

Clinical Guidelines

Ameritas networks

800-487-5553 | 800-659-5556 NY

Monday – Thursday, 7 a.m. to midnight (CST)

Friday, 7 a.m. – 6:30 p.m. (CST)

Please note: Dental policies and benefits vary. All submitted procedures are subject to clinical review and applicable policy provisions and limitations will apply. All determinations are made based on clinical documentation submitted and the member's specific dental contract.

Restorative claims

The following documents are required or recommended upon review of the claim:

REQUIRED:

- Diagnostic quality bitewing and/or periapical radiographic images dated and labeled
- Prior placement dates and reasons for replacement of prior crowns

RECOMMENDED:

- Pretreatment estimate
- Legible clinical notes
- Intra-oral photos when available

Crown/Inlay/Onlay: D2510-D2664, D2710-D2794

A crown is a restoration placed on a tooth when the tooth structure has been lost due to decay or traumatic injury.

Indicated when:

- There is extensive loss of tooth structure due to decay or fracture and is not restorable with a more conservative restoration.
- A posterior tooth is endodontically treated (root canal treatment).
- There is documented evidence of pain caused by fractured/cracked teeth.

Veneers: D2960-D2962

A veneer is a restoration that extends interproximally and/or covers the incisal edge of the tooth.

Indicated when:

- There is extensive loss of tooth structure due to decay or fracture and is not restorable with a more conservative restoration.

Bridge: D6545, D6548, D6549, D6600-D6634, D6710-D6794

A bridge is a fixed restoration to replace one or more missing teeth using artificial teeth.

A replacement bridge will be considered when there is a breakdown of prior prosthesis due to decay, fracture or other factors causing failure of the prosthesis.

Core buildup: D2950

A core buildup is a distinct and separate procedure from crown preparation. The purpose of a core buildup is to help support the crown when there is not enough natural tooth structure left for retention of the crown. It is not to be used as a filler for the elimination of irregularities such as undercut box forms or concave irregularities.

Indicated when:

- There is insufficient tooth structure remaining for retention of a crown.

Post and Core: D2952-D2954

A post and core is distinct and separate procedure from crown preparation. A post and core is a core built around a prefabricated post. The procedure includes the core material.

Indicated when:

- There is root canal in the tooth with insufficient tooth structure remaining for retention of a crown.

Endodontic claims

The following documents are required or recommended upon review of the claim:

REQUIRED:

- Diagnostic quality periapical radiographic images and/or Panorex radiographic images

Apexification/Recalcification: D3351-D3353

Apexification/recalcification includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs.

Indicated when:

- Permanent teeth with incomplete root development or a repair of a perforation that is found at the end of a root tip.

Endodontic (RCT) Retreatment: D3346-D3348

A procedure needed when an existing root canal treatment has failed and needs to be redone.

Pulpal Regeneration: D3355-D3357

Pulpal regeneration includes opening of tooth, preparation of canal spaces, and placement of medication.

Apicoectomy: D3410, D3421, D3425-D3427

Apicoectomy is surgery to the root surface that does not include placement of retrograde filling material.

Indicated when:

- Repair of a root perforation or resorptive defect is needed.
- Exploratory curettage is needed to look for root fractures.
- Removal of extruded filling material or instruments, broken root fragments.
- Sealing of accessory canals.

Periodontal claims

The following documents are required or recommended upon review of the claim:

REQUIRED:

- Diagnostic quality bitewing and/or periapical radiographic images showing all teeth planned for care, with details and labels
- 6-point periodontal charting that is legible, dated and current within one year

RECOMMENDED:

- Legible clinical notes
- Pretreatment estimate

Scaling and root planing (SRP)

This procedure is performed to remove plaque and calculus from the crown and root surfaces. Some soft tissue removal occurs.

D4341: Four or more teeth per quadrant

D4342: One to three teeth per quadrant

Indicated when:

- The procedure is therapeutic, not prophylactic, due to a periodontal disease diagnosis **and**
- There is evidence of bone loss to the extent that root surfaces are exposed **and**
- There are probing depths ≥ 4 mm.

Other common procedures

D4346: Full mouth scaling in the presence of generalized moderate or severe gingival inflammation.

Indicated when:

- The removal of plaque, calculus and stains from above and below the gingival tooth surfaces is necessary when moderate or severe gingival inflammation is present in the absence of periodontitis. No attachment or bone loss is evident **and**
- A prophy is needed, but is more complicated than D1110, but is not D4341/D4342 (SRP).

D4240: Gingival flap procedure, including root planing on 4 or more contiguous teeth or tooth bound spaces per quadrant.

Indicated when:

- There is evidence of moderate to severe bone loss **and**
- There are probing depths ≥ 5 mm.

D4241: Gingival flap procedure, including root planing on 1-3 contiguous teeth or tooth bound spaces per quadrant.

Indicated when:

- There is evidence of moderate to severe bone loss **and**
- There are probing depths ≥ 5 mm.

D4260: Osseous surgery, including elevation of a full thickness flap and closure on 4 or more contiguous teeth or tooth bound spaces per quadrant.

Indicated when:

- There is evidence of moderate to severe bone loss **and**
- There are probing depths ≥ 5 mm.

D4261: Osseous surgery, including elevation of a full thickness flap and closure on 1-3 contiguous teeth or tooth bound spaces per quadrant.

Indicated when:

- There is evidence of moderate to severe bone loss **and**
- There are probing depths ≥ 5 mm.

D4355: The removal of plaque and calculus that interferes with the ability to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160 or D0180.

Indicated when:

- Full mouth debridement is needed in order to complete a comprehensive oral evaluation and diagnosis on a subsequent visit.

D4381: Localized delivery of antimicrobial agents via a controlled release into diseased crevicular tissue, per tooth.

Indicated when:

- This treatment is needed following the healing period after periodontal therapy **and**
- There are pocket depths of 6-8 mm.

D4210, D4211: Gingivectomy/Gingivoplasty, performed to eliminate suprabony pockets or to restore normal gingival architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

D4210: Four or more contiguous teeth or tooth bounded spaces per quadrant.

D4211: One to three contiguous teeth or tooth bounded spaces per quadrant.

D4263, D4264: Bone replacement graft-retained natural tooth.

Indicated when:

- There is evidence of bone loss noted on x-rays and
- There are probing depths ≥ 5 mm.

D4265: Biologic materials to aid in soft and osseous tissue regeneration, per site

Indicated when:

- There is evidence of bone loss noted on xrays and
- There are probing depths ≥ 5 mm.

D4266: Guided tissue regeneration, resorbable barrier, per site.

Indicated when:

- There is evidence of bone loss noted on xrays and
- There are probing depths ≥ 5 mm.

D4267: Guided tissue regeneration, non-resorbable barrier, per site

Indicated when:

- There is evidence of bone loss noted on xrays and
- There are probing depths ≥ 5 mm.

D4270: Pedicle soft tissue graft

Indicated when:

- Tooth has root exposure.

D4274: Mesial / Distal wedge, preformed in an edentulous area adjacent to a tooth allowing removal of a tissue wedge to gain access for debridement and reduce pocket depths.

D4273, D4283: Autogenous connective tissue graft procedure

Indicated when:

- Recession or remaining attached gingiva per tooth is present.

D4275, D4285: Non-autogenous connective tissue graft

Indicated when:

- Recession or remaining attached gingiva per tooth is present.

D4276: Combined connective tissue and pedicle graft, per tooth. Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.

Indicated when:

- Recession or remaining attached gingiva per tooth is present.

D4277, D4278: Free soft tissue graft procedure

Indicated when:

- Recession or remaining attached gingiva per tooth is present.

Surgical claims

The following documents are required or recommended upon review of the claim:

REQUIRED:

- Diagnostic quality periapical, full mouth series and/or panorex radiographic images

RECOMMENDED:

- Legible narrative describing specifics of the procedure performed and/or a copy of surgical notes detailing the removal of each tooth
- Pretreatment estimate
- Intra-oral photos

Surgical Extraction

D7210: Extraction of an erupted tooth requiring removal of bone and/or sectioning of the tooth with a surgical handpiece.

Indicated when:

- The clinical crown loss is bone level.
- There is hypercementosis or if the tooth is anklyosed.
- There is a presence of periapical lesions on posterior tooth that has already been endodontically treated.

Impactions

D7220: Extraction of a tooth with soft tissue covering the occlusal surface.

Indicated when:

- The clinical crown is covered or partially covered with soft tissue due to tooth position.

D7230: Extraction of a tooth with a part of the clinical crown covered by bone.

Indicated when:

- A portion of the crown is covered by bone, and the tooth is below the occlusal plane, which will require bone removal and a soft tissue flap to be performed to remove the tooth.

D7240: Extraction of a tooth with most or all the clinical crown covered by bone.

Indicated when:

- Most or all of the crown is covered by bone which will require bone removal and a soft tissue flap to be performed to remove the tooth.

D7241: Extraction of a tooth with most or all the clinical crown covered by bone, with unusual surgical complications.

Indicated when:

- Most or all the crown is covered by bone with unusually difficult or complicated factors such as nerve dissection.

D7251: Coronectomy- Intentional Partial Tooth Removal

Intentional partial tooth removal to avoid neurovascular complication and the entire tooth is impacted.

Other

D7250: Removal of residual tooth roots (cutting procedure).

Indicated when:

- Only residual tooth roots are present and require cutting of soft tissue and bone to remove the roots.

Alveoloplasty

A surgical procedure to recontour and/or smooth the alveolar bone. It is a distinct, separate procedure from extractions and is usually performed in preparation for a prosthesis.

D7310: Alveoloplasty in conjunction with extractions on 4 or more teeth or tooth spaces, per quadrant.

D7311: Alveoloplasty in conjunction with extractions on 1-3 teeth or tooth spaces, per quadrant.

D7320: Alveoloplasty not in conjunction with extractions on 4 or more teeth or tooth spaces, per quadrant.

D7321: Alveoloplasty not in conjunction with extractions on 1-3 teeth or tooth spaces, per quadrant.

Implants

D6010, D6040, D6050: Surgical placement of an implant body.

Orthodontic claims

D8070-D8090: Orthodontic, if the policy has coverage for medically necessary orthodontia, complete and submit the HLD Index Score Sheet for Medically Necessary Orthodontics (In Indiana only, use the Salzmann Index Evaluation Detailed Instructions for Completion.).



Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of New York