

Dental Benefit Limitations and Authorization Guide

Please note- Members with Share of Cost (SOC) must meet SOC. Aid Code 50 members are only eligible for emergency dental services.

Diagnostic services include the oral examinations, 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 x-rays of the same tooth or area may be denied if AMM 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 when required for proper treatment and/or diagnosis.

AMM 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 diagnostic quality, properly mounted, dated and identified with the member's name. Radiographs not of diagnostic quality will not be reimbursed for, or if already paid for, AMM will recoup the funds previously paid.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	21-64		No	One of (D0120) per 6 Month(s) Per patient.	
D0140	limited oral evaluation-problem focused	21-64		No	Emergency dental care only. Not reimbursable on the same day as any other exam.	
D0150	comprehensive oral evaluation - new or established patient	21-64		No	One of (D0150) per 1 Lifetime Per patient.	
D0210	intraoral - complete series of radiographic images	21-64		No	One of (D0210, D0330) per 36 Month(s) Per patient.	
D0220	intraoral - periapical first radiographic image	21-64		No		
D0230	intraoral - periapical each additional radiographic image	21-64		No	Ten of (D0230) per 1 Day(s) Per patient.	
D0270	bitewing - single radiographic image	21-64		No	One of (D0270) per 6 Month(s) Per patient.	
D0272	bitewings - two radiographic images	21-64		No	One of (D0272) per 6 Month(s) Per patient.	
D0330	panoramic radiographic image	21-64		No	One of (D0210, D0330) per 36 Month(s) Per patient.	
Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis- adult	21-64		No	One of (D1110) per 6 Month(s) Per patient.	

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Reimbursement includes local anesthesia.

Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not.

Tooth preparation, all adhesives (including amalgam & resin bonding agents), acid etching, copalite liners, bases, and curing are included as part of the restoration.

When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED.

BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED OR REMOVABLE PROSTHETICS SHALL BE BASED ON THE CEMENTATION/DELIVERY DATE.

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	21-64	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	21-64	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	21-64	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	21-64	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2330	resin-based composite - one surface, anterior	21-64	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2331	resin-based composite - two surfaces, anterior	21-64	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	21-64	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	21-64	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	21-64	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	21-64	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	21-64	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	21-64	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 Month(s) Per patient per tooth, per surface.	
D2740	crown - porcelain/ceramic substrate	21-64	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2750	crown - porcelain fused to high noble metal	21-64	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2751	crown - porcelain fused to predominantly base metal	21-64	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2752	crown - porcelain fused to noble metal	21-64	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth in school.	pre-operative x-ray(s)

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2790	crown - full cast high noble metal	21-64	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2791	crown - full cast predominantly base metal	21-64	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2792	crown - full cast noble metal	21-64	Teeth 1 - 32	Yes	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2910	recement inlay	21-64	Teeth 1 - 32	No		
D2920	recement crown	21-64	Teeth 1 - 32, A - T	No		
D2931	prefabricated stainless steel crown-permanent tooth	21-64	Teeth 1 - 32	No	One of (D2931) per 60 Month(s) Per patient per tooth.	
D2951	pin retention - per tooth, in addition to restoration	21-64	Teeth 1 - 32	No	One of (D2951) per 60 Month(s) Per patient per tooth.	
D2952	cast post and core in addition to crown	21-64	Teeth 1 - 32	No	One of (D2952, D2954) per 60 Month(s) Per patient per tooth.	
D2954	prefabricated post and core in addition to crown	21-64	Teeth 1 - 32	No	One of (D2952, D2954) per 60 Month(s) Per patient per tooth.	

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Reimbursement includes local anesthesia.

In cases where a root canal filling does not meet AMM's general criteria treatment standards, AMM can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the AMM Consultant reviews the circumstances.

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

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

Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling & obturation of canals, intra-operative and fill radiographs.

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21-64	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth. For treatment of acute infection or to eliminate pain.	
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	21-64	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar (excluding final restoration)	21-64	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	

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Medically necessary partial or full mouth dentures and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem.

The medically necessity is determined by the Health Plan Medical Director in consultation with the AMM Dental Director.

The following circumstances are considered when determining coverage of dentures for members who are edentulous or partially edentulous.

- A) The member's existing dentures are no longer serviceable and cannot be relined or rebased.
- B) The member's health would be adversely affected by the absence of a prosthesis.
- C) Whether the member has been able to wear dentures successfully in the past or whether the member has gone many years without wearing a prosthetic replacement.
- D) If partial dentures are recommended, they must be deemed essential for function. As a standard, a partial denture may be considered when there are 5 missing posterior teeth in an arch, or all four first and second permanent molars are missing in an arch, or if the member is missing the first and second molar and second bicuspid on the same side in the same arch. Third molars are excluded from the counts.
- E) Denture repair will be approved only if it is essential to the serviceability of the appliance.

A preformed denture with teeth already mounted forming a denture module is not a covered service.

Extractions for asymptomatic teeth are not covered services unless removal constitutes most cost-effective dental procedure for the provision of dentures. Provision for dentures for cosmetic purposes is not a covered service.

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

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	21-64	Per Arch (01, UA)	Yes	One of (D5110) per 60 Month(s) Per patient.	narrative of med. necessity, pre-op x-ray(s)
D5120	complete denture - mandibular	21-64	Per Arch (02, LA)	Yes	One of (D5120) per 60 Month(s) Per patient.	narrative of med. necessity, pre-op x-ray(s)
D5410	adjust complete denture - maxillary	21-64		No	Not covered within 6 months of placement.	
D5411	adjust complete denture - mandibular	21-64		No	Not covered within 6 months of placement.	
D5510	repair broken complete denture base	21-64	Per Arch (LA, UA)	No	One of (D5510) per 12 Month(s) Per patient per arch.	

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Prostodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5520	replace missing or broken teeth - complete denture (each tooth)	21-64	Teeth 1 - 32	No	One of (D5520) per 12 Month(s) Per patient per tooth.	
D5610	repair resin denture base	21-64	Per Arch (LA, UA)	No	One of (D5610) per 12 Month(s) Per patient per arch.	
D5730	reline complete maxillary denture (chairside)	21-64		No	One of (D5730, D5750) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5731	reline complete mandibular denture (chairside)	21-64		No	One of (D5731, D5751) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5750	reline complete maxillary denture (laboratory)	21-64		No	One of (D5730, D5750) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5751	reline complete mandibular denture (laboratory)	21-64		No	One of (D5731, D5751) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5760	reline maxillary partial denture (laboratory)	21-64		No	One of (D5740, D5760) per 24 Month(s) Per patient. Not covered within 6 months of placement.	
D5761	reline mandibular partial denture (laboratory)	21-64		No	One of (D5741, D5761) per 24 Month(s) Per patient. Not covered within 6 months of placement.	

The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

Prostodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	re cement fixed partial denture	21-64		No		

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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 and Maxillofacial 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)	21-64	Teeth 1 - 32, 51 - 82	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21-64	Teeth 1 - 32, 51 - 82	No	One of (D7210) per 1 Lifetime Per patient per tooth.	
D7220	removal of impacted tooth-soft tissue	21-64	Teeth 1 - 32, 51 - 82	Yes	One of (D7220) per 1 Lifetime Per patient per tooth.	narrative of med. necessity, pre-op x-ray(s)
D7230	removal of impacted tooth-partially bony	21-64	Teeth 1 - 32, 51 - 82	Yes	One of (D7230) per 1 Lifetime Per patient per tooth.	
D7240	removal of impacted tooth-completely bony	21-64	Teeth 1 - 32, 51 - 82	Yes	One of (D7240) per 1 Lifetime Per patient per tooth.	
D7250	surgical removal of residual tooth roots (cutting procedure)	21-64	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Symptomatic teeth only. Will not be paid to the dentist or group that removed the tooth.	
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21-64	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes		narrative of med. necessity, pre-op x-ray(s)
D7411	excision of benign lesion greater than 1.25 cm	21-64		Yes		Pathology report
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	21-64		Yes		Pathology report
D7510	incision and drainage of abscess - intraoral soft tissue	21-64	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes		narrative of medical necessity
D7520	incision and drainage of abscess - extraoral soft tissue	21-64		Yes		narrative of medical necessity

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Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	21-64		Yes		narrative of medical necessity
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	21-64	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes		narrative of medical necessity
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	21-64		Yes		narrative of medical necessity
D7911	complicated suture-up to 5 cm	21-64		Yes		narrative of medical necessity
D7912	complex suture - greater than 5cm	21-64		Yes		narrative of medical necessity
D7971	excision of pericoronal gingiva	21-64	Teeth 1 - 32	Yes		narrative of medical necessity
D7980	sialolithotomy	21-64		Yes		narrative of medical necessity
D7982	sialodochoplasty	21-64		Yes		narrative of medical necessity
D7983	closure of salivary fistula	21-64		Yes		narrative of medical necessity

Reimbursement includes local anesthesia. General Anesthesia & IV Sedation will be reviewed on a case by case basis for medical necessity.

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	21-64		No	Not allowed with any other services other than radiographs or D0140.	
D9220	deep sedation/general anesthesia - first 30 minutes	21-64		Yes	One of (D9220) per 1 Day(s) Per patient.	narrative of medical necessity
D9221	deep sedation/general anesthesia - each additional 15 minutes	21-64		Yes	Four of (D9221) per 1 Day(s) Per patient.	narrative of medical necessity
D9430	office visit for observation - no other services performed	21-64		No		
D9440	office visit - after regularly scheduled hours	21-64		No		
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	21-64		Yes		narrative of medical necessity