

**Advantica/Care1st
At a Glance Guidelines**

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 or Pediatric Dentist may refer a patient directly to a specialist in the network, except for Endodontic and Periodontal services, which require prior auth from Advantica. 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 or IV sedation must be treated by a pediatric dentist.
4. Radiographs should be of diagnostic quality and properly identified, mounted and dated.
5. The dentist is responsible for any replacements necessary within the first 24 months for permanent teeth and 12 months for primary teeth. If a tooth requires additional treatment due to decay within 24 months of the original treatment, the original fee for replacement will be subtracted from the new fee. As an example, in a patient that had a DO composite placed 8 months prior to the placement of a stainless steel crown, the fee for the crown is reduced by the amount paid for the filling. This applies to the same dentist and/or office.
6. All treatment plans that require hospitalization require prior authorization.
7. Prior authorization is required for all treatment plans that exceed \$1000 in allowable charges.

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
DIAGNOSTIC SERVICES						
D0160	Detailed exam			No		Narrative
D0180	Perio Exam	1 per yr	Only covered if performed by a Periodontist	Yes	Narrative	None
D0277	Vertical bitewings	1 per 6 months	Only covered if performed by a Periodontist	Yes	Narrative	None
D0290, D0310, D0320, D0321	Misc Specialty X-rays		Only covered if performed by an Oral Surgeon	Yes	Narrative	None
D0330	Pano	1 per 36 months	Oral surgeon is not limited to 1 per year	Yes	Narrative	None
D0340	Cephalometric			Yes	Narrative	None
D0350	Diagnostic Photos	1 per 6 months		Yes	Narrative	None
D0470	Diagnostic Casts		When needed for difficult tmt plans	Yes	Narrative	None

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PREVENTIVE						
D1120	Prophylaxis-child	Up to age 13	Prior authorization required for ages less than 12 months	Yes	Narrative	None
D1510, D1515, D1520, D1525, D1555	Space Maintenance	Up to age 14	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	None
RESTORATIVE						
D2390	Crown - composite based		Primary anterior teeth only	Yes	Dated diagnostic quality x-ray	None
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	None
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	None
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	None
D2932, D2933, D2934	Crowns		For anterior primary 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	None
D2950	Build up, pin retention, post and core	One per lifetime, per provider, per tooth	Amalgam and composite fillings cannot be billed within 12 months for all teeth that have had a core build up.	Yes	Dated diagnostic quality x-ray	None

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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	None
D2970	Temporary Crown		Anterior teeth only	Yes	Dated diagnostic quality x-ray showing completed root canal	None
ENDODONTICS						
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	None
D3310 thru D3330, 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.	Pre and post operative x-ray must be submitted with the claim for payment to be made for endodontics if x-rays were not submitted with original request.
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.	Pre and post operative x-ray must be submitted with the claim for payment to be made for endodontics if x-rays were not submitted with original request.

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PERIODONTICS						
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.	None
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.	None

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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.	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.	None
D4355	Full mouth Debridement	Once per 36 months for children 0-20.	Not covered on the same day as prophy D1120 or D1110	Yes	Photograph, x-ray & chart notes 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	None
D4920	Unscheduled Dressing change	By other than treating dentist		Yes	Narrative	Narrative
PROSTHODONTICS						
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	None

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D5913 thru D5988 & D5991	Maxillofacial Prosthetics		Only covered if performed by an Oral Surgeon	Yes	X-rays and narrative describing reason for prosthetic appliance	None
D5992	Adjust Maxillofacial Appliance By Report		Not covered until after 6 months from initial placement	Yes	Narrative	None
ORAL SURGERY						
D7210	Surgical Extraction		Must meet CDT description including 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	None
D7240, D7241, D7260 thru D7294, D7310 thru D7461, D7472 thru D7490, D7550 thru D7560 & D7880 thru D7999	Other surgical procedures		Only covered if performed by an Oral Surgeon	Yes	X-ray and narrative	None
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	None
D7610 thru D7877	Oral Surgery for Trauma		Only covered if performed by an Oral Surgeon	Yes	X-ray and narrative	None

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D7251	Coronectomy - intentional partial tooth removal	Once per tooth	Only covered if performed by an Oral Surgeon	Yes	X-ray and narrative	None
ADJUNCTIVE						
D9220, D9221, D9241, D9242 & D9248	General Anesthesia, IV Sedation & Conscious Sedation		Provider must have an Arizona State Board permit	Yes	Narrative describing the patient's medical condition that necessitates the use of general anesthesia or OCS.	None