25.00	Teeth Covered: 4, 5, 12, 13, 20, 21, 28, 29 must be documented on the claim form for payment consideration.
D3999	Unspecified endodontic procedure, by report	Yes	Pre op x-rays, description of procedure and narrative of med necessity	0	19					This code should be used only if a more specific CDT code is not available.
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)			1	1	FLOATING YEAR	\$25.00	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). A minimum of four affected teeth in the quadrant. Not reimbursed with D4211.

D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)			1	1	FLOATING YEAR	\$25.00	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). One to three affected teeth in the quadrant. Not reimbursed with D4210.
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)			1	1	FLOATING YEAR	\$25.00	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). A minimum of four affected teeth in the quadrant. Not reimbursed with D4210.
D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)			1	1	FLOATING YEAR	\$25.00	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). One to three affected teeth in the quadrant. Not reimbursed with D4210.
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	Yes	Periodontal charting and pre-op x-rays			1	1	FLOATING YEAR	\$25.00	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR), Not reimbursed with D4342.
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	Yes	Periodontal charting and pre-op x-rays			1	1	FLOATING YEAR	\$25.00	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). One to three affected teeth in the quadrant. Not reimbursed with D4341.
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Yes	Periodontal charting, pre-op x-rays and diagnostic quality photos			1	2	FLOATING YEAR		Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4355	Full Mouth Debridement	Yes	Periodontal charting and pre-op x-rays, diagnostic quality photos as necessary			1	6	MONTH	\$25.00	Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4999	Unspecified periodontal procedure, by report	Yes	Pre op x-rays, description of procedure and narrative of med necessity							This code should be used only if a more specific CDT code is not available.
D5110	Complete Denture - Maxillary	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	No billable prior to or on the same day with Simple/Surgical Extractions (D7111-D7250) DOS on claim should be the date the dentures are delivered to the member. Partials and complete dentures may not be re- based or re-lined within a period of one (1) year after construction. If there are any remaining teeth in the arch as evidenced by the submitted x-ray, the denture must be coded as an immediate denture (D5130-immediate maxillary denture or D5140- immediate mandibular).
D5120	Complete Denture – Mandibular	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	No billable prior to or on the same day with Simple/Surgical Extractions (D7111-D7250) DOS on claim should be the date the dentures are delivered to the member. Partials and complete dentures may not be re- based or re-lined within a period of one (1) year after construction. If there are any remaining teeth in the arch as evidenced by the submitted x-ray, the denture must be coded as an immediate denture (D5130-immediate maxillary denture or D5140- immediate mandibular).
D5130	Immediate Denture – Maxillary	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	
D5140	Immediate Denture – Mandibular	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	

D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.
D5282	Removable unilateral partial denture one-piece case metal (including clasps and teeth), maxillary	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5283	Removable unilateral partial denture-one-piece case metal (including clasps and teeth), mandibular	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5284	Removable unilateral partial denture – one-piece flexible base (including clasps and teeth) – per quadrant	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5286	Removable unilateral partial denture – one-piece resin (including clasps and teeth) – per quadrant	Yes	FMX or panoramic x-rays			1	5	FLOATING YEAR	\$25.00	Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5410	Adjust Complete Denture - Maxillary	No	N/A	0	19	3	1	FLOATING YEAR	\$25.00	Not covered within 3 months of placement
D5411	Adjust Complete Denture - Mandibular	No	N/A	0	19	3	1	FLOATING YEAR	\$25.00	Not covered within 3 months of placement
D5421	Adjust Partial Denture - Maxillary	No	N/A	0	19	3	1	FLOATING YEAR	\$25.00	Not covered within 3 months of placement
D5422	Adjust Partial Denture - Mandibular	No	N/A	0	19	3	1	FLOATING YEAR	\$25.00	Not covered within 3 months of placement
D5511	Repair broken complete denture base, mandibular	No	N/A	0	19	1	1	FLOATING YEAR	\$25.00	
D5512	Repair broken complete denture base, maxillary	No	N/A	0	19	1	1	FLOATING YEAR	\$25.00	
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	No	N/A	0	20	1	1	FLOATING YEAR	\$25.00	Tooth numbers 1-32 must be documented on the claim form for payment consideration.
D5611	Repair resin partial denture base, mandibular	No	N/A	0	19	1	1	FLOATING YEAR	\$25.00	
D5612	Repair resin partial denture base, maxillary	No	N/A	0	19	1	1	FLOATING YEAR	\$25.00	
D5621	Repair cast partial framework, mandibular	No	N/A	0	19	1	1	FLOATING YEAR	\$25.00	
D5622	Repair cast partial framework, maxillary	No	N/A	0	19	1	1	FLOATING YEAR	\$25.00	
D5630	Repair Or Replace Broken Clasp	No	N/A	0	19	2	1	FLOATING YEAR	\$25.00	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5640	Replace Broken Teeth - Per Tooth	No	N/A	0	19	2	1	FLOATING YEAR	\$25.00	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5650	Add Tooth To Existing Partial Denture	No	N/A	0	19	2	1	FLOATING YEAR	\$25.00	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5660	Add Clasp To Existing Partial Denture	No	N/A	0	19	2	1	FLOATING YEAR	\$25.00	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5710	Rebase Complete - Maxillary Denture	No	N/A	0	19	1	5	FLOATING YEAR	\$25.00	
D5711	Rebase Complete Mandibular Denture	No	N/A	0	19	1	5	FLOATING YEAR	\$25.00	
D5720	Rebase Maxillary Partial Denture	No	N/A	0	19	1	5	FLOATING YEAR	\$25.00	

D5721	Rebase Mandibular Partial Denture	No	N/A	0	19	1	5	FLOATING YEAR	\$25.00	
D5730	Reline Complete, Maxillary Denture (Chairside)	No	N/A	0	19	1	2	FLOATING YEAR	\$25.00	Not covered within 6 months of placement unless it is for an immediate denture.
D5731	Reline Complete Mandibular Denture (Chairside)	No	N/A	0	19	1	2	FLOATING YEAR	\$25.00	Not covered within 6 months of placement unless it is for an immediate denture.
D5740	Reline Maxillary Partial Denture (Chairside)	No	N/A	0	19	1	2	FLOATING YEAR	\$25.00	Not covered within 6 months of placement.
D5741	Reline Mandibular Partial Denture (Chairside)	No	N/A	0	19	1	2	FLOATING YEAR	\$25.00	Not covered within 6 months of placement.
D5750	Reline Complete Maxillary Denture (Laboratory)	No	N/A	0	19	1	2	FLOATING YEAR	\$25.00	Not covered within 6 months of placement.
D5751	Reline Complete Mandibular Denture (Laboratory)	No	N/A	0	19	1	2	FLOATING YEAR	\$25.00	Not covered within 6 months of placement.
D5760	Reline Maxillary Partial Denture (Laboratory)	No	N/A	0	19	1	2	FLOATING YEAR	\$25.00	Not covered within 6 months of placement.
D5761	Reline Mandibular Partial Denture (Laboratory)	No	N/A	0	19	1	2	FLOATING YEAR	\$25.00	Not covered within 6 months of placement.
D5899	Unspecified removable prosthodontics procedure, by report	Yes	Pre op x-rays, description of procedure and narrative of med necessity							This code should be used only if a more specific CDT code is not available.
D5999	Unspecified maxillofacial	Yes	Pre op x-rays, description of procedure and narrative of med necessity							This code should be used only if a more specific code is not available.
D6211	Pontic - Cast Predominantly Base Metal	Yes	Pre-op x-rays of adjacent teeth and opposing teeth			1	5	FLOATING YEAR	\$25.00	Teeth Covered: 1 – 32, must be documented on the claim form for payment consideration
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	Yes	Pre-op x-rays of adjacent teeth and opposing teeth			1	5	FLOATING YEAR	\$25.00	Teeth Covered: 1 – 32, must be documented on the claim form for payment consideration
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	Yes	Pre-op x-rays of adjacent teeth and opposing teeth			1	5	FLOATING YEAR	\$25.00	Teeth Covered: 1 – 32, must be documented on the claim form for payment consideration
D6930	Recement Fixed Partial Denture	No	N/A	0	19	1	1	FLOATING YEAR	\$25.00	
D6999	Unspecified, fixed prosthodontic procedure	Yes	Pre op x-rays, description of procedure and narrative of med necessity							This code should be used only if a more specific code is not available.
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH	\$25.00	Teeth Covered: 1 - 32, A - T Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH	\$25.00	Teeth Covered: 1 - 32, A - T, SN Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.
D7220	Removal of impacted tooth - soft tissue	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH	\$25.00	Teeth Covered: 1 - 32, A - T Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.
D7230	Removal of impacted tooth - partially bony	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH	\$25.00	Teeth Covered: 1 - 32, A - T Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.
D7240	Removal of impacted tooth - completely bony	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review			1	1	LIFETIME PER TOOTH	\$25.00	Teeth Covered: 1 - 32, A - T Removal of asymptomatic tooth not covered. must be documented on the claim form for payment consideration.

D7260	Oroantral Fistula Closure	No	N/A	0	19					\$25.00	
D7270	Tooth reimplantation &/or stabilization of accidentally evulsed or displaced tooth (includes splinting and/or stabilization)	No	N/A	0	19					\$25.00	Teeth Covered: 1 - 32, A, B, I, J, K, L, S, T, must be documented on the claim form for payment consideration
D7280	Surgical Access Of An Unerupted Tooth	No	N/A	0	19					\$25.00	Teeth Covered: 1 - 32, must be documented on the claim form for payment consideration.
D7283	Placement of device to facilitate eruption of impacted tooth	No	N/A	0	19					\$25.00	Teeth Covered: 1 - 32, must be documented on the claim form for payment consideration.
D7285	Biopsy Of Oral Tissue - Hard (Bone, Tooth)	No	N/A	0	19					\$25.00	
D7286	Biopsy Of Oral Tissue - Soft	No	N/A	0	19					\$25.00	
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant	Yes	Narrative of medical necessity and x-rays as appropriate	0	19	1	1	LIFETIME, PER QUADRANT	\$25.00		Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR), must also be documented on the claim form for payment consideration. Alveoplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant	Yes	Narrative of medical necessity and x-rays as appropriate	0	19	1	1	LIFETIME, PER QUADRANT	\$25.00		Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR), must also be documented on the claim form for payment consideration. Alveoplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
D7340	Vestibuloplasty - Ridge, Extension (Secondary Epithelialization)	Yes	Narrative of medical necessity and x-rays as appropriate							\$25.00	
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	Yes	Narrative of medical necessity and x-rays as appropriate							\$25.00	
D7410	Excision Of Benign Lesion Up To 1.25 Cm	No	N/A	0	19					\$25.00	
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	No	N/A	0	19					\$25.00	
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	No	N/A	0	19					\$25.00	
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	No	N/A	0	19					\$25.00	
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	N/A	0	19					\$25.00	
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	N/A	0	19					\$25.00	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	N/A	0	19					\$25.00	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	N/A	0	19					\$25.00	

D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	No	N/A	0	19				\$25.00	Area Covered: 01 (UA)02 (LA), must be documented on the claim form for payment consideration. Must be billed with the number codes.
D7472	Removal Of Torus Palatinus	No	N/A	0	19				\$25.00	
D7473	Removal Of Torus Mandibularis	No	N/A	0	19				\$25.00	
D7485	Surgical reduction of osseous tuberosity	No	N/A	0	19				\$25.00	
D7490	Radical Resection Of Maxilla Or Mandible	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	Area Covered: 01 (UA)02 (LA), must be documented on the claim form for payment consideration.
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	No	N/A	0	19				\$25.00	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	No	N/A	0	19				\$25.00	
D7530	Removal Of Foreign Body From Mucosa	No	N/A	0	19				\$25.00	
D7550	Partial Osteotomy / Sequestrectomy for Removal Of Non-Vital Bone	No	N/A	0	19				\$25.00	This code should be used if a more specific code is not available.
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	No	N/A	0	19				\$25.00	
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	No	N/A	0	19				\$25.00	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	No	N/A	0	19				\$25.00	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	No	N/A	0	19				\$25.00	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	No	N/A	0	19				\$25.00	
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	No	N/A	0	19				\$25.00	
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7710	Maxilla - Open Reduction	No	N/A	0	19				\$25.00	
D7720	Maxilla - Closed Reduction	No	N/A	0	19				\$25.00	
D7730	Mandible - Open Reduction	No	N/A	0	19				\$25.00	
D7740	Mandible - Closed Reduction	No	N/A	0	19				\$25.00	
D7750	Malar And/or Zygomatic Arch - Open Reduction	No	N/A	0	19				\$25.00	
D7770	Alveolus - Open Reduction Stabilization Of Teeth	No	N/A	0	19				\$25.00	
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7910	Suture Of Recent Small Wounds Up To 5 Cm	No	N/A	0	19				\$25.00	Excludes closure of surgical incisions
D7911	Complicated Suture - Up To 5 Cm	No	N/A	0	19	1			\$25.00	Excludes closure of surgical incisions. Not reimbursable with D7912
D7912	Complicated Suture - Greater Than 5 Cm	No	N/A	0	19	1			\$25.00	Excludes closure of surgical incisions. Not reimbursable with D7911

D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No	N/A	0	19				\$25.00	
D7941	Osteotomy - Mandibular Rami	Yes	Narrative of medical necessity and x-rays as appropriate	0	19				\$25.00	
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7944	Osteotomy - Segmented Or Subapical	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7946	Lefort I - (Maxilla - Total)	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7947	Lefort I - (Maxilla - Segmented)	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7949	Lefort Ii Or Lefort Iii - With Bone Graft	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7955	Repair Of Maxillofacial Soft And/or Hard Tissue	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	
D7961	Buccal/labial frenectomy (frenulectomy)	Yes	Narrative of medical necessity and x-rays as appropriate			1	1	LIFETIME	\$25.00	87
D7962	Lingual frenectomy (frenulectomy)	Yes	Narrative of medical necessity and x-rays as appropriate	0	19	1	1	LIFETIME	\$25.00	87
D7970	Excision Of Hyperplastic Tissue - Per Arch	Yes	Narrative of medical necessity and x-rays as appropriate						\$25.00	Area Covered: 01 (UA), 02 (LA), must be documented on the claim form for payment consideration. Must be billed with the number codes
D7979	Non-Surgical Sialolithotomy	Yes	Narrative of medical necessity and x-rays as appropriate	0	19				\$25.00	
D7980	Sialolithotomy	Yes	Narrative of medical necessity and x-rays as appropriate	0	19				\$25.00	
D7981	Excision Of Salivary Gland, By Report	Yes	Narrative of medical necessity and x-rays as appropriate	0	19				\$25.00	
D7982	Sialodochoplasty	Yes	Narrative of medical necessity and x-rays as appropriate	0	19				\$25.00	
D7991	Coronoidectomy	Yes	Narrative of medical necessity and x-rays as appropriate	0	19				\$25.00	
D7999	Unspecified oral surgery procedure, by report	Yes	Pre op x-rays, description of procedure and narrative of med necessity							This code should be used only if a more specific code is not available.
D8010	Limited Orthodontic Treatment Of The Primary Dentition	Yes	Panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos			2	1	FLOATING YEAR	\$25.00	
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	Yes	Panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos			2	1	FLOATING YEAR	\$25.00	
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	Yes	Panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos			2	1	FLOATING YEAR	\$25.00	
D8040	Limited Orthodontic	Yes	Panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos			2	1	FLOATING YEAR	\$25.00	

D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	Yes	Pan or fmx, ceph x-ray, diag quality photos, narrative of med necessity, tx plan			1	1	LIFETIME	\$25.00	
D8080	Comprehensive Orthodontic Treatment	Yes	Pan or fmx, ceph x-ray, diag quality photos, narrative of med necessity, tx plan			1	1	LIFETIME	\$25.00	
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	Yes	Pan or fmx, ceph x-ray, diag quality photos, narrative of med necessity, tx plan			1	1	LIFETIME	\$25.00	
D8210	Removable Appliance Therapy	No	N/A	0	19	2	1	LIFETIME	\$25.00	
D8220	Fixed Appliance Therapy	No	N/A	0	19	2	1	FLOATING YEAR	\$25.00	
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	Yes	Diagnostic quality photos						\$25.00	
D8695	Removal of fixed orthodontic appliance(s) – other than at conclusion of treatment	Yes	Pre-operative x-rays, description of procedure, narrative of medical necessity						\$25.00	This code should be used only if a more specific code is not available.
D8696	repair of orthodontic appliance – maxillary	No	N/A	0	19	1	1	LIFETIME	\$25.00	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.
D8697	repair of orthodontic appliance – mandibular	No	N/A	0	19	1	1	LIFETIME	\$25.00	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.
D8698	Re-cement or re-bond fixed retainer-maxillary	Yes	Narrative of medical necessity	0	19	1	1	LIFETIME	\$25.00	
D8699	Re-cement or re-bond fixed retainer-mandibular	Yes	Narrative of medical necessity	0	19	1	1	LIFETIME	\$25.00	
D8701	repair of fixed retainer, includes reattachment – maxillary	No	N/A	0	19				\$25.00	
D8702	repair of fixed retainer, includes reattachment – mandibular	No	N/A	0	19				\$25.00	
D8703	Replacement of lost or broken retainer - Maxillary	Yes	Narrative of medical necessity	0	19	1	1	LIFETIME	\$25.00	
D8704	Replacement of lost or broken retainer	Yes	Narrative of medical necessity	0	19	1	1	LIFETIME	\$25.00	
D8999	Unspecified orthodontic procedure, by report	Yes	Pre-operative x-rays, description of procedure, narrative of medical necessity	0	19					This code should be used only if a more specific code is not available.
D9222	Deep Sedation/General Anesthesia – First 15 Minute Increment	No	N/A	0	19	1	1	DAY	\$25.00	Class 4 anesthesia permit required.
D9223	Deep Sedation/General Anesthesia – Each 15 Minute Increment	No	N/A	0	19	3	1	DAY	\$25.00	Class 4 anesthesia permit required.
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	No	N/A	0	19	1	1	DAY	\$25.00	Not reimbursable with D9222, D9223, D9239, D9243.
D9239	Intravenous Conscious Sedation/Analgesia – First 15 Minute Increment	No	N/A	0	19	1	1	DAY	\$25.00	Class 3 or 4 permit required
D9243	Intravenous Conscious Sedation/Analgesia - Each 15 Minute Increment	No	N/A	0	19	3	1	DAY	\$25.00	Class 3 or 4 permit required
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	No	N/A	0	19				\$25.00	Not reimbursable on same day as D1020, D1040, D1045, D0150
D9420	Hospital Or Ambulatory Surgical Center Call	No	N/A	0	19				\$25.00	

D9986	Missed Appointment	No	N/A	0	19					No reimbursement - for tracking purposes only
D9987	Cancelled Appointment	No	N/A	0	19					No reimbursement - for tracking purposes only
D9995	Teledentistry – synchronous; real-time encounter	No	N/A	0	19					

West Virginia Adult Medicaid Authorization Requirements and Benefit Details Grid

WV Adult Medicaid Benefits
COVERED ORAL HEALTH SERVICES/COVERED PREVENTATIVE AND RESTORATIVE SERVICES
ADULTS AGE 21 YEARS OF AGE AND OLDER
505B Adult Emergency and 505C Adult Expanded Services**
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED

**Select Adult Expanded Services are limited to a \$1000 Maximum Benefit.
 It is recommended the day of an appointment to submit a Pre-Claim Estimate on the Provider Web Portal, amounts exceeding the \$1000 will show an amount in the Patient Owes column, or call the SKYGEN USA Call Center to obtain the Member's remaining balance.

AUTHORIZATION REQUIREMENTS				BENEFIT DETAILS					ADDITIONAL NOTES	
Code	Code Description	Auth Required	Reqd Docs	Age Min	Age Max	Max Count	Period Length	Period Type	\$1000 Benefit	Notes
D0120	Periodic Oral Evaluation - Established Patient	No	N/A	21	999	2	1	FLOATING YEAR		Not billable with D0140, D0150, D0180 or D9310
D0140	Limited Oral Evaluation - Problem Focused	No	N/A	21	999					EMERGENT - not billable with D0120, D0150, D0180, D9310
D0150	Comprehensive Oral Evaluation - New Or Established Patient	No	N/A	21	999	1	1	FLOATING YEAR		Not billable with D0120, D0140, D0180, D9310
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	No	N/A	21	999	1	1	FLOATING YEAR		Not billable with D0120, D0140, D0150, D9310
D0210	Intraoral - Complete Series of Radiographic Images	No	N/A	21	999	1	2	FLOATING YEAR	Yes	
D0220	Intraoral - Periapical First Film	No	N/A	21	999	1	1	DAY		
D0230	Intraoral - Periapical Each Additional Film	No	N/A	21	999	8	3	MONTH		
D0270	Bitewing - Single Film	No	N/A	21	999	4	1	FLOATING YEAR	Yes	Not billable with D0210, D0272, D0273, D0274
D0272	Bitewings - Two Films	No	N/A	21	999	1	1	FLOATING YEAR	Yes	Not billable with D0210, D0273, D0274
D0273	Bitewings - Three Films	No	N/A	21	999	1	1	FLOATING YEAR	Yes	Not billable with D0210, D0272, D0274
D0274	Bitewings - Four Films	No	N/A	21	999	1	1	FLOATING YEAR	Yes	Not billable with D0210, D0272, D0273
D0330	Panoramic Radiographic Image	No	N/A	21	999	1	3	FLOATING YEAR		
D0474	Accession Of Tissue, Gross And Microscopic Examination	No	N/A	21	999					Including assessment of surgical margins for presence of disease, preparation and transmission of written report.
D0486	Accession Of Tissue, Gross And Microscopic Examination	No	N/A	21	999					To be used in pathology laboratory reporting transepithelial, disaggregated cell samples by brush biopsy technique

D1110	Prophylaxis – Adult Pregnant VAB	No		21	999	1	6	MONTH		Pregnant Member VAB: does not count towards a members \$1000 yearly maximum benefit for DOS for member's identified as pregnant.
D1110	Prophylaxis - Adult	No		21	999	1	6	MONTH	Yes	
D1320	Tobacco counseling for the control and prevention of oral disease	No	N/A	21	65	1	6	MONTH		BMS reduced fee to \$0, THP and UniCare will continue to pay \$31.87 and expanded services to the adult membership.
D2140	Amalgam - One Surface, Primary Or Permanent	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH maximum of 5 surfaces per tooth	Yes	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2150	Amalgam - Two Surfaces, Primary Or Permanent	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH A maximum of 5 surfaces per tooth	Yes	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2160	Amalgam – three surfaces, primary or permanent	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH A maximum of 5 surfaces per tooth	Yes	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH A maximum of 5 surfaces per tooth	Yes	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2330	Resin-Based Composite - One Surface, Anterior	No	N/A	21	999	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.

D2331	Resin-Based Composite - Two Surfaces, Anterior	No	N/A	21	999	1 - maximum 5 surfaces per tooth	3	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2332	Resin-Based Composite - Three Surfaces, Anterior	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH A maximum of 5 surfaces per tooth	Yes	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH A maximum of 5 surfaces per tooth	Yes	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2390	Resin-Based Composite Crown, Anterior	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2391	Resin-Based Composite - One Surface, Posterior	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH A maximum of 5 surfaces per tooth	Yes	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.

D2392	Resin-Based Composite - Two Surfaces, Posterior	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH A maximum of 5 surfaces per tooth	Yes	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2393	Resin-Based Composite - Three Surfaces, Posterior	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH maximum of 5 surfaces per tooth	Yes	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH A maximum of 5 surfaces per tooth	Yes	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2740	Crown - Porcelain/Ceramic	Yes	Pre-op x-rays	21	999	1	5	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32. Tooth numbers must also be documented on the claim form for payment consideration.
D2750	Crown - Porcelain Fused To High Noble Metal	Yes	Pre-op x-rays	21	999	1	5	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32. Tooth numbers must also be documented on the claim form for payment consideration.
D2751	Crown - Porcelain Fused To Predominantly Base Metal	Yes	Pre-op x-rays	21	999	1	5	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32. Tooth numbers must also be documented on the claim form for payment consideration.
D2752	Crown - Porcelain Fused To Noble Metal	Yes	Pre-op x-rays	21	999	1	5	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32. Tooth numbers must also be documented on the claim form for payment consideration.
D2791	Crown - Full Cast Predominantly Base Metal	Yes	Pre-op x-rays	21	999	1	5	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32. Tooth numbers must also be documented on the claim form for payment consideration.

D2792	Crown - Full Cast Noble Metal	Yes	Pre-op x-rays	21	999	1	5	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32. Tooth numbers must also be documented on the claim form for payment consideration.
D2920	Re-Cement or Re-Bond Crown	No	N/A	21	999	1	1	FLOATING YEAR, PER TOOTH	Yes	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	Yes	Pre-op x-rays	21	999	1	1	FLOATING YEAR, PER TOOTH	Yes	Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2932	Prefabricated Resin Crown	Yes	Pre-op x-rays	21	999	1	1	FLOATING YEAR, PER TOOTH	Yes	Requires prior authorization with radiographs. Tooth numbers 1-32 must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.
D2940	Protective Restoration	No	N/A	21	999	2	1	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration.
D2950	Core Buildup, Including Any Pins When Required	No	N/A	21	999	1	1	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32 must be documented on claim form for payment consideration.
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.
D2954	Prefabricated Post And Core In Addition To Crown	No	N/A	21	999	1	3	FLOATING YEAR, PER TOOTH	Yes	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	Yes	Pre-op x-rays and narrative of medical necessity	21	999	1	1	LIFETIME, PER TOOTH	Yes	Permanent Anterior Teeth: 6 - 11, 22 - 27 must be documented on the claim form for payment consideration. Not reimbursed with D3320, or D3330
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	Yes	Pre-op x-rays and narrative of medical necessity	21	999	1	1	LIFETIME, PER TOOTH	Yes	Bicuspid Teeth: 4, 5, 12, 13, 20, 21, 28, 29 must be documented on the claim form for payment consideration. Not reimbursed with D3310, or D3330.
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	Yes	Pre-op x-rays and narrative of medical necessity	21	999	1	1	LIFETIME, PER TOOTH	Yes	Permanent Molars Teeth: 1 - 3, 14 - 19, 30 - 32 must be documented on the claim form for payment consideration. Not reimbursed with D3310, or D3320.
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	No	N/A	21	999	1	1	LIFETIME, PER TOOTH	Yes	Tooth numbers 6-11 and 22- 27, must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.

D3347	Retreatment Of Previous Root Canal Therapy - Premolar	No	N/A	21	999	1	1	LIFETIME, PER TOOTH	Yes	Tooth numbers 4,5,12,13,20,21,28, and 29 must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.
D3348	Retreatment Of Previous Root Canal Therapy - Molar	No	N/A	21	999	1	1	LIFETIME, PER TOOTH	Yes	Tooth numbers 1-3, 14-19, and 30-32 must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.
D3410	Apicoectomy - Anterior	Yes	Pre-op x-rays and narrative of medical necessity	21	999	1	1	LIFETIME, PER TOOTH	Yes	Permanent Anterior Teeth: 6 - 11, 22 - 27 must be documented on the claim form for payment consideration.
D3421	Apicoectomy - Premolar (First Root)	Yes	Pre-op x-rays and narrative of medical necessity	21	999	1	1	LIFETIME, PER TOOTH	Yes	Bicuspid Teeth: 4, 5, 12, 13, 20, 21, 28, 29 must be documented on the claim form for payment consideration.
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	21	999	1	1	FLOATING YEAR, PER QUADRANT	Yes	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). A minimum of four affected teeth in the quadrant. Not reimbursed with D4211.
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	21	999	1	1	FLOATING YEAR, PER QUADRANT	Yes	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). One to three affected teeth in the quadrant. Not reimbursed with D4210.
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	Yes	Periodontal charting and pre-op x-rays	21	999	1	1	FLOATING YEAR, PER QUADRANT	Yes	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR), Four or more teeth per quadrant. Not reimbursed with D4342.
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	Yes	Periodontal charting and pre-op x-rays	21	999	1	1	FLOATING YEAR, PER QUADRANT	Yes	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR). One to three affected teeth in the quadrant. Not reimbursed with D4341.
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Yes	Periodontal charting, pre-op x-rays and diagnostic quality photos	21	999	1	2	FLOATING YEAR	Yes	Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4355	Full Mouth Debridement	Yes	Periodontal charting and pre-op x-rays, diagnostic quality photos as necessary	21	999	1	6	MONTH	Yes	Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4910	Periodontal Maintenance	No	N/A	21	999	1	1	FLOATING YEAR	Yes	Not billable on the same day with D1110, D1120, D4341, D4342 Periodontal surgical, non-surgical or periodontal maintenance procedure more than 90 days previous to the current requested periodontal maintenance procedure.

D5110	Complete Denture - Maxillary	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	<p>No billable prior to or on the same day with Simple/Surgical Extractions (D7111-D7250)</p> <p>DOS on claim should be the date the dentures are delivered to the member.</p> <p>Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.</p> <p>If there are any remaining teeth in the arch as evidenced by the submitted x-ray, the denture must be coded as an immediate denture (D5130-immediate maxillary denture or D5140- immediate mandibular).</p>
D5120	Complete Denture - Mandibular	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	<p>No billable prior to or on the same day with Simple/Surgical Extractions (D7111-D7250)</p> <p>DOS on claim should be the date the dentures are delivered to the member.</p> <p>Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.</p> <p>If there are any remaining teeth in the arch as evidenced by the submitted x-ray, the denture must be coded as an immediate denture (D5130-immediate maxillary denture or D5140- immediate mandibular).</p>
D5130	Immediate Denture - Maxillary	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.
D5140	Immediate Denture - Mandibular	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.
D5211	Maxillary Partial Denture - Resin Base	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	<p>No billable on the same day with Simple/Surgical Extractions (D7111-D7250).</p> <p>Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.</p>
D5212	Mandibular Partial Denture - Resin Base	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	No billable on the same day with Simple/Surgical Extractions (D7111-D7250).Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.
D5213	Maxillary partial denture - cast metal framework with resin denture bases	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	<p>No billable on the same day with Simple/Surgical Extractions (D7111-D7250).</p> <p>Partials and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.</p>

D5214	Mandibular partial denture - cast metal framework with resin denture bases	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	No billable on the same day with Simple/Surgical Extractions (D7111-D7250). Partials and complete dentures may not be re- based or re-lined within a period of one (1) year after construction.
D5225	Maxillary partial denture - flexible base (including any retentive clasping mate	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	No billable on the same day with Simple/Surgical Extractions (D7111-D7250). Partials and complete dentures may not be re- based or re-lined within a period of one (1) year after construction.
D5226	Mandibular partial denture - flexible base (including any retentive clasping mat	Yes	FMX or panoramic x-rays	21	999	1	5	FLOATING YEAR	Yes	No billable on the same day with Simple/Surgical Extractions (D7111-D7250). Partials and complete dentures may not be re- based or re-lined within a period of one (1) year after construction.
D5410	Adjust Complete Denture - Maxillary	No	N/A	21	999	3	1	FLOATING YEAR	Yes	Not covered within 3 months of placement
D5411	Adjust Complete Denture - Mandibular	No	N/A	21	999	3	1	FLOATING YEAR	Yes	Not covered within 3 months of placement
D5421	Adjust Partial Denture - Maxillary	No	N/A	21	999	3	1	FLOATING YEAR	Yes	Not covered within 3 months of placement
D5422	Adjust Partial Denture - Mandibular	No	N/A	21	999	3	1	FLOATING YEAR	Yes	Not covered within 3 months of placement
D5511	Repair Broken Complete Denture Base - Mandibular	No	N/A	21	999	1	1	FLOATING YEAR	Yes	
D5512	Repair Broken Complete Denture Base - Maxillary	No	N/A	21	999	1	1	FLOATING YEAR	Yes	
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	No	N/A	21	999	2	1	FLOATING YEAR	Yes	Tooth numbers 1-32 must be documented on the claim form for payment consideration.
D5611	Repair Resin Partial Denture Base - Mandibular	No	N/A	21	999	1	1	FLOATING YEAR	Yes	
D5612	Repair Resin Partial Denture Base - Maxillary	No	N/A	21	999	1	1	FLOATING YEAR	Yes	
D5621	Repair Cast Partial Framework - Mandibular	No	N/A	21	999	1	1	FLOATING YEAR	Yes	
D5622	Repair Cast Partial Framework - Maxillary	No	N/A	21	999	1	1	FLOATING YEAR	Yes	
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	No	N/A	21	999	2	1	FLOATING YEAR	Yes	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5640	Replace Broken Teeth - Per Tooth	No	N/A	21	999	2	1	FLOATING YEAR	Yes	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5650	Add Tooth To Existing Partial Denture	No	N/A	21	999	2	1	FLOATING YEAR	Yes	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5660	Add Clasp To Existing Partial Denture - Per Tooth	No	N/A	21	999	2	1	FLOATING YEAR	Yes	Teeth Covered: 1 – 32, must be included on claim form for payment consideration.
D5710	Rebase Complete Maxillary Denture	No	N/A	21	999	1	5	FLOATING YEAR	Yes	
D5711	Rebase Complete Mandibular Denture	No	N/A	21	999	1	5	FLOATING YEAR	Yes	

D5720	Rebase Maxillary Partial Denture	No	N/A	21	999	1	5	FLOATING YEAR	Yes	
D5721	Rebase Mandibular Partial Denture	No	N/A	21	999	1	5	FLOATING YEAR	Yes	
D5730	Reline complete maxillary denture (direct)	No	N/A	21	999	1	2	FLOATING YEAR	Yes	Not covered within 6 months of placement unless it is for an immediate denture.
D5731	Reline complete mandibular denture (direct)	No	N/A	21	999	1	2	FLOATING YEAR	Yes	Not covered within 6 months of placement unless it is for an immediate denture.
D5740	Reline maxillary partial denture (direct)	No	N/A	21	999	1	2	FLOATING YEAR	Yes	Not covered within 6 months of placement.
D5741	Reline mandibular partial denture (direct)	No	N/A	21	999	1	2	FLOATING YEAR	Yes	Not covered within 6 months of placement.
D5750	Reline complete maxillary denture (indirect)	No	N/A	21	999	1	2	FLOATING YEAR	Yes	Not covered within 6 months of placement.
D5751	Reline complete mandibular denture (indirect)	No	N/A	21	999	1	2	FLOATING YEAR	Yes	Not covered within 6 months of placement.
D5760	Reline maxillary partial denture (indirect)	No	N/A	21	999	1	2	FLOATING YEAR	Yes	Not covered within 6 months of placement.
D5761	Reline mandibular partial denture (indirect)	No	N/A	21	999	1	2	FLOATING YEAR	Yes	Not covered within 6 months of placement.
D5810	Interim Complete Denture (Maxillary)	Yes	FMX or panoramic x-rays	21	999	1	1	LIFETIME	Yes	
D5811	Interim Complete Denture (Mandibular)	Yes	FMX or panoramic x-rays	21	999	1	1	LIFETIME	Yes	
D5820	Interim partial denture (Including retentive clasping materials and teeth) - max	Yes	FMX or panoramic x-rays	21	999	1	1	LIFETIME	Yes	
D5821	Interim partial denture (Including retentive clasping materials and teeth) - man	Yes	FMX or panoramic x-rays	21	999	1	1	LIFETIME	Yes	
D5850	Tissue Conditioning, Maxillary	No	N/A	21	999				Yes	
D5851	Tissue Conditioning, Mandibular	No	N/A	21	999				Yes	
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	No	N/A	21	999	1	1	FLOATING YEAR	Yes	
D7140	Extraction, Erupted Tooth Or Exposed Root	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review	21	999	1	1	LIFETIME, PER TOOTH		When 4 or more teeth are extracted on the same date of service.
D7210	Surgical Extraction, Erupted Tooth	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review	21	999	1	1	LIFETIME, PER TOOTH		When 4 or more teeth are extracted on the same date of service.
D7220	Removal Of Impacted Tooth - Soft Tissue	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review	21	999	1	1	LIFETIME, PER TOOTH		When 4 or more teeth are extracted on the same date of service.
D7230	Removal Of Impacted Tooth - Partially Bony	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review	21	999	1	1	LIFETIME, PER TOOTH		When 4 or more teeth are extracted on the same date of service.
D7240	Removal Of Impacted Tooth - Completely Bony	Yes	Pre-op & post-op x-rays, narr of med nec with claim - retro review	21	999	1	1	LIFETIME, PER TOOTH		When 4 or more teeth are extracted on the same date of service.
D7250	Removal Of Residual Tooth (Cutting Procedure)	No	N/A	21	999	1	1	LIFETIME, PER TOOTH	Yes	

D7260	Oroantral Fistula Closure	No	N/A	21	999					
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	No	N/A	21	999					
D7286	Incisional Biopsy Of Oral Tissue - Soft	No	N/A	21	999					
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	No	N/A	21	999	1	1	LIFETIME, PER QUADRANT	Yes	Per quadrant: 10 (UR), 20 (UL), 30 (LL), 40 (LR), must also be documented on the claim form for payment consideration. Alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
D7410	Excision Of Benign Lesion Up To 1.25 Cm	No	N/A	21	999					
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	No	N/A	21	999					
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	No	N/A	21	999					
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	No	N/A	21	999					
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	N/A	21	999					
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	N/A	21	999					
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	N/A	21	999					
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	N/A	21	999					
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	No	N/A	21	999				Yes	Area Covered: 01 (UA)02 (LA), must be documented on the claim form for payment consideration. Must be billed with the number codes.
D7472	Removal Of Torus Palatinus	No	N/A	21	999				Yes	
D7473	Removal Of Torus Mandibularis	No	N/A	21	999				Yes	
D7485	Reduction Of Osseous Tuberosity	No	N/A	21	999				Yes	
D7490	Radical resection of maxilla or mandible	Yes	Narrative of medical necessity and x-rays as appropriate	21	999				Yes	

D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	No	N/A	21	999					
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	No	N/A	21	999					
D7530	Removal Of Foreign Body From Mucosa	Yes	Narrative of medical necessity and x-rays as appropriate	21	999					
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	No	N/A	21	999					
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	No	N/A	21	999					
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	No	N/A	21	999					
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	No	N/A	21	999					
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	No	N/A	21	999					
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	Yes	Narrative of medical necessity and x-rays as appropriate	21	999					
D7710	Maxilla - Open Reduction	No	N/A	21	999					
D7720	Maxilla - Closed Reduction	No	N/A	21	999					
D7730	Mandible - Open Reduction	No	N/A	21	999					
D7740	Mandible - Closed Reduction	No	N/A	21	999					
D7750	Malar And/or Zygomatic Arch - Open Reduction	No	N/A	21	999					
D7770	Alveolus - Open Reduction Stabilization Of Teeth	No	N/A	21	999					
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	Yes	Narrative of medical necessity and x-rays as appropriate	21	999					
D7910	Suture Of Recent Small Wounds Up To 5 Cm	No	N/A	21	999					
D7911	Complicated Suture - Up To 5 Cm	No	N/A	21	999	1 UNIT				Excludes closure of surgical incisions. Not reimbursable with D7912
D7912	Complicated Suture - Greater Than 5 Cm	No	N/A	21	999	1 UNIT				Excludes closure of surgical incisions. Not reimbursable with D7911
D7999	Unspecified oral surgery procedure, by report	Yes	Pre op x-rays, description of procedure and narrative of med necessity	21	999					This code should be used only if a more specific code is not available.
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	No	N/A	21	999	1	1	DAY		Class 4 anesthesia permit required.
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	No	N/A	21	999	3	1	DAY		Class 4 anesthesia permit required.
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	No	N/A	21	999	1	1	DAY		Not reimbursable with D9222, D9223, D9239, D9243.
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	No	N/A	21	999	1	1	DAY		Class 3 or 4 permit required

D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	No	N/A	21	999	3	1	DAY		Class 3 or 4 permit required
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	No	N/A	21	999				Yes	
D9610	Therapeutic Parenteral Drug, Single Administration	No	N/A	21	999				Yes	Effective 4/1/2022 BMS reduced the fee from \$28.00 to \$27.00
D9630	Drugs or Medicaments - dispensed for home use	No	N/A	21	999				Yes	Effective 4/1/2022 BMS reduced the fee from \$33.00 to \$16.00
D9910	Application Of Desensitizing Medicament	No	N/A	21	999	1	5	FLOATING YEAR	Yes	
D9944	Occlusal Guard-hard appliance, full arch	Yes	Narrative of medical necessity	21	999	1	5	FLOATING YEAR	Yes	
D9945	Occlusal Guard-soft appliance, full arch	Yes	Narrative of medical necessity	21	999				Yes	
D9986	Missed Appointment	No	N/A	21	999					For Tracking purposes only
D9987	Cancelled Appointment	No	N/A	21	999					For Tracking purposes only
D9995	Teledentistry - Synchronous; Real-Time Encounter	No	N/A	21	999					
D9999	Unspecified Adjunctive Procedure, By Report	Yes	Pre-operative x-rays, description of procedure and narrative of medical necessity	21	999				Yes	This code should be used only if a more specific code is not available.