



## DENTAL AT A GLANCE GUIDELINES UPDATE

### Effective Immediately

March 17, 2011

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Dear Care1st and ONECare Dental Providers and Staff:

#### At A Glance Guidelines

Attached is the updated *Bridgeport/Care1st "At a Glance Guidelines"*. The updates noted below are effective immediately. The *"At a Glance Guidelines"* are also available on our website [www.care1st.com/az](http://www.care1st.com/az) (see "Dental" under the "Providers" link).

The table below outlines changes noted on the *"At a Glance Guidelines"*. Please review the code, description, benefit limitation, clinical guidelines, prior authorization requirements and documentation requirements in the *"At a Glance Guidelines"*.

CDT Code	Description	Change
D2390	Crown – composite based	<i>Clinical Guidelines</i> changed to "Primary anterior teeth only".
D2932, D2933, D2934	Crowns	<i>Description</i> changed to "Crowns" and <i>Clinical Guidelines</i> changed to "For anterior primary teeth C-H and M-R only and permanent anterior teeth."
D5992	Adjust Maxillofacial Appliance By Report	New 2011 ADA code added with authorization requirements.
D7251	Coronectomy – intentional partial tooth removal	New 2011 ADA code added with authorization requirements.
D7271	Other surgical procedures	Removed not covered by AHCCCS.

#### Dental Prior Authorization Requests

Also, DON'T FORGET! Bridgeport Dental Services moved its administrative office location. *Dental prior authorization requests dated April 1, 2011 and forward* must be submitted to Bridgeport's new office location to ensure the request is not delayed by post office forwarding.

The new address for receipt of *prior authorization requests* is:

Bridgeport Dental Services  
Suite 14  
Prior Auth Department  
9735 Landmark Parkway Drive  
St. Louis, MO 63127

If you have any questions on the information provided above or any other issues you would like to address, please contact Care1st Provider Network Operations at the numbers below or contact Bridgeport directly at 800.429.0495.

***Thank you!***

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**Provider Network Operations**  
**Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)**  
**Fax 602.778.1875**  
Visit our website at [www.care1st.com/az](http://www.care1st.com/az)

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**Adults 21 and Older:**

AHCCCS will cover medical and surgical services related to dental (oral) care. Covered dental services for members 21 yrs of age and older must be related to the treatment of a medical condition such as acute pain (excluding TMJ), infection, or fracture of the jaw. Covered dental services include a limited problem focused examination of the mouth, required x-rays, care of fractures of the jaw or mouth, giving anesthesia and pain medications and/or antibiotics. Certain pre-transplant services and prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head is also covered only after a transplant evaluation determines that the member is an appropriate candidate for organ or tissue transplantation.

**General Prior Auth Guidelines for Children < 21:**

1. A General Dentist may refer a patient directly to a specialist in the network, except for Periodontal services, which require prior auth from Bridgeport. The Prior Auth Form must include a narrative, x-rays and perio charting.
2. General Dentists treating patients under the age of 4 must obtain prior auth before performing all restorative services. When General Anesthesia is necessary, restorative treatment must be completed by a Pediatric Dentist.
3. Patients requiring general anesthesia must be treated by a pediatric dentist.

**Prior Auth Guidelines by Code for Children < 21:**

CDT Code	Description	Benefit Limitations	Clinical Guidelines	Prior Auth Required	Documentation Required for Prior Auth	Documentation Required w/ Claim Submission
<b>DIAGNOSTIC SERVICES</b>						
D0160	Detailed exam			No		Narrative
D0180	Perio Exam	1 per yr	Only covered if performed by a Periodontist	Yes	Narrative	
D0277	Vertical bitewings	1 per 6 months	Only covered if performed by a Periodontist	Yes	Narrative	
D0290, D0310, D0320, D0321	Misc Specialty X-rays		Only covered if performed by an Oral Surgeon	Yes	Narrative	
D0330	Pano	1 per 3 yrs ages 5-20	Oral surgeon is not limited to 1 per year	Yes	Narrative	
D0340	Cephalometric			Yes	Narrative	
D0350	Diagnostic Photos	1 per 6 months		Yes	Narrative	
D0470	Diagnostic Casts		When needed for difficult tmt plans	Yes	Narrative	
<b>SPACE MAINTENANCE</b>						
D1510, D1515, D1520, D1525, D1550, D1555	Space Maintenance		Not covered for 1st primary molar if 1st permanent molar has erupted into occlusion for patients over age 6 . Not covered for primary teeth numbers C - H nor M - R	Yes	Dated diagnostic quality x-ray	

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<b>RESTORATIVE</b>						
D2390	Crown - composite based		Anterior teeth only	Yes	Dated diagnostic quality x-ray	
D2750, D2752, D2790, D2792 & D2794	Crowns	One per lifetime	Endodontically treated teeth only, member must be 18 through 20 yrs old, must have good oral hygiene, and tooth not involved with periodontal disease.	Yes	Dated diagnostic quality x-ray showing completed root canal	
D2751 & D2791	Crowns	One per lifetime	Endodontically treated teeth only, member must be 18 through 20 yrs old, must have good oral hygiene, and tooth not involved with periodontal disease.	Yes	Dated diagnostic quality x-ray showing completed root canal	
D2931	Permanent SS Crown		Dentist is responsible for first 24 months for children 6 thru 20	Yes	Dated diagnostic quality x-ray showing completed root canal	
D2932, D2933, D2934	Crowns		For anterior teeth C-H and M-R only and permanent anterior teeth. Dentist is responsible for first 12 months for children up to 14	Yes	Dated diagnostic quality x-ray	
D2950, D2951, D2952, D2954	Build up, pin retention, post and core		Must have interproximal decay or loss of tooth structure, and have been endodontically treated	Yes	Dated diagnostic quality x-ray showing completed root canal	
D2970	Temporary Crown		Anterior teeth only	Yes	Dated diagnostic quality x-ray showing completed root canal	

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<b>ENDODONTICS</b>						
D3222, D3230, D3240	Misc Pulpal Treatment		Cannot be billed on the same tooth by same provider within 12 period of time	Yes	Dated diagnostic quality x-ray	
D3310 thru D3333, D3450 & D3920	Root canal Treatment	Once per tooth, N/C for 3rd molars unless functioning in place of missing molar	Pt must exhibit good oral hygiene and tooth must not be involved with periodontal disease. Dentist must agree to restore tooth once tmt is completed.	Yes	Pre-op x-ray of the tooth requiring root canal and either bitewing or pano showing the integrity of the arch.	
D3346 thru D3430	Endodontic Treatment	Once per lifetime per tooth	Only covered if performed by Oral Surgeon or Endodontist. Pt must exhibit good oral hygiene and tooth must not be involved with periodontal disease. Refer pt back to General DDS for restoration.	Yes	Pre-op x-ray of the tooth requiring root canal and either bitewing or pano showing the integrity of the arch.	
<b>PERIODONTICS</b>						
D4210 & D4211	Gingivectomy		Pt must exhibit good oral hygiene, have generalized pocket depths of 4-5 mm	Yes	Diagnostic quality x-rays, perio charting of pocket depths, bone loss and mobility of all teeth in addition the charting of all missing teeth, teeth to be extracted, a brief narrative of pt dental history and current oral hygiene.	

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<b>PERIODONTICS</b>						
D4240 thru D4321	Misc Periodontal tmt		Only covered if performed by a Periodontist. Pt must exhibit good oral hygiene, have generalized pocket depths of 4-5 mm	Yes	Diagnostic quality x-rays, perio charting of pocket depths, bone loss and mobility of all teeth in addition the charting of all missing teeth, teeth to be extracted, a brief narrative of pt dental history and current oral hygiene.	
D4341 & D4342	Scaling and Root Planing		Pt must exhibit good oral hygiene, have generalized pocket depths of 4-5 mm and radiographic evidence of bone loss, if not perform D1110 for difficult proph	Yes	Diagnostic quality x-rays, perio charting of pocket depths, bone loss and mobility of all teeth in addition the charting of all missing teeth, teeth to be extracted, a brief narrative of pt dental history and current oral hygiene.	
D4355	Full mouth Debridement	Once per 3 years for children 0-12.	Not covered on the same day as proph D1120 or D1110	Yes	Photograph must accompany prior auth request for children 0-12.	Treatment for children ages 13 thru 20 does not require a Prior Authorization but a photograph must accompany the claim.
D4910	Periodontal Maintenance		Following active treatment	Yes	Clinical Diagnostic Narrative showing previous perio tmt	

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D4920	Unscheduled Dressing change	By other than treating dentist		Yes	Narrative	Narrative
<b>PROSTHODONTICS</b>						
D5110 thru D5912	Removable Prosthodontics	Dentures once per lifetime	Excludes precision attachments, implants or other specialized techniques. No coverage for lost or stolen appliances. See the Clinical Guidelines for further details.	Yes	Sufficient diagnostic x-rays or other diagnostic materials to document missing and remaining teeth	
D5913 thru D5988 & D5991	Maxillofacial Prosthetics		Only covered if performed by an Oral Surgeon	Yes	X-rays and narrative describing reason for prosthetic appliance	
D5992	Adjust Maxillofacial Appliance By Report		Not covered until after 6 months from initial placement	Yes	Narrative	
<b>ORAL SURGERY</b>						
D7210	Surgical Extraction		Must meet CDT description including elevation of mucoperiosteal flap and removal of bone and/or sectioning of tooth	Yes	X-ray and narrative	If treatment plan changes due to unforeseen circumstances on date of service, x-rays and narrative must accompany the claim for consideration.
D7220 & D7230	Removal of impacted teeth		Removal of asymptomatic teeth are not covered. See Clinical Guidelines for details of conditions which are considered to be symptomatic.	Yes	Either panoramic or periapicals x-rays of good quality showing the entire crown and root structure of the teeth to be extracted	

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D7240, D7260 thru D7294, D7310 thru D7461, D7472 thru D7490, D7520 thru D7560 & D7880 thru D7999	Other surgical procedures		Only covered if performed by an Oral Surgeon	Yes	X-ray and narrative	
D7250	Surgical removal of residual roots		Must include the cutting of soft tissue and bone, removal of tooth structure and closure. Not to be billed for exposed roots, use D7140	Yes	X-ray and narrative	
D7610 thru D7877	Oral Surgery for Trauma		Only covered if performed by an Oral Surgeon	Yes	X-ray and narrative	
D7251	Coronectomy – intentional partial tooth removal	Once per tooth	Only covered if performed by an Oral Surgeon	Yes	X-ray and narrative	
<b>ADJUNCTIVE</b>						
D9220, D9221, D9241, D9242 & D9248	General Anesthesia, IV Sedation & Conscious Sedation		Member must have a behavioral, problem or compromising medical condition that requires the use of general anesthesia. Provider must have an Arizona State Board permit	Yes	Narrative describing the patient's medical condition that necessitates the use of general anesthesia.	