Exhibit B: Benefits Covered (Age 21 and older)

Coverage for adults, age 21 or older is limited to medically necessary oral surgery and associated diagnostic services. Oral surgery procedures not listed in Exhibit B may be covered under the member's medical benefits through the Medicaid, FAMIS, or FAMIS Plus fee-for-service or managed care organization (MCO) program. Contact Doral with any questions about coverage and reimbursement.

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

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if Doral determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series.

Reimbursement for radiographs is limited to those films required for proper treatment and/or diagnosis.

Doral utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations.

All radiographs must be of good diagnostic quality properly mounted, dated and identified with the recipient's name and date of birth. Substandard radiographs will not be reimbursed for, or if already paid for, Doral will recoup the funds previously paid.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0140	limited oral evaluation - problem focused	21 and older		No	Two per 12 months per dentist or dental group. Limited examinations (D0140) are not reimbursable on the same day as codes D0150 and D9310.	
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	One comprehensive exam per patient per dentist or dental group. Not covered with D0140, D9310 same day.	

Exhibit B: Benefits Covered (Age 21 and older)

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0220	intraoral-periapical-1st film	21 and older		No		
D0230	intraoral-periapical-each additional film	21 and older		No		
D0240	intraoral - occlusal film	21 and older		No		
D0250	extraoral - first film	21 and older		No		
D0260	extraoral - each additional film	21 and older		No		

Exhibit B: Benefits Covered (Age 21 and older)

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0330	panoramic film	21 and older		No	One per 36 months per patient per dentist or dental group.	

Exhibit B: Benefits Covered (Age 21 and older)

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

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy/gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	21 and older	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	One per 24 months. Either D4210 or D4211. A minimum of four (4) affected teeth in the quadrant. Gingivectomies for the removal of hyperplastic tissue to reduce pocket depth. It should only be requested when the patient is being treated with medications (i.e. dilantin) that result in such conditions.	Periodontal charting and pre-operative radiographs for prepayment review.
D4211	gingivectomy/gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	21 and older	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	One per 24 months. Either D4210 or D4211. One (1) to three (3) affected teeth in the quadrant. Gingivectomies for the removal of hyperplastic tissue to reduce pocket depth. It should be only requested when the patient is being treated with medications (i.e. dilantin) that result in such conditions.	Periodontal charting and pre-operative radiographs for prepayment review.

Exhibit B: Benefits Covered (Age 21 and older)

Extractions for adults, requires prepayment review and treatment must be considered medically necessary and complicating patient's general health and be documented as such by the dentist or medical provider. Documented radiographic dental periapical infection for abscessed teeth, severe caries/fractured teeth involving the nerve/pulp, or severe periodontal infection which causes acute pain/loss of appetite/weight due to pain/infection, or exacerbates a medical condition/medical management control such as diabetes, heart valve condition, etc, will be considered and reviewed.

Reimbursement includes local anesthesia and routine post-operative care.

The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.

Oral surgery procedures not listed in Exhibit B may be covered under the member's medical benefits through the Medicaid, FAMIS, or FAMIS Plus fee-for-service or managed care organization (MCO) program.

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

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes		Pre-operative radiographs and narrative of medical necessity with claim for prepayment review.
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Surgical extractions of erupted teeth are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure.	Pre-operative radiographs and narrative of medical necessity with claim for prepayment review.
D7220	removal of impacted tooth - soft tissue	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Removal of asymptomatic tooth not covered.	Pre-operative radiographs and narrative of medical necessity with claim for prepayment review.

Exhibit B: Benefits Covered (Age 21 and older)

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7230	removal of impacted tooth - partially bone	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Removal of asymptomatic tooth not covered.	Pre-operative radiographs and narrative of medical necessity with claim for prepayment review.
D7240	removal of impacted tooth - completely bony	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Removal of asymptomatic tooth not covered.	Pre-operative radiographs and narrative of medical necessity with claim for prepayment review.
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.	Pre-operative radiographs and narrative of medical necessity with claim for prepayment review.
D7250	surgical removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Will not be paid to the dentists or group that previously removed the tooth. Removal of asymptomatic tooth not covered.	Pre-operative radiographs and narrative of medical necessity with claim for prepayment review.
D7260	oroantral fistula closure	21 and older		Yes		Pre-operative radiographs and narrative of medical necessity with claim for prepayment review.

Exhibit B: Benefits Covered (Age 21 and older)

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7261	primary closure of a sinus perforation	21 and older		Yes		Narrative of medical necessity with claim for prepayment review.
D7285	biopsy of oral tissue - hard	21 and older		Yes		Copy of pathology report with claim for prepayment review.
D7286	biopsy of oral tissue - soft	21 and older		Yes		Copy of pathology report with claim for prepayment review.
D7288	brush biopsy - transepithelial sample collection	21 and older		Yes		Copy of pathology report with claim for prepayment review.
D7310	alveoloplasty in conjunction with extractions per quadrant	21 and older	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7310 or D7311. Minimum of 3 extractions per quadrant.	Pre-operative radiographs and narrative of medical necessity on claim for prepayment review.

Exhibit B: Benefits Covered (Age 21 and older)

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7310 or D7311. 1 to 2 extractions per quadrant.	Pre-operative radiographs and narrative of medical necessity on claim for prepayment review.
D7320	alveoloplasty not in conjunction with extractions per quadrant	21 and older	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7320 or D7321. No extractions performed in edentulous area.	Pre-operative radiographs and narrative of medical necessity on claim for prepayment review.
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7320 or D7321. No extractions performed on edentulous area.	Pre-operative radiographs and narrative of medical necessity on claim for prepayment review.
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	21 and older		Yes		Copy of pathology report with claim and narrative of medical necessity on claim for prepayment review.
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	21 and older		Yes		Copy of pathology report with claim and narrative of medical necessity on claim for prepayment review.

Exhibit B: Benefits Covered (Age 21 and older)

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7471	removal of lateral exostosis - (maxilla or mandible)	21 and older	Upper Arch 01 (UA) or Lower Arch 02 (LA)	Yes		Narrative of medical necessity on claim for prepayment review.
D7472	removal of torus palatinus	21 and older		Yes		Narrative of medical necessity on claim for prepayment review.
D7473	removal of torus mandibularis	21 and older		Yes		Narrative of medical necessity on claim for prepayment review.
D7510	incision and drainage of abscess - intraoral soft tissue	21 and older		Yes	Either D7510 or D7511.	Narrative of medical necessity on claim for prepayment review.
D7511	incision and drainage of abcess- intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	21 and older		Yes	Either D7510 or D7511.	Narrative of medical necessity on claim for prepayment review.

Exhibit B: Benefits Covered (Age 21 and older)

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7880	occlusal orthotic device, by report	21 and older		Yes	Covered only for temporomandibular pain, dysfunction, or associated musculature.	Narrative of medical necessity on claim for prepayment review.

Exhibit B: Benefits Covered (Age 21 and older)

Local anesthesia is considered part of the treatment procedure, and no additional payment will be made for it. Adjunctive general services include: IV sedation and emergency services provided for relief of dental pain.

Use of IV sedation and general anesthesia will be reviewed on a periodic basis. The service is not routinely used for the apprehensive dental patient. Medical necessity must be demonstrated. Use of nitrous oxide and conscious sedation will also be reviewed on a periodic basis, and patient medical records must include documentation of medical necessity.

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

Use procedure code D9999 for all services connected with same day surgery. This includes the initial hospital care, history examination, initiation of diagnostic and treatment programs, prepartion of hospital records, consults with anesthesia and/or pediatrician and others, day surgery visit, and hospital discharge day management including the discharge summary.

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9220	deep sedation/general anesthesia - first 30 minutes	21 and older		Yes		Narrative of medical necessity on claim for prepayment review.
D9221	deep sedation/general anesthesia - each additional 15 minutes	21 and older		Yes	Maximum of 150 minutes (10 units).	Narrative of medical necessity on claim for prepayment review.
D9230	analgesia, anxiolysis, inhalation of nitrous oxide	21 and older		Yes	The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment.	Narrative of medical necessity on claim for prepayment review.

Exhibit B: Benefits Covered (Age 21 and older)

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9241	intravenous conscious sedation/analgesia - first 30 minutes	21 and older		Yes		Narrative of medical necessity on claim for prepayment review.
D9242	intravenous conscious sedation/analgesia - each additional 15 minutes	21 and older		Yes	Maximum of 150 minutes (10 units).	Narrative of medical necessity on claim for prepayment review.
D9248	non-intravenous conscious sedation	21 and older		Yes	Must be documented as medically necessary in the patient record.	Narrative of medical necessity on claim for prepayment review.
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	21 and older		No	Not to be billed with comprehensive orthodontic cases. Oral evaluations and any consulting services are inclusive in the code. May not be billed on the same day or within 6 months of another exam code by the same provider.	
D9420	hospital call	21 and older		Yes	Maximum of 3 (three) for the same stay. Cannot be billed with D9999 for hospital care on the same date of service.	Narrative of medical necessity on claim for prepayment review.

Exhibit B: Benefits Covered (Age 21 and older)

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9610	therapeutic drug injection	21 and older		Yes	Either D9610 or D9612.	Narrative of medical necessity on claim for prepayment review.
D9612	therapeutic drug injection - 2 or more medications by report	21 and older		Yes	Either D9610 or D9612.	Narrative of medical necessity on claim for prepayment review.
D9630	other drugs and/or medicaments, by report	21 and older		Yes	Not to be used for Nitrous Oxide, conscious sedation.	Narrative of medical necessity on claim for prepayment review.
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	21 and older		Yes		Narrative of medical necessity on claim for prepayment review.
D9999	unspecified adjunctive procedure, by report	21 and older		Yes	For hospital operating room cases. Includes all workups, same day surgery visit, and discharge summary, etc. Cannot be billed with D9420. For other than hospital cases.	For hospital operating room cases, requires prior approval. For other than hospital cases, narrative of medical need with claim for prepayment review.